Sudbury & District Board of Health

Thursday, November 23, 2017, 1:30 p.m.

SDHU Boardroom

1300 Paris Street

Sudbury & District Board of Health Meeting - November 23, 2017

Sudbury & District Board of Health Meeting #08-17

1.0 CALL TO ORDER

Sudbury East Municipal Association (SEMA) motion dated November 2, 2017, Re: Appointment of Monica Loftus to the Sudbury & District Board of Health — Page 7

Welcome Letter to Monica Loftus dated November 6, 2017 — Page 8

Lacloche Foothills Municipal Association Correspondence and Resolution Re: Appointment of Thoma Miedema to the Sudbury & District Board of Health dated October 16, 2017 — Page 10

Welcome Letter to Thoma Miedema dated October 24, 2017 — Page 12

2.0 ROLL CALL

3.0 REVIEW OF AGENDA / DECLARATIONS OF CONFLICT OF INTEREST

Agenda November 23, 2017 — Page 14

4.0 DELEGATION / PRESENTATION

i) Greater Sudbury Food Strategy
Bridget King, MHSc, RD, Registered Dietitian – Public Health Nutritionist, Health Promotion Division

5.0 CONSENT AGENDA

i) Minutes of Previous Meeting

a. Seventh Meeting October 19, 2017 — Page 19

ii) Business Arising From Minutes

iii) Report of Standing Committees

a. Board of Health Finance Standing Committee Unapproved Minutes dated November 1, 2017 — Page 28

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

a. MOH/CEO Report, November 2017 Page 33

Financial Statements, September 2017 Page 48

v) Correspondence

a. Publicly Funded Immunization Schedule Amendment – Vaccine Recommendations for Child Care Workers

Letter from the Durham Region Council to the Premier of Ontario dated October 12, 2017 Page 51

b. Ontario's Framework to Manage Federal Legalization of Cannabis

Letter from the Elgin St. Thomas Board of Health to the Attorney General of Ontario dated October 23, 2017 Page 53

c. Reducing Smoking Rates

Letter from the Simcoe Muskoka Board of Health to the Minister of Health and Long-Term Care dated October 25, 2017 Page 55

d. Advocacy for the Nutritious Food Basket

Letter from the Kingston, Frontenac and Lennox & Addington Board of Health to the Minister of Health and Long-Term Care dated October 26, 2017 Page 56

e. Provincial Alcohol Strategy

Letter from the Thunder Bay District Board of Health to the Minister of Health and Long-Term Care dated October 18, 2017 Page 58

Letter from the Algoma Board of Health to the Minister of Health and Long-Term Care dated October 30, 2017 Page 60

Letter from the Northwestern Board of Health to the Minister of Health and Long-Term Care dated October 31, 2017 Page 62

f. Restriction of Marketing and Sale of Caffeinated Energy Drinks to Children and Youth

Letter from the Peterborough Board of Health to the Federal Minister of Health dated October 31, 2017 Page 64

Letter from the Peterborough Board of Health to the Minister of Health and Long-Term Care, Minister of Education, and Minister of Advanced Education and Skills Development dated October 31, 2017 Page 66

g. Advocacy Health Promotion Resource Centres

Letter from the Grey Bruce Board of Health to the Minister of Health and Long-Term Care dated October 25, 2017 Page 68

h. Assessment of the Healthy Menu Choices Act

Letter from the Grey Bruce Board of Health to the Minister of Health and Long-Term Care dated October 25, 2017 Page 71

i. Expert Panel Submissions

Link to the alPHa website Page 76

Letter from the Durham Region Council to the Premier of Ontario dated November 9, 2017 Page 77

j. 2017 Program-Base Grant Funding

Letter from the Minister of Health and Long-Term Care to the SDHU Board Chair dated November 15, 2017 Page 79

k. Report of the Rowan’s Law Advisory Committee

Letter from the Durham Region Council to the Premier of Ontario dated November 9, 2017 Page 80

vi) Items of Information

a. alPHa Information Break, November 1, 2017 Page 82

b. MOHLTC News Release "Ontario Ensuring Students Learn Indigenous Histories and Cultures", November 8, 2017 Page 85

c. SDHU Workplace Health Newsletter

English Page 89

French Page 93

MOTION: Approval of Consent Agenda Page 97

6.0 NEW BUSINESS

i) Staff Appreciation Day

MOTION: Staff Appreciation Day Page 98

ii) 2018 Cost-Shared Budget

Briefing Note 2018 Recommended Cost Shared Operating Budget Page 99

Appendix A: 2018 Budget Principles Page 105

Appendix B: 2018 Proposed Mandatory Cost-Shared Budget Page 106

IN-CAMERA

MOTION: In-Camera Page 110

Labour relations or employee negotiations

RISE AND REPORT

MOTION: Rise and Report Page 111

MOTION: 2018 Cost-Shared Budget Page 112

iii) Annual Board Self-Evaluation Survey

Briefing Note from Board Secretary and MOH/CEO to the Sudbury & District Health Chair dated November 16, 2017 Page 113

iv) Food Insecurity/Nutritious Food Basket Costing (submission)

Presentation by Bridget King, MHSc, RD, Registered Dietitian - Public Health Nutritionist, Health Promotion Division

Briefing Note from Dr. P. Sutcliffe, Medical Officer of Health and Chief Executive Officer to the Sudbury & District Health Chair dated November 16, 2017 Page 118

MOTION: Nutritious Food Basket Page 124

v) Ministry of Health and Long-Term Care Policy Guide for Medical Officer of Health, Associate Medical Officer of Health, and Acting Medical Officer of Health appointments

Memorandum from the Ministry of Health and Long-Term Care Assistant Deputy Minister to Board of Health Chairs dated November 10, 2017, and Policy Guide — Page 125

Policy Guide, November 2017 — Page 127

vi) Public Health Stream Report

Memorandum from the Ministry of Health and Long-Term Care Assistant Deputy Minister to Ontario Medical Officers of Health and Board of Health Chairs dated November 15, 2017, and Report dated November 2017 — Page 140

Report Back from the Public Health Work Stream, November 2017 — Page 142

7.0 ADDENDUM

MOTION: Addendum — Page 163

8.0 ANNOUNCEMENTS / ENQUIRIES

Evaluation for completion — Page 164

9.0 ADJOURNMENT

MOTION: Adjournment — Page 165

Sudbury East Municipal Association
Resolution

Moved by: P. Paquette **No:** 2017 - 38

Seconded by: M. Bigras **Date:** November 2, 2015

BE IT RESOLVED THAT the following member be appointed to the Sudbury & District Health Unit Board to represent SEMA from November 2, 2017 to 2018 end of term of Council.

Councillor Monica Loftus - Municipality of St.-Charles

☑ CARRIED ☐ DEFEATED

Amended by: _____

_____
Signature Presiding Officer

DIVISION VOTE

	FOR	AGAINST
Bouffard , Claude	____	____
Bigras, Michel	____	____
Hunt, Gregory	____	____
Salonin, Steve	____	____
Ginny Rook	____	____
Paquette, Pierre	____	____
Schoppmann, Paul	____	____
Lemieux, Richard	____	____

DECLARATION CONFLICT OF INTEREST

_____ _____ _____
(Name) *(Name)* *(Name)*

Disclosed his/her (their) interest(s), vacated his/her (their) seat(s), abstained from discussion and did not vote on this question.

_____
SECRETARY-TREASURER

Sudbury & District
Health Unit
Service de santé publique

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☎ : 705.522.9200
🖷 : 705.677.9611

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

Espanola
800 rue Centre Street
Unit / Unité 100 C
Espanola ON P5E 1J3
☎ : 705.222.9202
🖷 : 705.869.5583

Île Manitoulin Island
6163 Highway / Route 542
Box / Boîte 87
Mindemoya ON P0P 1S0
☎ : 705.370.9200
🖷 : 705.377.5580

Sudbury East / Sudbury-Est
1 rue King Street
Box / Boîte 58
St.-Charles ON P0M 2W0
☎ : 705.222.9201
🖷 : 705.867.0474

Toll-free / Sans frais
1.866.522.9200

www.sdhu.com

November 6, 2017

VIA EMAIL

Ms. Monica Loftus
Municipality of St.-Charles
2 King Street East, Box 70
St. Charles, ON P0M 2W0

Dear Ms. Loftus:

Congratulations on your appointment by the Sudbury East Municipal Association to serve on the Sudbury & District Board of Health.

The Sudbury & District Board of Health typically meets the third Thursday of each month at 1:30 p.m., with the exception of March, July, August and December. Meeting duration is usually from one to two hours. Parking is available onsite for Board members attending Board meetings and is free.

The next Board of Health meeting is scheduled for Thursday, November 23, 2017, at 1:30 p.m. in the Boardroom on the second floor of our main office at 1300 Paris Street, Sudbury.

Board meeting agenda packages are made available electronically to all Board member through an application (app) called BoardEffect on a tablet. Please contact the Board Secretary, Rachel Quesnel to make arrangements to receive the SDHU iPad device you will keep for the duration of your term on the Sudbury & District Board of Health.

A half-day Board orientation session is scheduled for Thursday, November 9, 2017, from 9:30 a.m. until 12 p.m. The session will be held at the main SDHU office, 1300 Paris Street in the Boardroom. Please announce your arrival at the main reception.

Enclosed for your review are the Association of Local Public Health Agencies (alPHa) Orientation Manual, the Health Protection and Promotion Act, Ontario Public Health Standards, the Sudbury & District Health Unit's Annual Report, a public health primer document and financial and budget documents. An overview of responsibilities of Board members is also enclosed. The Sudbury & District Board of Health Manual will be available electronically once you receive your iPad device. These documents will also be explained/reviewed during the orientation session.

You are encouraged to complete the Board of Health E-Learning Module on the Public Health section of the e-Health Ontario portal.

I look forward to your valuable contributions in support of public health in our communities. If you have any questions or require any further information, please do not hesitate to contact me directly or Board of Health Secretary, Rachel Quesnel, at 705.522.9200, ext. 291.

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

Dr. Penny Sutcliffe
Medical Officer of Health and Chief Executive Officer

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

Enclosures

11 Birch Lake Road
Massey, ON
P0P 1P0

Telephone: (705) 865-2646
Fax: (705) 865-2736
E-Mail: inquiries@sables-spanish.ca
Web Site: www.sables-spanish.ca

October 16, 2017

Rene Lapierre, Chair
Sudbury & District Health Unit
1300 Paris Street
Sudbury, ON
P3E 3B6

Dear Mr. Lapierre,

Re: Sudbury and District Health Unit Board Representation

As you have been made aware Stewart Meikleham, the representative for our area on the Board has resigned from his seat on the Council of the Town of Espanola.

We hereby nominate Councillor Thoma Miedema from the Township of Sables-Spanish Rivers to be appointed to take this positon for the remainder of this term.

At the meeting of the Lacloche Foothills Municipal Association earlier today, the other municipal members concurred with this nomination.

If this is all acceptable please provide Councillor Miedema with particulars with respect to meeting schedules and any other information she may require at this time. Her email address is thoma.miedema@sables-spanish.ca

If you have any questions at all please feel free to contact me.

Yours truly,

Kim Sloss
Clerk-Administrator

cc: Town of Espanola
Township of Baldwin
Township of Nairn-Hyman

Excerpt from the Lacloche Foothills Municipal Association October 16, 2017 Meeting Report.

1. Sudbury & District Health Unit
   At the beginning of this term of Council an appointment to the Health Unit Board was made on behalf of our Lacloche Foothills municipalities. Stewart Miekelham was nominated from the Town of Espanola. This nomination was upheld, but a request had been made at that time by the Township of Sables-Spanish Rivers that if he could not carry out this position for the term that Councillor Thoma Miedema be appointed. The Township of Sables-Spanish Rivers has passed the following resolution for the other municipal councils to support.
   "WHEREAS the position of the Sudbury & District Health Unit Board that represents the Lacloche Foothills municipalities has become vacant;
   AND WHEREAS Council had requested at the time of the appointment in 2015 that Thoma Miedema be appointed should the current representative not be able to carry out this position for this term;
   BE IT RESOLVED THAT we request that Thoma Miedema be appointed to the Sudbury & District Health Unit Board for the remainder of this term."

All members were in agreement.

Sudbury & District

Health Unit

Service de santé publique

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Espanola
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October 24, 2017

VIA EMAIL

Ms. Thoma Miedema
Corporation of the Township of Sables-Spanish Rivers
11 Birch Lake Road
P.O. Box 5, Site 1, Regional Road # 3
Massey, ON P0P 1P0

Dear Ms. Miedema:

Congratulations on your appointment by the Lacloche Foothills Municipal Association to serve on the Sudbury & District Board of Health.

The Sudbury & District Board of Health typically meets the third Thursday of each month at 1:30 p.m., with the exception of March, July, August and December. Meeting duration is usually from one to two hours. Parking is available onsite for Board members attending Board meetings and is free.

The next Board of Health meeting is scheduled for Thursday, November 16, 2017, at 1:30 p.m. in the Boardroom on the second floor of our main office at 1300 Paris Street, Sudbury.

Board meeting agenda packages are made available electronically to all Board member through an application (app) called BoardEffect on a tablet. Please contact the Board Secretary, Rachel Quesnel to make arrangements to receive the SDHU iPad device you will keep for the duration of your term on the Sudbury & District Board of Health.

A half-day Board orientation session is scheduled for Thursday, November 9, 2017. Please hold from 9 a.m. until 12:30 p.m. and the exact time will be confirmed closer to the date. The session will be held at the main SDHU office, 1300 Paris Street in the Boardroom. Please announce your arrival at the main reception.

Enclosed for your review are the Association of Local Public Health Agencies (alPHa) Orientation Manual, the Health Protection and Promotion Act, Ontario Public Health Standards, the Sudbury & District Health Unit's Annual Report, a public health primer document and financial and budget documents. An overview of responsibilities of Board members is also enclosed. The Sudbury & District Board of Health Manual will be available electronically once you receive your iPad device. These documents will also be explained/reviewed during the orientation session.

You are encouraged to complete the Board of Health E-Learning Module on the Public Health section of the e-Health Ontario portal.

I look forward to your valuable contributions in support of public health in our communities. If you have any questions or require any further information, please do not hesitate to contact me directly or Board of Health Secretary, Rachel Quesnel, at 705.522.9200, ext. 291.

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

Dr. Penny Sutcliffe
Medical Officer of Health and Chief Executive Officer

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

Enclosures

Sudbury & District Health Unit
Service de santé publique

Board members are invited to receive their flu shot at the SDHU between 12:30 until 1:30 p.m. on November 23

AGENDA – EIGHTH MEETING
SUDBURY & DISTRICT BOARD OF HEALTH
BOARDROOM, SECOND FLOOR
SUDBURY & DISTRICT HEALTH UNIT
THURSDAY, NOVEMBER 23, 2017 – 1:30 P.M.

Board and Senior Management members are invited to a social gathering immediately following the November 23 Board meeting

1. CALL TO ORDER

- Sudbury East Municipal Association (SEMA) motion dated November 2, 2017, Re: Appointment of Monica Loftus to the Sudbury & District Board of Health
- Welcome Letter to Monica Loftus dated November 6, 2017
- Lacloche Foothills Municipal Association Correspondence and Resolution Re: Appointment of Thoma Miedema to the Sudbury & District Board of Health dated October 16, 2017
- Welcome Letter to Thoma Miedema dated October 24, 2017

2. ROLL CALL

3. REVIEW OF AGENDA/DECLARATIONS OF CONFLICTS OF INTEREST

4. DELEGATION/PRESENTATION

i) Greater Sudbury Food Strategy

- Bridget King, MHSc, RD, Registered Dietitian – Public Health Nutritionist, Health Promotion Division

5. CONSENT AGENDA

i) Minutes of Previous Meeting

a. Seventh Meeting – October 19, 2017

ii) Business Arising From Minutes

iii) Report of Standing Committees

a. Board of Health Finance Standing Committee Unapproved Minutes dated November 1, 2017

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

a. MOH/CEO Report, November 2017

v) Correspondence

a. Publicly Funded Immunization Schedule Amendment – Vaccine Recommendations for Child Care Workers

- Letter from the Durham Region Council to the Premier of Ontario dated October 12, 2017

b. Ontario's Framework to Manage Federal Legalization of Cannabis

- Letter from the Elgin St. Thomas Board of Health to the Attorney General of Ontario dated October 23, 2017

c. Reducing Smoking Rates

- Letter from the Simcoe Muskoka Board of Health to the Minister of Health and Long-Term Care dated October 25, 2017

d. Advocacy for the Nutritious Food Basket

- Letter from the Kingston, Frontenac and Lennox & Addington Board of Health to the Minister of Health and Long-Term Care dated October 26, 2017

e. Provincial Alcohol Strategy

- Letter from the Thunder Bay District Board of Health to the Minister of Health and Long-Term Care dated October 18, 2017
- Letter from the Algoma Board of Health to the Minister of Health and Long-Term Care dated October 30, 2017
- Letter from the Northwestern Board of Health to the Minister of Health and Long-Term Care dated October 31, 2017

f. Restriction of Marketing and Sale of Caffeinated Energy Drinks to Children and Youth

- Letter from the Peterborough Board of Health to the Federal Minister of Health dated October 31, 2017
- Letter from the Peterborough Board of Health to the Minister of Health and Long-Term Care, Minister of Education, and Minister of Advanced Education and Skills Development dated October 31, 2017

g. Advocacy Health Promotion Resource Centres

- Letter from the Grey Bruce Board of Health to the Minister of Health and Long-Term Care dated October 25, 2017

h. Assessment of the Healthy Menu Choices Act

- Letter from the Grey Bruce Board of Health to the Minister of Health and Long-Term Care dated October 25, 2017

i. Expert Panel Submissions

- https://alphaweb.site-ym.com/page/EPPH_Responses
- Letter from the Durham Region Council to the Premier of Ontario dated November 9, 2017

j. 2017 Program-Base Grant Funding

- Letter from the Minister of Health and Long-Term Care to the SDHU Board Chair dated November 15, 2017

k. Report of the Rowan's Law Advisory Committee

- Letter from the Durham Region Council to the Premier of Ontario dated November 9, 2017

vi) Items of Information

a. alPHa Information Break November 1, 2017

b. MOHLTC News Release *Ontario Ensuring Students Learn Indigenous Histories and Cultures* November 8, 2017

c. SDHU Workplace Health Newsletter Fall/Winter 2017

APPROVAL OF CONSENT AGENDA

MOTION:

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

6. NEW BUSINESS

i) Staff Appreciation Day

STAFF APPRECIATION DAY

MOTION:

THAT this Board of Health approve a Staff Appreciation Day for the staff of the Sudbury & District Health Unit during the upcoming holiday season. The Staff Appreciation Day may be taken between the dates of December 1, 2017, to February 28, 2018. Essential services will be available and provided at all times during the holiday period except for statutory holidays when on-call staff will be available.

ii) 2018 Cost-Shared Budget

- Briefing Note and Appendices from the Medical Officer of Health and Chief Executive Officer dated November 16, 2017

IN CAMERA

MOTION:

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

- Labour relations or employee negotiations

RISE AND REPORT

MOTION:

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

2018 COST-SHARED BUDGET

MOTION:

THAT the Sudbury & District Board of Health approve the 2018 operating budget for cost shared programs and services in the amount of $22,896,074.

iii) Annual Board Self-Evaluation Survey

- Briefing Note from Board Secretary and Medical Officer of Health/Chief Executive Officer to the Sudbury & District Health Chair dated November 16, 2017

iv) Food Insecurity/Nutritious Food Basket Costing (submission)

- Presentation by Bridget King, MHSc, RD, Registered Dietitian - Public Health Nutritionist, Health Promotion Division
- Briefing Note from Dr. P. Sutcliffe, Medical Officer of Health and Chief Executive Officer to the Sudbury & District Health Chair dated November 16, 2017

NUTRITIOUS FOOD BASKET 2017

MOTION:

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

WHEREAS the draft Standards for Public Health Programs and Services, 2017 do not include the Nutritious Food Basket Protocol which is a concern because food costing data gathered by public health units each year is important for policy and program development; and

WHEREAS the Canadian Community Health Survey's Household Food Security Survey Module (HFSSM) is a measure of food security but is not always a mandatory core module; and

WHEREAS regular and consistent monitoring of household food insecurity is essential for evidence-informed policy decision making;

THEREFORE BE IT RESOLVED that the Sudbury & District Board of Health request that social assistance rates be increased immediately to reflect the cost of the Nutritious Food Basket and local housing costs; and

THAT the Sudbury & District Board of Health advocate to the Province to ensure continued consistent local surveillance and monitoring of food costing by public health units through the continuation of a Nutritious Food Basket Protocol and Guidance document; and

THAT the Sudbury & District Board of Health advocate to Statistics Canada for the HFSSM to become a core module of the Canadian Community Health Survey; and

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

v) Ministry of Health and Long-Term Care Policy Guide for Medical Officer of Health, Associate Medical Officer of Health, and Acting Medical Officer of Health appointments

- Memorandum from the Ministry of Health and Long-Term Care Assistant Deputy Minister to Board of Health Chairs dated November 10, 2017, and Policy Guide

vi) Public Health Stream Report

- Memorandum from the Ministry of Health and Long-Term Care Assistant Deputy Minister to Ontario Medical Officers of Health and Board of Health Chairs dated November 15, 2017, and Report dated November 2017

7. ADDENDUM

ADDENDUM

MOTION:

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

8. ANNOUNCEMENTS / ENQUIRIES

Please remember to complete the Board evaluation following the Board meeting: https://www.surveymonkey.com/r/9YQYQ66

9. ADJOURNMENT

ADJOURNMENT

MOTION:

THAT we do now adjourn. Time:

Sudbury & District Health Unit
Service de santé publique

MINUTES – SEVENTH MEETING
SUDBURY & DISTRICT BOARD OF HEALTH
SUDBURY & DISTRICT HEALTH UNIT, BOARDROOM
THURSDAY, OCTOBER 19, 2017, AT 1:30 P.M.

BOARD MEMBERS PRESENT

Janet Bradley	James Crispo	Robert Kirwan
René Lapierre	Paul Myre	Ken Noland
Rita Pilon	Mark Signoretti	Nicole Sykes
Carolyn Thain		

BOARD MEMBERS REGRETS

Maigan Bailey	Jeffery Huska

STAFF MEMBERS PRESENT

Rachel Quesnel	France Quirion	Dr. P. Sutcliffe
Renée St Onge	Dr. A. Zbar	

R. LAPIERRE PRESIDING

1.0 CALL TO ORDER

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

Resignations have been received for Stewart Meikleham, joint appointment by the Lacloche Foothills Municipal Association and Richard Lemieux, joint appointment by the Sudbury East Municipal Association. Correspondence is included in today's addendum package.

2.0 ROLL CALL

3.0 REVIEW OF AGENDA / DECLARATIONS OF CONFLICT OF INTEREST

There were no declarations of conflict of interest.

There is an addendum for today's meeting and consensus was reached to move the addendum to agenda item 6.0 following 5.0 Consent Agenda as there are items that are relevant to the regular agenda items.

4.0 DELEGATION / PRESENTATION

i) Mindfulness in Schools: Pilot Project

- Stacey Gilbeau, Manager, Health Promotion Division
- Joelle Martel, Health Promoter, Health Promotion Division

S. Gilbeau and J. Martel were invited to present on a pilot project called "Mindfulness in Schools" which began as a collaboration between the Sudbury & District Health Unit's School Health Promotion team and a local Board of Education to create resilient school communities.

The mindfulness pilot project, currently in its second year of implementation, was initiated by a request from a local school board to address student self-regulation and social-emotional well-being. Mindfulness is a strengths-based tool that adds value and enhances the effects of other resiliency programs.

The practice of mindfulness was reviewed as well as the relationship of mindfulness with resiliency. The implementation of the Pilot Project was outlined and the successes of the pilot project were shared, including feedback from students and teachers.

Next steps for Phase 2 of the pilot project were summarized before questions and comments were entertained.

Clarification and additional information was provided regarding the selected schools and targeted grades as well as examples of the mindfulness activities conducted with the students and their benefits.

Mindfulness tool will be shared with the Board for their information along with the unapproved minutes. The presenters were thanked.

5.0 CONSENT AGENDA

There were no consent agenda items identified for discussion.

i) Minutes of Previous Meeting

a. Sixth Meeting – September 21, 2017

ii) Business Arising From Minutes

None

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

In a response to an inquiry regarding the September 26, 2017, NE LHIN and NE public health unit meeting noted in the MOH report, Dr. Sutcliffe clarified that such meetings are taking place proactively at the leadership level in line with the Patients First Act requirement for formal relationships between MOHs and LHIN CEOs. The final Public Health Work Stream document has not yet been released by the Ministry; however, meetings with the NE LHIN are at the exploratory stage to identify possible intersectoral work.

R. Lapierre added that he as the Board Chair and the Vice-Chair, J. Huska, participate on the *Chairs and Vice Chairs Committee – HSN, SJHC, NELHIN, and NECCAC*. The Committee's purpose is to facilitate governance-level collaboration, discussion, and planning among the community's healthcare bodies.

In response to a question regarding the tobacco enforcement update in the MOH report, Dr. Sutcliffe offered that a tobacco presentation be made at a future Board

meeting that would include the public health legislative requirements including the SDHU's enforcement responsibilities.

The MOHLTC grant announcement for 2017 is still pending for all boards of health.

43-17 APPROVAL OF CONSENT AGENDA

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

CARRIED

6.0 ADDENDUM

44-17 ADDENDUM

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

CARRIED

DECLARATION OF CONFLICT OF INTEREST

There are no declarations of conflict of interest.

i) Board of Health Membership

- Letter from Espanola Clerk to the Board Chair Re: resignation of Stewart Meikleham received October 13, 2017
- Report excerpt from Lacloche Foothills Municipal Association dated October 16, 2017, regarding appointment of Thoma Miedema to the Board of Health
- Thank you letter to Stewart Meikleham from the Board Chair dated October 17, 2017
- Thank you letter to Richard Lemieux from the Board Chair dated October 17, 2017

Further to an advisement of the resignation of Councillor S. Meikleham, the Lacloche Foothills Municipal Association has confirmed that Thoma Miedema will be joining the Sudbury & District Board of Health for the remainder of this Council term.

Notice is pending from the Sudbury East Municipal Association (SEMA) regarding a replacement for R. Lemieux on the Sudbury & District Board of Health.

A thank you letter has been sent to R. Lemieux and S. Meikleham for their contributions to the Board.

An orientation session will be scheduled for the new Board members in advance of the November Board meeting.

ii) Expert Panel Report

- Association of Local Public Health Agencies (alPHa) Board's Submission dated October 17, 2017

This item is relevant to the Expert Panel topic on today's agenda.

alPHa's feedback to the Ministry regarding the Expert Panel's report is for the Board to review and discuss in relation to this Board's own submission.

iii) Canadian Medical Association Journal (CMAJ) Article

- Reviving a national prevention agenda is key to sustainability of health care in Canada, *CMAJ* 2017, Volume 189, Issue 40

Board members are encouraged to read the CMAJ article authored by three Chief Medical Officers of Health and on behalf of most of the provincial and territorial CMOHs. It speaks to the importance of prevention and promotion in contributing to a sustainable health care system.

iv) Reducing Smoking Rates

- Media Technical Briefing dated October 18, 2017, and attached Executive Steering Committee Report Recommendations, Smoke-Free Ontario Modernization

This correspondence released yesterday outlines further details about tobacco endgame and aligns with the motion on today's agenda for the Board's consideration. The news release notes that the Committee has produced a robust report that if fully implemented, will all but end tobacco use in Ontario over the next 10-20 years. Their target is aggressive: less than 5% tobacco use by 2035.

v) HIV Funding

- Letter from the Minister to the Sudbury & District Board of Health Chair dated October 16, 2017

This base funding increase of up to $900 for the 2017-18 fiscal year is in recognition of the increase costs to delivering HIV related programs and services.

7.0 NEW BUSINESS

i) Performance Monitoring Plan

- Narrative Report, October 2017

Carolyn Thain was pleased to present the Fall 2017 Strategic Priorities Narrative Report on behalf of the Joint Board of Health/Staff Performance Monitoring Working Group. The working group which also include J. Bradley and R. Pilon, met for the third time this year on October 3, 2017, to review the draft narrative report. The report is comprised of five programs or services stories that demonstrate how our strategic priorities are integrated into staff members' daily work.

The narratives provide diverse examples across all program areas to highlight the breadth of work from all divisions, district offices, and varying services that further the strategic plan.

The five narratives selected for this report may especially resonate with Board of Health members as they include initiatives which Board members have been involved in, such as, Bridges Out of Poverty training, the Indigenous engagement strategy and the strategic planning engagement process.

The annual performance monitoring report will be presented to the Board in February.

ii) Change in Board of Health Meeting Time

As mentioned at the last Board meeting, a motion is coming forward to obtain support for the regularly scheduled January 2018 Board of Health meeting to move to the morning to accommodate the launch of the SDHU's strategic plan. The Plan will be tabled for approval at the January Board meeting.

45-17 BOARD OF HEALTH MEETING

Moved by Noland – Sykes: 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.

CARRIED

iii) Expert Panel

- 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

Dr. Sutcliffe reviewed motion 40-17 from the last meeting authorizing 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 today's Board meeting.

The period to submit comments to the Ministry is to the end of October.

The Board's feedback was sought regarding the draft letter addressed to R. Martino, Assistant Deputy Minister, Ministry of Health and Long-Term Care.

The Board supported inserting a notation endorsing the alPHa submission which was included with today's addendum.

Discussion ensued as to length of the letter and the importance of capturing the important points. It was affirmed that the draft reflects prior Board discussions.

Minor corrections were noted for #1 and #6 under Essential Messages for Maintaining an Effective Public Health System.

The Board members and the areas they represent have been added to the letter. The Board agreed with the importance of sharing this information with the constitutent municipalities within the SDHU catchment area and that a cover note should be included encouraging them also submit their feedback regarding the Expert Panel Report. The alPHa submission will be annexed in our submission.

The Board voiced its support for the proposed submission. The final letter will be shared with all Board members.

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)

The Executive Steering Committee (ESC) for the Modernization of Smoke-Free Ontario established by the Minister of Health and Long-Term Care, was recently released by the MOHTLC. It includes advice and recommendations to reduce smoking rates across the province. Dr. Sutcliffe noted the elevated smoking rates in northern Ontario including the Sudbury & District catchment area.

The report aims to end the tobacco epidemic noting Ontario is ideally positioned to execute a bold, comprehensive 10-year "endgame" strategy that will reduce smoking prevalence to <5% by 2035.

The Sudbury & District Board of Health has historically been supportive and proactive around the issue of tobacco.

Additional correspondence is also included on today's addendum related to this item.

Questions and comments were entertained.

Dr. Sutcliffe clarified that wherever possible, local work and or statistics are included in Board motions to localize and add value from a local Board of Health perspective.

46-17 Tobacco Endgame

Moved by Sykes – Noland: 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.

CARRIED

8.0 ANNOUNCEMENTS / ENQUIRIES

Board members interested in attending the 2017 alPHa Fall Board of Health section meeting on November 3, 2017, are asked to contact R. Quesnel who will look after registration, travel and accommodation.

Board members are reminded to complete the two required annual refresher training modules for BFI (Baby Friendly Initiative) and emergency preparedness and response by November 16, 2017.

The Board was informed that the SDHU launched its 2017 United Way workplace campaign on October 2, 2017, with a goal to raise $10,000. The Board were delighted to hear that the goal was surpassed and staff raised over $11,000 for this year's United Way campaign.

9.0 ADJOURNMENT

47-17 ADJOURNMENT

Moved by Kirwan – Signoretti: THAT we do now adjourn. Time: 2:38 p.m.

CARRIED

_____ _____

(Chair) (Secretary)

Sudbury & District Health Unit
Service de santé publique

UNAPPROVED MEETING NOTES
BOARD OF HEALTH FINANCE STANDING COMMITTEE

WEDNESDAY, NOVEMBER 1, 2017, AT 9 A.M.
SUDBURY & DISTRICT HEALTH UNIT, BOARDROOM

BOARD MEMBERS PRESENT

René Lapierre | Paul Myre | Mark Signoretti
Carolyn Thain

STAFF MEMBERS PRESENT

Colette Barrette | Rachel Quesnel | France Quirion
Dr. P. Sutcliffe

GUEST: Bill Kafkis, Account Executive | Mosey & Mosey Insurance Agency Limited ~

~via teleconference

C. THAIN PRESIDING

1.0 CALL TO ORDER

The meeting was called to order at 9:08 a.m.

2.0 ROLL CALL

3.0 REVIEW OF AGENDA / DECLARATION OF CONFLICT OF INTEREST

There were no declarations of conflict of interest.

4.0 APPROVAL OF BOARD OF HEALTH FINANCE STANDING COMMITTEE MEETING NOTES

4.1 Board of Health Finance Standing Committee Notes dated May 4, 2017

05-17 APPROVAL OF MEETING NOTES

Moved by Lapierre – Signoretti: THAT the meeting notes of the Board of Health Finance Standing Committee meeting of May 4, 2017, be approved with a minor correction.

CARRIED

5.0 NEW BUSINESS

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

a) Status of 2017 Funding

There are no updates regarding the Ministry of Health and Long-Term Care (MOHLTC) grant for 2017 as one-time request for indigenous engagement. Funding is still being flowed at 2016 budget levels. Health units have been invited to a MOHLTC public health summit on November 16. The purpose of the summit has not been shared; however, it is widely presumed to be the release of the new standards for public health.

5.2 Benefits Review

a) Mosey & Mosey Overview of the SDHU Benefit Program

Committee members were thankful for the overview of Mosey & Mosey that was emailed in advance of today's meeting. The SDHU and Mosey & Mosey entered into a service agreement on April 16, 2012. It was clarified that there is no end date to the duration of the agreement.

Bill Kafkis, on behalf of Susy Nicols who is the SDHU account representative, was welcomed by teleconference.

It was noted that Mosey & Mosey formed a partnership with the Association of Local Public Health Units (alPHa) to offer a province-wide group benefits program. The consortium includes ten health units.

An overview based on a detailed slide deck was shared. It was noted that the SDHU implemented a generic requirement within the drug plan on October 1, 2017.

Drivers of group benefit costs were outlined. Effective January 1, 2018, the Ontario government will provide a new provincial prescription drug program, officially titled "OHIP+: Children and Youth Pharmacare", for your dependent children age 24 and under.

B. Kafkis was thanked for the comprehensive presentation.

Questions and comments were entertained. The importance of preventive measures as well as promoting health and wellness with staff was discussed. F. Quirion outlined the SDHU wellness opportunities available to SDHU staff. There was interest in learning more about usage of preventive services within the employee assistance program and this will be shared with Finance Committee members. It was noted that education is also important to keep staff apprised of their benefits and Mosey & Mosey recently hosted a SDHU staff education session on the SDHU plan.

Thoughts were shared on further potential cost containment options.

5.3 Year-to-Date Financial Statements

a) September 2017 Financial Statements

The financial statements ending September 30, 2017, were shared for information and the positive variance is slightly lower in comparison with last year's year-to-date variance. This year's variance is significantly contributed to by retirements and short term disabilities.

Preliminary projection for 2017 year-end was discussed; however, the MOHLTC grant and our one-time request for 2017 are still unknown. It was

noted that per Board motion 04-13, the Board is apprised of within year reallocations to current pressures and priorities. The senior management's process of reviewing organizational priorities for in-year expenditures was outlined. The organization's Vacancy Management Review policy is also activated by the MOH during times of fiscal constraints. It requires a separate approval process for the posting of newly vacant positions, including temporary and permanent vacancies.

5.4 2018 Program-Based Budget

a) 2018 Budget Principles

The 2018 budget principles are similar to previous years' and were especially helpful in 2015 when we first faced the fiscal constraints imposed by the provincial funding formula. The principles were supported as presented.

b) Budget 2018 - Summary of Current Context Relevant to 2018 Budget Deliberations

A briefing note outlines the current context relevant to 2018 budget deliberations for the committee members' review and careful consideration, including provincial and SDHU-specific fiscal constraints, the provincial health system transformation, as well as SDHU-specific program delivery and supports.

The MOHLTC 2017 Program-Based Grant to boards of health has yet to be announced. The MOHLTC Public Health Funding Formula has resulted in no increase in provincial funding to the Sudbury & District Board since it was implemented in 2015. It is anticipated that there will be no funding increases for 2017 or 2018.

Since its introduction, the funding formula has necessitated a reduction of 10.2 FTEs at the SDHU. Significant reductions in the public health workforce have been experienced across the province. Discussion ensued regarding the impact on remaining staff and on the workplace culture.

Financial pressures that the SDHU is experiencing with 100% provincially funded programs were outlined. Salaries and increasing benefit costs have been budgeted for recognizing the CUPE collective agreement will be renegotiated in 2018.

Anticipated and unanticipated attrition occurred within 2017. Given the uncertainties in the current environment, temporary measures were taken to support work required at the time. The measures were temporary in order to maximize future flexibility for planning and related budget allocation and include the result that a director FTE is available to offset identified priorities for 2018 with the AMOH becoming the Director of Clinical Services.

At the provincial level, there are uncertainties as it relates to the Expert Panel Report, the Patients First Act, the modernization of the Ontario Public Health Standards, and the renewal of the accountability framework.

Program pressures for 2018 were highlighted.

c) 2018 Cost Reduction Initiatives and Pressures

Funding shortfall based on needs is projected to be $334,026 for 2018.

Proposed cost reduction initiatives to offset the operational and program pressures include attrition and an HR adjustment. The operational cost reduction and Part VIII user fee increase were explained. It was pointed out that the Part VIII fee would not be implemented until notice was provided per the Ontario Building Code. Additional pressures include the staff development allowances, indigenous engagement initiative, digital media and health equity. The unfunded organizational needs before the proposed budget increase totals $421,202. The proposed 1.75% municipal increase totals $121,508, leaving a negative variance for 2018 of $299,694. These outstanding needs for 2018 will have to be addressed with a combination of year-in reallocation and reserve for one-time investments such as digital media.

d) 5-Year Financial Projections

A five-year projection from 2019 to 2023 based on a zero percent increase and reasonable assumptions for inflating expenses on the go forward shows a significant cumulative shortfall year over year.

e) 2018 Proposed Mandatory Cost-Shared Budget

The 2018 proposed cost-shared operating budget totals $22,896,074. The 2018 budget is a 0.53% increase as compared with the 2017 cost-shared operating budget, incorporating a 1.75% municipal increase and maintaining the provincial grant at the 2017 level.

Expenditures by category were explained and ongoing efficiencies of previous decisions were described including the Needle Exchange Program, outsourcing of print shop, professional fees, increase in Part VIII fees, and changes in some service delivery models.

Questions were entertained relating to leases and insurance, and it was clarified that the population in the municipal levy is based on MPAC per legislation. Staff were congratulated for presenting a reasonable budget during these fiscally challenging times. The Board recognized that it is getting more difficult to manage and long term feasibility is a concern.

The Board Finance Standing Committee concurred that the 2018 proposed cost shared operating budget be recommended to the full Board for endorsement at the Board’s November meeting.

6. IN CAMERA

06-17 IN CAMERA

Moved by Signoretti – Myre: THAT this Board of Health Finance Standing Committee goes in camera. Time: 10:55 a.m.

CARRIED

- Security of the SDHU Property
- Personal matters involving one or more identifiable individuals, including employees or prospective employees
- Labour relations or employee negotiations

7. RISE AND REPORT

07-17 RISE AND REPORT

Moved by Lapierre – Signoretti: THAT this Board of Health Finance Standing Committee rises and reports. Time: 11:30 a.m.

CARRIED

It was reported that two agenda items were discussed during the closed meeting as it relates to the security of the SDHU property; personal matters involving one or more identifiable individuals, including employees or prospective employees and labour relations or employee negotiations. The following motion emanated from the closed meeting:

08-17 RISE AND REPORT

Moved by Lapierre – Myre: THAT this Board of Health Finance Standing Committee approve the meeting notes of the November 2, 2015, 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

8.0 ADJOURNMENT

09-17 ADJOURNMENT

Moved by Signoretti – Lapierre: THAT we do now adjourn. Time: 11:31 a.m.

CARRIED

_____ (Chair)

_____ (Secretary)

Sudbury & District Health Unit
Service de santé publique

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

Words for thought…

CISION

View Online

News by Public Health Agency of Canada
Transmitted by Cision on October 26, 2017 11:54 ET

Statement from the CPHO on her Annual Report on the State of Public Health in Canada

OTTAWA, Oct. 26, 2017 /CNW/ - Where we live matters, and we all have a part to play in creating communities that promote healthy living. In fact, our communities provide us with opportunities to make choices that can greatly impact our health.

Today, I released my report on the state of public health in Canada. I chose designing healthy living as the topic for my first report as Chief Public Health Officer because of the tremendous potential that our built environment has for helping Canadians live healthier lives.

Community design can contribute to better health by providing residents with opportunities for increased physical activity, by making healthy eating options easier to access, and by promoting better mental health through social support and community belonging.

Improving public health and preventing disease by designing healthy communities is a well-established concept. Infectious disease rates in the last century were reduced not just through scientific innovation and vaccination, but also through urban planning that improved sanitation, facilitated access to clean water and addressed overcrowding in residential neighbourhoods.

My report aims to raise awareness among Canadians and to inspire dialogue across the many disciplines involved in community planning and health promotion. I encourage decision makers and planners at all levels to consider health in making infrastructure planning decisions.

To read my report and find out more about how planning our communities can help build healthy living into our daily lives, visit Canada.ca/CPHOReport.

Source: Public Health Agency
Dr. Theresa Tam, Chief Public Health Officer of Canada
Date: October 26, 2017

Chair and Members of the Board,

The Report on the State of Public Health by the Chief Public Health Officer of Canada highlights the importance of the built environment to the health of communities and individuals. The built environment provides a foundation for healthy living and is influenced by decision makers in local and provincial governments. Public health plays a critical role in its partnerships with local municipalities, working together to ensure that neighbourhoods and communities support healthy living.

GENERAL REPORT

1. Local and Provincial Meetings

I continue with my supervisory role with Dr. Catton, Medical Officer of Health at the Porcupine Health Unit, as she completes her College of Physicians and Surgeons of Ontario needs assessment and regular meetings continue.

In my role as the COMOH Chair, I participated in an alPHa Executive Committee teleconference on October 27, presided the November 3, 2017, COMOH Section meeting in Toronto as well as presided a COMOH Executive teleconference on November 14. I hold regular monthly teleconferences with the Chief Medical Officer of Health, the MOHLTC Assistant Deputy Minister and Public Health Ontario's Vice President, Science and Population Health and Chief Information Officer.

As part of the alPHa Executive, I will be attending a meeting on November 22, 2017, with the Deputy Minister regarding the Expert Panel Report. Numerous agencies have submitted feedback to the Ministry and these can be found on the alPHa website: https://alphaweb.site-ym.com/page/EPPH_Responses.

I along with the Board Chair will be attending the Public Health Summit in Toronto on November 16. S. Laclé will also be in attendance in her role as a member of the Executive Steering Committee of the standards modernization process.

I have been invited to participate on the 2016 Chief Medical Officer of Health (CMOH) Annual Report Advisory Committee. The first meeting is scheduled for November 17 to review and discuss the outline of the report and key messaging.

The City of Greater Sudbury has been identified by the province as one of 40 sites for cannabis retail and distribution. I have been invited to participate attend a meeting with the City of Greater Sudbury and the Ministry of Finance on this matter on November 20.

2. Board of Health

Board membership: We are pleased to welcome Thoma Miedema as the Lacloche Foothills Municipal Association representative replacing Stewart Meikleham. Also, Monica Loftus is the

now Sudbury East Municipal Association representative on the Board of Health replacing Richard Lemieux.

A Board orientation session was held on November 9, 2017, for the two new Board members and the Board Chair was also in attendance. Presentations from the Board orientation session can be found in BoardEffect under the Resource Library.

Thank you for completing the following training modules:

1. Baby-Friendly Initiative (BFI) – annual training
2. Emergency Preparedness and Response – annual training

Please be reminded that there is no regular Board meeting in December. The date of the next Board meeting is Thursday, January 18, 2018, at 10 a.m.

Invitation: All Board members are invited to stay following the November 23 Board meeting for a brief Board social gathering in the Boardroom. Festive treats and fruits will be available to celebrate the season.

Board members are invited to receive their flu shot at the Sudbury & District Health Unit (SDHU) prior to the November 23, 2017, Board meeting from 12:30 until 1:30 p.m. Please announce your arrival at the main reception.

3. 2017 alPHa Fall Meetings

The Association of Local Public Health Agencies (alPHa) hosted 2017 Fall meetings on November 3, 2017. Dr. Sutcliffe and Dr. Zbar attended the Council of Ontario Medical Officers of Health (COMOH) meeting and Board of Health member, Nicole Sykes, attended the Board of Health section meeting.

4. Financial Report

The September year-to-date mandatory cost-shared financial statements report a positive variance of $613,847 for the period ending September 30, 2017. Gapped salaries and benefits account for $361,666 or 59%, with operating expenses and other revenue accounting for $252,181 or 41% 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 October a total of $84,787 available gapped funding was processed from September statements and applied towards the Staff Development funds to be used by December 31, 2017.

5. 2017 Program Based Grants

The Sudbury & District Board of Health received the MOHLTC funding announcement November 15, 2017. The SDHU's Program Based Budget request for the Mandatory and Other Related Programs funding was approved as submitted to the ministry in March 2017.

In addition, the ministry approved all one-time grant requests allocating $380,300 in funding towards the one-time initiatives.

The 2017 funding letter announced an increase of $116,200 to the base funding in addition to the $150,000 for Harm Reduction Program Enhancement as announced earlier this year. The addition base funding is as follows:

- $6,600 increase to the Unorganized Territories annual allocation
- $109,600 reinstatement of Health Smiles Ontario funding which had been removed in 2016 as a result of the dental integration review

6. Quarterly Compliance Report

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

The SDHU has paid all payable remittances for employee income tax deductions and Canada Pension Plan and Employment Insurance premiums, as required by law to October 20, 2017, on October 20, 2017. The Employer Health Tax has been paid as required by law, to October 31, 2017, with a cheque dated November 15, 2017. Workplace Safety and Insurance Board premiums have also been paid, as required by law, to October 31, 2017, with a cheque dated November 30, 2017. There are no outstanding issues regarding compliance with the Occupational Health & Safety Act, Ontario Human rights Code, or Employment Standards Act.

7. Indigenous Engagement

In the past month, the internal Steering Committee met to review a report on the recent First Nation community visits as well as the results of ten manager/director interviews. Additionally, the Steering Committee reviewed the membership of an external Indigenous Engagement (IE) Advisory Committee which has now been finalized. A draft Territorial Acknowledgement protocol was also tabled at the October 2, 2017, IE Steering Committee meeting and direction was given with regards to the next steps in the development of an organization wide staff survey, as well as a workshop, to provide further clarification to the structure, key elements and timeline for the IE Strategy.

8. Health Quality Transformation North

Dr. Sutcliffe participated in a panel discussion at the “Health Quality Transformation North” conference, held in Sudbury, Thunder Bay, and Toronto on October 24, 2017. The discussion’s focus was on the Northern Ontario Health Equity Strategy, particularly its primary recommendation to establish a Northern Ontario Health Equity Network which will act as a catalyst to drive intersectoral action.

9. Strategic Planning

Work continues on the development of the SDHU 2018 – 2022 Strategic Plan. Subsequent to the Board of Health Workshop on September 29, feedback from board members has been incorporated into the draft Strategic Plan. These revisions will be shared with the Board of Health Executive at its meeting on November 30, 2017, for review and feedback.
The 2018 – 2022 Strategic Plan document will come to the full Board of Health at its January 2018 meeting for approval and endorsement.

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

CORPORATE SERVICES DIVISION

1. Accounting

The Accounting team, in partnership with the Information Technology team, have been instrumental in the conversion and migration of human resources data to the new human resources attendance and time tracking software, info:HR. Progress is advancing as planned with an anticipated December 5, 2017, launch date to staff.

The 2018 budget deliberations were completed with a proposed budget presented to the Board Finance Standing Committee at its November 1, 2017, meeting.

2. Facilities

1300 Paris Street: Renovations that support and improve the work environment of the Health Unit staff were completed over this period. Examples include the addition of emergency lighting, the replacement of all security alarm sensors and panels, upgrades to cameras and the installation of both the software and hardware for a new wireless access card system. Various painting projects were completed and improvements to electrical and heating controls were put in place. In addition, the creation of a work office and better storage area in Environmental Health is being completed.

District Offices: With the launch of the Needle Exchange Program (NEP) in Espanola and Manitoulin, a risk analysis was conducted which recommended the addition of individual panic alarms. As such, Office Assistants in Espanola and Manitoulin have received individual panic alarms to address safety concerns. The alarms are monitored and police are dispatched by a monitoring company if engaged. NEP bins were put in place in the Espanola and Manitoulin offices. Improvements to a vaccine fridge were made and the HVAC system was replaced in the Manitoulin office. Plumbing improvements were made at the Rainbow office.

3. Human Resources

Health and Safety: We continue to work diligently to maintain our compliance with the Occupational Health & Safety Act and SDHU health and safety policies and procedures.

Regular and recurring activities include regular Joint Health and Safety Committee meetings, training on the Internal Responsibility System, WHMIS, fire safety, first aid, emergency preparedness and workplace violence and harassment.

The Psychological Health and Wellness Committee (PHWC) will host a staff gathering this fall called “A Winter Warm Up” which will be a time for staff to get together, play some games and have a light snack.

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

Access to Information Requests: Since 2013 we have experienced a significant increase in the number of formal information requests from the public. In 2015, we received 15 formal requests and 2016 we received 9 requests. To date in 2017, we have received 10 formal information requests.

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

4. Information Services

Records Management/SharePoint Project: Over this period, the Records Management portfolio has experienced a transition in staffing which has impacted our ability to move on priority areas. Our focus has been on staff training in order to upskill our workforce in higher level functions thereby increase self-sufficiency. All in-person training is recorded and made available to the staff members.

IT Infrastructure: The SDHU has ordered a replacement Storage Area Network (SAN) for the 1300 Paris Street server room as the current SAN is end of life as of December 31. This project will include the replication of data between the SAN located at1300 Paris Street and the offsite DASH (Sudbury Hydro substation downtown) location allowing for more functionality between sites in emergency response situations.

A new building automation and video server is being setup. This will provide continuity in the event we have an issue with the SAN or server farm; allowing our Building Automation System to continue to function. This also provides more storage space required by the camera upgrades completed this year.

IT Projects: Phone lines were moved from Bell to Vianet. This will generate savings that can be reallocated to increased Internet bandwidth. Vianet has been a reliable phone line provider to the SDHU for a number of years and we simply consolidated services for savings.

5. Volunteer Resources

By the end of September 2017, there were 61 volunteers actively involved in the Health Unit's Volunteer Resources program.

From April to September, volunteers contributed 230 hours of service by assisting staff to plan and deliver programs and services. Six (6) volunteers joined staff at the annual staff day event to recognize and celebrate their contributions.

6. Quality & Monitoring

Lean @ SDHU: The first Annual Lean Report (2016-2017) was collated in June 2017 and Lean reviews continue to be part of the SDHU's continuous quality improvement work. Since January 2017, a total of 15 Lean review projects have been started by various staff across the SDHU. Results from recent reviews have been 'storyboarded' and posted on the Continuous Quality Improvement blog. A Lean Toolkit has also been made available to all staff via SharePoint. Staff are encouraged to continue identifying areas in their work that would benefit from a lean review and may connect with the Quality and Monitoring Specialists as needed.

Organizational Standards: In June 2017, compliance with the Public Health Organizational Standards was reviewed as part of the mid-year update of the 2017 Performance Monitoring Annual Report. All of the standards met or exceeded expectations. Organizational Standards will be reviewed again at the end of the year.

Continuous Quality Improvement: The SDHU continues to participate in the locally driven collaborative project (LDCP), sponsored by Public Health Ontario, called Strengthening CQI in Ontario's Public Health Units. The SDHU serves as co-applicant on the project and co-chair of the Knowledge Exchange Working Group.

Phase 1 of the LDCP project was completed in August 2017. Results from quality improvement maturity surveys were compiled into a report in March 2017 and a Scoping Review with recommendations was distributed in August 2017.

A phase 2 project proposal was submitted to Public Health Ontario in September 2017.

Risk Management: The 2016 Risk Management Annual Report was shared with the Board of Health in May 2017. Agency-wide risks continue to be monitored on a quarterly basis and are presented to the Senior Management Executive Committee.

Since the approval of the SDHU Risk Management Framework, Risk Management Plan, and Board of Health Policy, each Division at the SDHU has also assessed risk and developed divisional risk management plans. Divisional risks are monitored at divisional management meetings and results are shared with the MOH.

The next Risk Management Annual Report will be shared with the Board in May 2018.

CLINICAL SERVICES DIVISION

1. Control of Infectious Diseases

National Infection Control Week (NICW) took place during the third week of October. During the week, SDHU staff were educated on the importance of infection prevention and control through the presentation of facts, myths and trivia via the *Inside Edition.*

Influenza: As of November 15, 2017, there was one confirmed case of influenza A in the community.

Vaccine Preventable Disease: SDHU began influenza immunizations for staff on October 20 and to the general public on October 23 following provision of immunization of high-risk groups earlier in the month. Flu clinics are offered daily at the main office with an additional 14 clinics that include those in the evenings, weekends, at our district sites and at one community site in Dowling. This is in addition to immunizations offered in primary care offices and at community pharmacies. As of October 26, SDHU has administered 237 doses of influenza vaccine. To date, 19,345 doses of the vaccine have been distributed to health care providers within the district.

Pharmacies approved to participate in this years' Universal Influenza Immunization Program (UIIP) are required to submit temperature logs for their vaccine fridges to SDHU according to the prescribed schedule prior to the vaccine being released by the vaccine distributor.

Respiratory Outbreaks: There were three respiratory outbreaks declared in Long Term Care Homes (LTCH) during the month of September that extended into October. No new respiratory outbreaks occurred in LTCH during the month of October.

School Vaccines: PHNs continue to provide vaccines for school children in Grade 7. The first round of hepatitis B and meningococcal vaccination is nearly complete. PHNs will begin the second round on November 6, returning to each of the schools to provide human papillomavirus vaccine.

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

The Sexual Health team responded to three community requests to promote healthy sexuality and the prevention of sexually transmitted diseases.

Needle Exchange Program (NEP): Through fixed sites and community partner outreach initiatives, The Point distributed 109,005 syringes to 1,559 contacts during the month of September. As of September 30, a total of 865,172 needles have been distributed with a return rate averaging 66%.

ENVIRONMENTAL HEALTH DIVISION

1. Control of Infectious Diseases

During the month of October, five sporadic enteric cases and one infection control complaint were investigated. One enteric outbreak was declared in an institution. A causative organism for the outbreak has not been identified.

2. Food Safety

During the month of October, two food product recalls prompted public health inspectors to conduct checks of 98 premises. All affected establishments had been notified, and subsequently had removed the recalled product from sale. The recalled food products included mechanically tenderized steak due to possible contamination with E. coli 0157:H7, and Janes brand frozen uncooked breaded chicken products due to possible contamination with Salmonella.

In October, staff issued 29 special event food service permits to various organizations.

Through Food Handler Training and Certification Program sessions offered in October, 79 individuals were certified as food handlers.

3. Health Hazard

In October, 26 health hazard complaints were received and investigated. Four of these complaints involved marginalized populations.

4. Ontario Building Code

During the month of October, 32 sewage system permits, 10 renovation applications, two Other Government Agency applications, and one consent application were received.

5. Rabies Prevention and Control

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

6. Safe Water

During October, 52 residents were contacted regarding adverse private drinking water samples. Public health inspectors investigated five regulated adverse water sample results, as well as two drinking water lead exceedances at two local schools.

Two boil water orders, and two drinking water advisories were issued. Furthermore, five boil water orders, and one drinking water advisory were rescinded.

During the month of October, one public spa was issued a closure order due to inadequate disinfection levels. Following corrective action, the order has since been rescinded and the spa allowed to reopen.

7. Tobacco Enforcement

In October, tobacco enforcement officers charged two individuals for smoking in an enclosed workplace, both of these charges were the result of smoking in a workplace vehicle. Five charges were laid for smoking on hospital property, and three retail employees were charged for selling e-cigarettes to a person who is less than 19 years of age.

8. Vector Borne Diseases

During the month of October, eight ticks were submitted for identification and testing. To-date, four of these ticks have been identified as Ixodes scapularis, the blacklegged tick capable of transmitting Lyme disease. Results of bacterial analysis are pending.

Mosquito surveillance for the 2017 season ended in October. From June 20, 2017, to October 2, 2017, a total of 14, 490 mosquitoes were collected in 298 traps and sent for analysis. During this time, a total of 531 mosquito pools were tested; 18 for Eastern Equine Encephalitis (EEE) virus, and 513 for West Nile virus (WNv). All pools tested negative for WNv and EEE.

HEALTH PROMOTION DIVISION

1. Drug Strategy

The Executive Committee of the Community Drug Strategy met on October 17. On October 11, community drug strategy staff attended a LHIN focus group regarding opioid response. Two drug alerts were widely distributed on behalf of the community drug strategy during the month, one to warn of potential carfentanil in the local drug supply, another to warn of confirmed fentanyl in the local heroin supply.

A preliminary surveillance/early warning meeting was held to strategize about meeting the Ministry requirements under the recently announced enhancements to harm reduction.

Drug strategy staff taught a 4th year Laurentian University social work class about framework, policy and drug strategy.

2. Family Health

A meeting was held at a Greater Sudbury Police Services meeting to discuss our involvement in the homestead project (resiliency training with the staff of four local group homes for children over 12 years who are crown wards).

Triple P teen sessions began with 17 parents of teens. Final preparations continue for the unveiling of the new Triple P website in December.

A Family Health team staff member became a certified Reaching IN…Reaching OUT (RIRO) Trainer after attending a 3-day intensive training program in Toronto. RIRO is a resiliency program for adults working with children 0-8 years. The same staff member was also certified as a Bounce Back & Thrive! (BBT) Trainer after completing the 2-day intensive Resiliency Skills Training Program, a program for parents with children 0-8 years.

During the month of October, Family Health team staff provided in-class prenatal to 22 local pregnant individuals and their support persons. Eight individuals registered for online prenatal and arrangements have been made to begin to offer on-line prenatal class codes in French.

3. Healthy Eating

The SDHU delivered food literacy sessions at an elementary school on Manitoulin Island. Students learned about hand hygiene, using their five senses to try new fruits and vegetables and how to prepare some healthy lunch and snack recipes.

As part of the Healthy Kids Community Challenge grant funding in the City of Greater Sudbury, a Registered Dietitian (RD) and Community Nutrition Assistant delivered food literacy (Adventures in Cooking) train-the-trainer sessions to more than 40 leaders who deliver cooking sessions to children and youth. The goal of the leader training was to improve skills and comfort delivering food literacy sessions by highlighting various sections of the training manual, practicing knife skills, and reviewing food/kitchen safety concepts.

A Public Health Nutritionist collaborated with Registered Dietitians (RDs) from across the province to formalize an Ontario Society of Nutrition Professionals in Public Health Food System Work Group. This provides the opportunity for public health RDs to collaborate, participate in knowledge exchange and advocacy with other public health RDs working towards a sustainable, health promoting food system that improves access to healthy food.

4. Healthy Weights

Health Promotion staff delivered a Weight Bias presentation during the Northern Ontario School of Medicine (NOSM) Healthy Workplace month. Health-related events, workshops, and presentations were scheduled throughout the month of October. The event was open to all members of the NOSM community including staff, faculty and medical students.

In late September, the SDHU Diabetes Prevention Program (DPP) lead hosted a Sudbury Manitoulin District Indigenous Diabetes Prevention Program Advisory Committee face to face meeting in Espanola. Findings from partner consultations, held over the past six months, to inform future directions for the DPP were shared with the 14 partners in attendance. The ultimate goal of the DPP is to implement community-based initiatives that support prevention of type 2 diabetes in high risk populations.

5. Injury Prevention

Falls Prevention: Fifteen members of the Stay on your Feet Sudbury-Manitoulin (SOYF-SM) coalition completed a coalition survey in September. A report of the survey results has been

completed and was presented to the members at the October 13, 2017, SOYF-SM coalition meeting. Overall, the results were very positive with a few areas to work on.

In September and October, a public health nurse set up SOYF-SM displays focusing on new exercise booklets and SOYF resources at the Exercise as Medicine workshop and at the Geriatric Medicine Refresher Day.

The team launched and distributed 2,500 of the new Exercise Programs for Older Adults of All Abilities in Greater Sudbury via SOYF-SM community partners in the City of Greater Sudbury.

In October, a public health nurse attended the Keeping Seniors Warm Event. Sixty low income, at risk Older Adults were provided with transportation, lunch and $150 to buy warm winter clothing and were provided with SOYF resources and incentives.

Road Safety: In partnership with the Webbwood Public Library, public health nurses from the Espanola Office distributed six used bikes to children. Children who did not have a helmet, or ill-fitting helmet, were provided with either a new helmet or a helmet coupon.

In September, a public health nurse hosted a car seat technician training for five new technicians from the Nogdawinamin Family and Community Services, SDHU, Ontario Provincial Police, a nursing student from Laurentian University, and Our Children Our Future. The course was also part of the requirement for two public health nurses (Algoma Public Health and Porcupine Public Health) to become instructors.

6. Mental Health and Addictions

The Mental Health and Addictions team is focussed on developing a process to help inform and develop a SDHU mental health and addictions strategy.

7. Physical Activity

The SDHU collaborated with NOSM, Laurentian University and Cambrian College, to host a *Physical Activity Counseling and Exercise Prescription in Health Care* workshop. Dr. Paul Oh presented on behalf of Exercise is Medicine Canada. The workshop attracted 58 participants from primary care, health, allied health and fitness, as well as medical students and those studying in the fields of health, allied health and fitness.

8. Prevention of Substance Misuse

In Chapleau there continues to be interest in developing a local Drug Strategy. In mid-September a meeting with the Mayor of Chapleau occurred and plans are underway to include local stakeholders in this dialogue.

Two public health nurses met with a supervisor at a local workplace to discuss their alcohol policies and provided a presentation to approximately 70 employees on the topic of alcohol misuse prevention. This included addressing Canada’s Low Risk Alcohol Drinking Guidelines as well as conducting a *Pour Challenge* where volunteers were asked to pour liquid into

drinking glasses to approximate the amount they would typically pour a guest and compare to recommended drink sizes. This exercise is useful in showing that people often consume more alcohol than they think they are drinking.

9. School Health

Two public health nurses from the Manitoulin District Office delivered a resiliency presentation to teachers and staff at Charles C. McLean Public School in Gore Bay.

The Sudbury East District office has been engaging with all four school boards. Teachers and principals from schools in the Sudbury East area have received information, programming and resources related to resiliency, mindfulness, relationship building, composting, daily physical activity, nutrition, hand washing, and Triple P.

Public health nurses facilitated a full day workshop with 100 Special Education Educators regarding the effects of environmental factors on child brain development and the importance of relationships.

A presentation was facilitated for parents at École Notre Dame in Hanmer regarding resiliency, growth mindset and passion (Spark). This evening presentation helped parents have the opportunity to explore the concept of passion (Spark) and learn how motivating it can be for young people to discover their "sparks"— research shows that youth who thrive have two important supports: knowledge of what their sparks are and adults who support the development of those sparks.

10. Tobacco Control

From October 20-22, 2017, the Northeast Tobacco Control Alliance Network (NE TCAN) hosted a young person summit titled “North East Indigenous Summit” with Indigenous young people and adult allies from across the five northeast health unit regions and communities. The weekend was facilitated by Perry McLeod-Shabogesic from the Shkagamik-Kwe Health Centre and the Youth Development Specialist with the NE TCAN. The weekend focused on sacred tobacco and its importance in the Indigenous culture. The group participated in a ceremony and a medicine/walk harvest in which everyone gathered the necessary medicines to make ‘Kinnikinnick”, the sacred tobacco of our region. Many teachings were shared, including a Sacred Fire Teaching and many of the youth got to try their hand at making fire with a flint and striker. Many of the girls also took the opportunity to drum and sing throughout the weekend. The aim was to provide knowledge and understanding for young people to be advocates within their local communities to address the industrialization and commercialization of tobacco. The group planned for 2018 and are eager to move their plans forward.

On October 3, 2017, the SDHU and the Center for Addiction and Mental Health (CAMH) held *a Smoking Treatment for Ontario Patients on the Road* (SOR) smoking cessation workshop at our Paris Street location. There were 18 participants in total, of whom all were eligible for receiving 5 weeks of free nicotine patches from CAMH.

SDHU staff continue to provide services to the community through the Quit Smoking Clinic and Telephone Information Line, having received 47 calls, 27 client visits and 33 follow-up calls at the clinic in September. Also, 18 Nicotine Replacement Treatment (NRT) vouchers were distributed and 14 were redeemed.

A letter of support for the consultation regarding the Standard Lease Template of the Residential Tenancy Act (RTA) for the inclusion of a no smoking clause, inclusive of all combustible products, to be clarified in the proposed Standard Lease Template, was sent to the Ministry of Housing.

Ongoing policy implementation support of the Smoke-Free Ontario Act (SFOA) for Smoke-Free Hospitals with Kirkwood Place was provided, in order to prepare for 2018 legislation. On October 23, 2017, a community consultation meeting was held with neighbours of the Kirkwood Place site, in preparation to the November 1 Tobacco Free Property.

RESOURCES, RESEARCH, EVALUATION AND DEVELOPMENT (RRED) DIVISION

1. Health Equity

In October, two Health Equity team members attended Circles Canada© training in Sarnia. This training, which was run by Lambton County, provided the training required to launch this programming in the City of Greater Sudbury in early 2018. Circles is one of the three programs (along with Bridges out of Poverty and Leader Training) that are being implemented with support from a Local Poverty Reduction Fund grant and partnerships across the community.

The Health Equity team has established a partnership with Laurentian University's Faculty of Education to pilot and evaluate a lesson plan on health equity and the social determinants of health designed for elementary school students between grades four and six. The Health Equity team introduced the lesson plan materials, entitled "Youth Taking Action on Health Equity" to 63 teacher candidates at Laurentian University in October. Participating teacher candidates will pilot lesson plan activities during their placements with elementary school students in November 2017 and again in March 2018.

2. Staff Development

Management and staff were provided with two training opportunities in October, planned by the PHWC with a goal to provide staff the tools to talk more openly about mental health in the workplace and to build a greater understanding and capacity to address occupational mental health and illness. These training sessions included a three-hour training session for management which focused on understanding and recognizing employees with mental health concerns and how to manage these individuals, and a three-hour staff session to increase awareness of mental illness.

The SDHU hosted a Knowledge Exchange Symposium on November 14. The focus of this session was Indigenous Engagement. There were five presentations that provided staff with

an opportunity to learn about some of our organizational experiences in working with Indigenous partners, and allowed to facilitate staff discussion related to the topic of Indigenous Engagement.

3. Student Placement Program

The SDHU has adapted student placements as necessary to accommodate the recent labour strikes at Laurentian University and within the college sector.

4. Presentations

The manager of Professional Practice and the manager of Population Health Assessment and Surveillance presented to a 3rd year Laurentian University nursing class on health data and its use in community nursing.

The Director, RRED, and the Manager, Indigenous Engagement, participated as presenters at the Public Health Ontario Grand Rounds session on October 31, 2017. As part of this presentation, they provided an update on the Locally Driven Collaborative Project, Relationship building with First Nations and public health: Exploring principles and practices for engagement to improve community health.

The Quality and Monitoring Specialist presented on the SDHU's strategic plan engagement process during the dedicated poster session of the Ontario Public Health Association Fall Forum on November 8, 2017. The poster presentation outlined how the SDHU involved stakeholders in strategic planning by seeking input from members of the general public, community partners, staff members, and Board of Health members, through a variety of engagement tactics.

5. Strategic Engagement Unit / Communications

The Communications team is working on the development of a comprehensive agency-wide social media strategy to increase engagement and growth of the Health Unit's social media channels. The strategy will formalize, shape, and provide direction on how the Health Unit uses social media. Specifically, the strategy will establish usage guidelines, determine social media management practices, assess and mitigate risks, determine responsiveness, set goals/objectives and measurable targets, as well as identify opportunities for training.

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 9 Periods Ending September 30, 2017

Cost Shared Programs

	Annual Budget	Budget YTD	Current Expenditures YTD	Variance YTD (over)/under	Balance Available
Revenue:					
MOHLTC - General Program	14,687,000	11,015,250	11,015,250	0	3,671,750
MOHLTC - Unorganized Territory	819,400	614,550	614,550	0	204,850
MOHLTC - VBD Education & Surveillance	65,000	48,750	48,750	0	16,250
MOHLTC - SDWS	106,000	79,500	79,500	0	26,500
Municipal Levies	6,943,298	5,207,467	5,207,467	0	1,735,832
Municipal Levies - Small Drinking Water Syst	47,222	35,417	35,417	(0)	11,805
Municipal Levies - VBD Education & Surveill	21,646	16,235	16,235	(0)	5,411
Interest Earned	85,000	56,516	56,516	0	28,484
Total Revenues:	$22,774,566	$17,073,684	$17,073,685	$(1)	$5,700,881
Expenditures:					
Corporate Services:					
Corporate Services	4,452,551	3,448,789	3,415,596	33,193	1,036,955
Print Shop	152,774	65,850	57,705	8,146	95,070
Espanola	120,973	90,068	87,673	2,394	33,299
Manitoulin	124,624	93,188	86,651	6,537	37,974
Chapleau	99,667	74,401	73,222	1,179	26,445
Sudbury East	16,486	12,364	12,540	(176)	3,946
Intake	307,739	219,466	217,310	2,156	90,429
Volunteer Services	5,508	2,005	236	1,769	5,272
Total Corporate Services:	$5,280,321	$4,006,131	$3,950,932	$55,199	$1,329,389
Clinical Services:					
General	954,765	660,602	655,815	4,788	298,951
Clinical Services	1,388,572	1,046,079	1,032,307	13,772	356,265
Branches	245,822	170,936	161,335	9,601	84,487
Family	645,716	475,025	460,570	14,455	185,146
Risk Reduction	124,408	93,725	73,700	20,024	50,708
Clinical Preventative Services - Outreach	141,610	102,622	98,418	4,203	43,192
Sexual Health	925,829	669,734	652,603	17,131	273,225
Influenza	0	0	(0)	0	0
Dental - Clinic	500,484	354,767	334,216	20,551	166,268
Family - Repro/Child Health	646,798	646,798	646,798	(0)	(0)
Substance Misuse Prevention	80,894	80,894	80,894	0	0
Total Clinical Services:	$5,654,898	$4,301,182	$4,196,656	$104,526	$1,458,242
Environmental Health:					
General	823,554	582,219	573,071	9,148	250,483
Enviromental	2,446,521	1,720,713	1,654,083	66,631	792,439
Vector Borne Disease (VBD)	86,667	73,586	66,029	7,557	20,637
Small Drinking Water System	174,185	128,217	119,858	8,359	54,327
Total Environmental Health:	$3,530,927	$2,504,735	$2,413,040	$91,695	$1,117,887
Health Promotion:					
General	1,186,915	839,769	826,126	13,643	360,790
School	1,355,637	950,562	926,241	24,321	429,396
Healthy Communities & Workplaces	181,274	124,605	120,304	4,300	60,970
Branches - Espanola / Manitoulin	280,717	210,975	198,431	12,544	82,286
Nutrition & Physical Activity	1,156,580	838,448	769,611	68,837	386,969
Branches - Chapleau / Sudbury East	371,021	268,983	254,362	14,620	116,659
Injury Prevention	449,779	323,073	298,647	24,426	151,132
Tobacco By-Law	352,735	252,588	224,287	28,301	128,448
Policy & Planning	528,767	194,188	142,776	51,412	385,991
Substance Misuse Prevention	81,669	30,289	9,562	20,727	72,107
Alcohol Misuse	155,470	121,677	89,513	32,163	65,957
Total Health Promotion:	$6,100,564	$4,155,156	$3,859,860	$295,295	$2,240,703
RRED:					
General	1,561,853	1,093,121	1,042,552	50,569	519,301
Workplace Capacity Development	27,609	18,095	15,481	2,614	12,128
Health Equity Office	27,586	17,511	10,927	6,584	16,659
Strategic Engagement	590,808	401,966	394,601	7,364	196,207
Total RRED:	$2,207,856	$1,530,692	$1,463,561	$67,131	$744,295
Total Expenditures:	$22,774,566	$16,497,897	$15,884,050	$613,847	$6,890,516
Net Surplus/(Deficit)	$0	$575,787	$1,189,635	$613,847	

Sudbury & District Health Unit 2015 - current

Cost Shared Programs

STATEMENT OF REVENUE & EXPENDITURES
Summary By Expenditure Category
For The 9 Periods Ending September 30, 2017

	BOH Annual Budget	Budget YTD	Current Expenditures YTD	Variance YTD (over) /under	Budget Available
Revenues & Expenditure Recoveries:					
Funding	22,980,448	17,261,791	17,299,007	(37,216)	5,681,441
Other Revenue/Transfers	923,131	696,613	754,115	(57,502)	169,016
Total Revenues & Expenditure Recoveries:	23,903,580	17,958,404	18,053,122	(94,718)	5,850,457
Expenditures:					
Salaries	15,596,494	11,310,599	11,034,879	275,720	4,561,615
Benefits	4,372,101	3,268,681	3,182,735	85,946	1,189,366
Travel	260,173	172,924	152,314	20,610	107,859
Program Expenses	968,166	617,298	505,919	111,379	462,248
Office Supplies	68,912	45,481	37,676	7,805	31,235
Postage & Courier Services	79,374	45,040	41,860	3,180	37,514
Photocopy Expenses	33,487	24,476	17,886	6,589	15,601
Telephone Expenses	60,406	45,170	41,335	3,835	19,071
Building Maintenance	497,477	424,058	438,781	(14,723)	58,695
Utilities	205,097	156,923	156,742	181	48,355
Rent	242,657	182,041	184,129	(2,088)	58,528
Insurance	103,774	92,184	92,376	(192)	11,399
Employee Assistance Program (EAP)	34,969	23,902	25,716	(1,814)	9,253
Memberships	31,736	28,657	28,103	554	3,633
Staff Development	232,035	114,970	121,752	(6,782)	110,283
Books & Subscriptions	12,465	7,727	4,369	3,358	8,096
Media & Advertising	101,342	53,054	32,470	20,583	68,872
Professional Fees	197,256	109,042	113,402	(4,360)	83,854
Translation	48,201	33,460	27,758	5,702	20,443
Furniture & Equipment	33,002	28,943	16,712	12,231	16,290
Information Technology	724,455	597,988	606,575	(8,587)	117,880
Total Expenditures	23,903,579	17,382,617	16,863,487	519,129	7,040,092
Net Surplus (Deficit)	0	575,787	1,189,635	613,847	

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

100% Funded Programs

Program	FTE	Annual Budget	Current YTD	Balance Available	% YTD	Program Year End	Expected % YTD
MOHLTC Local Model for Indigenous Engagement	703	227,718	77,840	149,878	34.2%	*Mar 31/18*	41.7%
Pre/Postnatal Nurse Practitioner	704	139,000	101,566	37,434	73.1%	*Dec 31*	66.7%
OTF - Getting Ahead and Cirlcles	706	216,800	33,686	183,114	15.5%	*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	16,507	20,193	45.0%	*Dec 31*	66.7%
SFO -TCAN - Prevention	724	97,200	33,604	63,596	34.6%	*Dec 31*	66.7%
SFO - Tobacco Control Area Network - TCAN	725	285,800	182,761	103,039	63.9%	*Dec 31*	66.7%
SFO - Local Capacity Building: Prevention & Protection	726	259,800	137,285	122,515	52.8%	*Dec 31*	66.7%
SFO - Tobacco Control Coordination	730	104,442	76,139	28,303	72.9%	*Dec 31*	66.7%
SFO - Youth Engagement	732	80,000	55,658	24,342	69.6%	*Dec 31*	66.7%
Infectious Disease Control	735	479,100	339,672	139,428	70.9%	*Dec 31*	66.7%
LHIN - Falls Prevention Project & LHIN Screen	736	100,000	30,333	69,667	30.3%	*Mar 31/18*	41.7%
MOHLTC - Special Nursing Initiative	738	180,500	131,904	48,596	73.1%	*Dec 31*	66.7%
MOHLTC - Northern Fruit and Vegetable Funding	743	156,600	80,704	75,896	51.5%	*Dec 31*	66.7%
Beyond BMI - LDCP	747	150,000	87,520	62,480	58.3%	*"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	36,867	(2,508)	107.3%	*Dec 31*	66.7%
CGS - Healthy Kids Bright Bites Project	772	23,136	9,429	13,707	40.8%	*Dec 31*	66.7%
CGS - Food Skills for Kids & Families Project	773	31,755	10,768	20,987	33.9%	*Dec 31*	66.7%
Healthy Babies Healthy Children	778	1,476,897	1,072,781	404,116	72.6%	*Dec 31*	66.7%
Healthy Smiles Ontario (HSO)	787	502,600	360,561	142,039	71.7%	*Dec 31*	66.7%
Anonymous Testing	788	59,393	30,143	29,250	50.8%	*Mar 31/18*	41.7%
PHO/LDCP First Nations Engagement	790	108,713	24,797	83,917	22.8%	*May/17 to May/18*	16.7%
HQO - Northern Health Equity	791	135,000	135,000	-	100.0%	*"Oct./16 to Oct./17*	66.7%
MHPS- Diabetes Prevention Program	792	175,000	55,027	119,973	31.4%	*Dec 31*	66.7%
Total		5,141,910	3,134,447	2,007,464			

DURHAM REGION

October 12, 2017

The Honourable Kathleen Wynne
Premier
Minister of Intergovernmental Affairs
Room 281
Main Legislative Building
Queen's Park
Toronto ON M7A 1A1

The Regional Municipality of Durham

Corporate Services
Department
Legislative Services

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905-668-7711
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durham.ca

Don Beaton, B.A.S., M.P.A.
Commissioner of
Corporate Services

RE: Memorandum from Dr. R. Kyle, Commissioner and Medical Officer of Health – re: Vaccine Recommendations for Child Care Workers
Our File: P00

Please be advised that Committee of the Whole of Regional Council considered the above matter and at a meeting held on October 11, 2017, Council adopted the following recommendations of the Committee:

"A) That the correspondence from the Council of Ontario Medical Officers of Health (COMOH) requesting the Government of Ontario to amend the Publicly Funded Immunization Schedule such that vaccinations recommended for child care workers by Medical Officers of Health would be publicly funded for those workers, be endorsed; and

B) That the Premier of Ontario, Ministers of Finance and Health and Long-Term Care, Durham's MPPs, Chief Medical Officer of Health and all Ontario boards of health be so advised."

Attached for your reference is a copy of the Memorandum from Dr. Kyle, Commissioner and Medical Officer of Health, dated October 4, 2017.

Ralph Walton
Regional Clerk/Director of Legislative Services

RW/np

Attach.

If this information is required in an accessible format, please contact 1-800-372-1102 ext. 2009.

"Service Excellence for our Communities"

c. The Honourable Charles Sousa, Minister of Finance
The Honourable Eric Hoskins, Minister of Health and Long-Term Care
Joe Dickson, MPP (Ajax/Pickering)
Lorne Coe, MPP (Whitby/Oshawa)
The Honourable Tracy MacCharles, MPP, (Pickering/Scarborough East)
Granville Anderson, MPP (Durham)
Jennifer French, MPP (Oshawa)
Laurie Scott, MPP, (Haliburton/Kawartha Lakes/Brock)
Dr. David Williams, Chief Medical Officer of Health
Ontario Boards of Health
Dr. R.J. Kyle, Commissioner and Medical Officer of Health

1230 Talbot Street, St. Thomas, ON N5P 1G9
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October 23, 2017

The Honourable Yasir Naqvi
Attorney General of Ontario 720 Bay Street, 11th Floor
Toronto, Ontario M7A 2S9
vnaqvi.mpp@liberal.ola.org

Dear Minister Naqvi:

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

On October 11 2017, at a regular meeting of the Board of Health at Elgin St. Thomas Public Health (ESTPH), a letter was brought forward from Peterborough Public Health that applauded the Province of Ontario and the Cannabis Secretariat on releasing their plans for regulating cannabis once it is federally legalized. ESTPH contributed to the July 2017 provincial consultation on the proposed cannabis framework as part of the Ontario Public Health Unit Collaboration on Cannabis (OPHUCC). ESTPH shares in Peterborough Public Health's enthusiasm to see that Ontario's newly released plan aligns with various areas of the 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,
- Prohibiting the 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 the most appropriate store locations.

We urge the Province to continue to use a public health approach in the legalization of cannabis. While the Federal Government has responsibility for setting packaging and advertising restrictions, ESTPH requests 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
- Restrict all forms of cannabis product and cannabis company promotion, including sponsorship, endorsement, branding, and point-of-sale advertising.

ESTPH commends Ontario on their promise that “revenues associated with cannabis legalization will be reinvested to ensure the Province meets the 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.

The Board of Health for Elgin St. Thomas Public Health is committed to working together to promote and protect the health and well-being of people who live, work and play in Elgin County. The Board looks forward to further details in order to support our community in this transition period.

Sincerely,

Dr. Joyce Lock
Medical Officer of Health

Cynthia St. John
Executive Director

c. Honourable Kathleen Wynne, Premier
Honourable Dr. Eric Hoskins, Minister of Health and Long-Term Care
Jeff Yurek, MPP Elgin-Middlesex-London
Dr. David Williams, Chief Medical Officer of Health
Association of Local Public Health Agencies
Ontario Boards of Health
Municipal Councils in Elgin St. Thomas

simcoe muskoka
DISTRICT HEALTH UNIT

October 25, 2017

Dr. Eric Hoskins
Minister – Minister's office
Minister of Health and Long-Term Care
Hepburn Block, 10th Floor
80 Grosvenor St.
Toronto, ON M7A 2C4

Dear Minister Hoskins,

On March 15, 2017, the Board of Health for the Simcoe Muskoka District Health Unit passed a motion to write to the federal government in supporting the approaches identified at the 2016 summit, A Tobacco Endgame for Canada and its target of reducing tobacco use to less than five per cent by 2035. Accordingly, we communicated with the Ministry of Health and Long-Term care in recommending that modernization of the Smoke-Free Ontario Strategy include the recommendations identified in the tobacco endgame. In supporting these recommendations, the Province and its partners can successfully address and minimize the preventable death and disease caused by tobacco product use and reduce the unmaintainable drain it places on our health care system.

The Board of Health is therefore pleased to review the recently released "Smoke-Free Ontario Modernization" Report of the Executive Steering Committee. In particular, the Board of Health is encouraged by the report's evidence-based recommendations, supports and strategies which identify actionable and achievable outcomes for future action that are in keeping with the resolutions by the Association of Local Public Health Agencies that identified the need for intensified and targeted tobacco controls to protect and promote the health of Ontario residents. Further, the Board of Health commends the Executive Steering Committee in recognizing that Ontario is closer to ending the tobacco epidemic despite on-going efforts by the tobacco industry who demonstrate a profound, self-serving disinterest in its customers' health and a calculating, sophisticated determination to resist any regulation. Thus, The Board of Health recommends that the province proceed with developing a renewed Smoke-Free Ontario strategy committing to the endgame target with a smoking prevalence of less than 5% by 2035, by employing the bold strategies recommended in the Smoke Free Ontario Modernization report.

Ontario's success in alleviating this tobacco epidemic requires strong leadership and action by your Ministry to strengthen and create legislation and supports that will diminish addiction to products that are the single greatest threat to the health of Ontarians. We look forward to working with the province as it updates the Smoke-Free Ontario strategy.

Sincerely,

ORIGINAL SIGNED BY

Scott Warnock,
Chair, Board of Health

c. Simcoe Muskoka Municipal Councils
Ontario Boards of Health
Central Local Health Integration Network
North Simcoe Muskoka Local Health Integration Network
Association of Local Public Health Agencies

KFL&A Public Health

October 26, 2017

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

Dear Minister Hoskins,

RE: Advocacy for the Nutritious Food Basket

At its meeting of October 25, 2017, the Kingston, Frontenac and Lennox & Addington (KFL&A) Board of Health passed the following motion:

> **THAT the KFL&A Board of Health recommend to the Ontario Minister of Health and Long-Term Care that the Ontario Ministry of Health and Long-Term Care provide and support an updated Nutritious Food Basket Protocol with the modernized Standards for Public Health Programs and Services to ensure consistent data collection and methodology for community-level food costing across the province.**
>
> **FURTHER THAT the KFL&A Board of Health recommend that a copy of this memorandum be forwarded to Hon. Peter Milczyn, Minister of Housing (Responsible for the Poverty Reduction Strategy and the Food Security Strategy); Hon. Helena Jaczek, Minister of Community and Social Services; the Ontario Society of Nutrition Professionals in Public Health; members of provincial parliament, S. Kiwala, Kingston and the Islands, and R. Hillier, Lanark-Frontenac-Lennox and Addington; Ontario boards of health; and the Association of Local Public Health Agencies**

The Nutritious Food Basket (NFB) is an important surveillance tool used by all Ontario local public health agencies to inform food security programs and policy work. The modernization of the Ontario Standards for Public Health Programs and Services (OSPHPS) provides an opportunity to update it. Food Insecurity is an ongoing public health issue and the removal of the NFB Protocol could have negative consequences on food security programs, policies and partnerships.

Not having a mandatory, consistent, ministry-supported approach to collecting and using community-level data on the cost of food across the province is concerning. We may be left with more work to create a patchwork of poor data sets without year-to-year comparability. Furthermore,

Kingston, Frontenac and Lennox & Addington Public Health
www.kflaph.ca

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Branch Offices: Cloyne 613-336-8989 Fax: 613-336-0522; Napanee 613-354-3357 Fax: 613-354-6267; Sharbot Lake 613-279-2151 Fax: 613-279-3997

the provincial government's decision not to monitor household food insecurity as part of the Canadian Community Health Survey for 2015 and 2016 will have a significant impact on food security monitoring and program planning.

The lack of adequate food cost and food security surveillance data limits the ability to monitor these trends for program planning, limits our ability to assess the impact of policies over time, and could negatively impact our agency's ability to comply with the modernized OSPHPS expectations related to health equity, evidence-informed practice, and addressing community needs. In addition, the lack of this surveillance data could have serious consequences on other ministry-supported initiatives including the Ontario Basic Income Pilot, the Ontario Poverty Reduction Strategy, and the Ontario Food Security Strategy, and specifically Bill 6, Ministry of Community and Social Services Amendment Act, 2016. Bill 6 calls for the establishment of a Social Assistance Research Commission to annually determine the cost of living in different parts of the province, with recommended rates of provincial social assistance based on analysis of the cost of regional basic necessities including the NFB.

The KFL&A Board of health urges the Ministry of Health and Long-Term Care to provide and support an improved Nutritious Food Basket Protocol with the modernized Standards for Public Health Programs and Services to ensure consistent data collection and methodology for community-level food costing across the province.

Yours truly,

Denis Doyle

Denis Doyle, Chair
KFL&A Board of Health

Copy to: KFL&A Board of Health Members
Hon. Peter Milczyn, Minister of Housing (Responsible for the Poverty Reduction Strategy and the Food Security Strategy)
Hon. Helena Jaczek, Minister of Community and Social Services
Ontario Society of Nutrition Professionals in Public Health
S. Kiwala, MPP, Kingston and the Islands
R. Hillier, MPP, Lanark-Frontenac-Lennox and Addington
Boards of Health, Local Public Health Agencies
Association of Local Public Health Agencies

Kingston, Frontenac and Lennox & Addington Public Health
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Thunder Bay District
Health Unit

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Toll Free in 807 area code
1-888-294-6630
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GERALDTON
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510 Hogarth Avenue, W.
Geraldton, ON P0T 1M0
Tel: (807) 854-0454
Fax: (807) 854-1871

MANITOUWADGE
P.O. Box 1194
Manitouwadge Health
Care Centre
1 Health Care Crescent
Manitouwadge, ON P0T 2C0
Tel: (807) 826-4061
Fax: (807) 826-4993

MARATHON
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Marathon Library Building
Lower Level,
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NIPIGON
P.O. Box 15
Nipigon District
Memorial Hospital
125 Hogan Road
Nipigon, ON P0T 2J0
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TERRACE BAY
P.O. Box 1030
McCausland Hospital
20B Cartier Road
Terrace Bay, ON P0T 2W0
Tel. (807) 825-7770
Fax: (807) 825-7774

TBDHU.COM

October 18, 2017

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

Dear Minister Hoskins:

Re: Urgent provincial action needed to address the potential health harms from the modernization of alcohol retail sales in Ontario

On behalf of the Thunder Bay District Board of Health, I am writing to call on the Government of Ontario to fulfil its commitment (as outlined in its 2015 Budget) to develop a comprehensive, province wide strategy to develop initiatives to support safe consumption of alcohol, in light of the expansion of alcohol sales in Ontario. Alcohol remains the most harmful drug in society, impacting tens of thousands of Ontarians every year.

Alcohol is no ordinary commodity; alcohol causes addiction, disease, and social disruption and is one of the leading risk factors for disability and death in Canada. Alcohol has significant costs to the individual and society from both a health and financial perspective. These costs include health care, law enforcement, prevention, lost productivity and premature mortality. As such, a comprehensive, evidence-based approach is critical to limit these harms.

The Ontario Government has committed to social responsibility as it increases the availability of alcohol; however, actions by government since 2014 indicate that economic interests are superseding the health and well-being of Ontarians. Such developments include the increased availability of alcohol at 450 grocery stores, wine and cider in farmers markets, online sales of alcohol through LCBO and the expansion of bars and restaurants permitted at alcohol manufacturing sites.

It is well established that increased alcohol availability leads to increased alcohol-related harms. A provincially led alcohol policy can help mitigate the harms of alcohol. Effective interventions to reduce alcohol-related problems include socially responsible pricing of alcohol, limits on the number of retail outlets and hours of sale and alcohol marketing controls. These three policy levers have strong evidence to show that they are among the most effective interventions especially when paired with targeted interventions such as drinking and driving counter measures, enforcement of minimum drinking age as well as screening and brief intervention and referral activities.

.../2

In order to address the health and social harms of alcohol a strategy is necessary, particularly in light of the expanded sales in grocery stores, farmers markets and online. We are calling on the government to both fulfil its promise and prioritize the health and wellbeing of residents by enacting a comprehensive, evidence-based alcohol strategy as soon as possible.

Thank you for your consideration of this matter.

Sincerely,

Joe Virdiramo, Chair
Thunder Bay District Board of Health

cc: The Honourable Charles Sousa
Premier Kathleen Wynne
Ontario Boards of Health

Algoma
PUBLIC HEALTH
Santé publique Algoma
www.algomapublichealth.com

October 30, 2017

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

Dear Minister Hoskins:

Re: Urgent provincial action needed to address the potential health harms from the modernization of alcohol retail sales in Ontario

On behalf of the Board of Health of Algoma, I am writing to call on the Government of Ontario to fulfil its commitment (as announced in December 2015) to develop a comprehensive, province wide strategy to minimize harm and support the safe consumption of alcohol, in light of the expansion of alcohol sales in Ontario. Alcohol remains the most harmful drug in society, impacting tens of thousands of Ontarians every year.

Alcohol is no ordinary commodity; alcohol causes injury, addiction, disease, and social disruption and is one of the leading risk factors for disability and death in Canada. Alcohol has significant costs to the individual and society from both a health and financial perspective. These costs include health care, law enforcement, prevention, lost productivity and premature mortality. As such, a comprehensive, evidence-based approach is critical to limit these harms.

The Ontario Government has committed to social responsibility as it increases the availability of alcohol; however, actions by the government since 2014 indicate that economic interests are superseding the health and well-being of Ontarians. Such developments include the increased availability of alcohol at up to 450 grocery stores, wine and cider in farmers' markets, online sales of alcohol through the LCBO and the expansion of bars, restaurants and retail outlets permitted at alcohol manufacturing sites.

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

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

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

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

It is well established that increased alcohol availability leads to increased consumption and alcohol-related harms. A comprehensive, provincially led alcohol strategy can help mitigate the harms of alcohol. Effective policy interventions include socially responsible alcohol pricing, limits on the number of retail outlets and hours of sale, and restrictions on alcohol marketing. Strong evidence shows that these three policy levers are among the most effective interventions especially when paired with targeted interventions such as drinking and driving countermeasures, enforcement of the minimum legal drinking age as well as screening, brief intervention and referral activities.

In order to address the health and social harms of alcohol, and the impact of increased access, a comprehensive strategy is needed. We are calling on the government to both fulfil its promise and prioritize the health and wellbeing of Ontarians by enacting a comprehensive, evidence-based alcohol strategy as soon as possible.

Sincerely,

Lee Mason

Mr. Lee Mason
Board Chair

cc: The Honourable Charles Sousa
Premier Kathleen Wynne
Boards of Health

Northwestern Health Unit
www.nwhu.on.ca

210 First Street North
Kenora, ON P9N 2K4

October 31, 2017

DELIVERED VIA E-MAIL

Ministry of Health and Long-Term Care
10th Floor, Hepburn Block
80 Grosvenor Street
Toronto, ON M7A 2C4

Attention: The Honourable Eric Hoskins

Dear Hon. Hoskins:

Re: Urgent provincial action needed to address the potential health harms from the modernization of alcohol retail sales in Ontario

On behalf of Northwestern Health Unit Board of Health, I am writing to call on the Government of Ontario to fulfil its commitment (as announced in December 2015) to develop a comprehensive, province wide strategy to minimize harm and support the safe consumption of alcohol, in light of the expansion of alcohol sales in Ontario. Alcohol remains the most harmful drug in society, impacting tens of thousands of Ontarians every year.

Alcohol is no ordinary commodity; alcohol causes injury, addiction, disease, and social disruption and is one of the leading risk factors for disability and death in Canada. Alcohol has significant costs to the individual and society from both a health and financial perspective. These costs include health care, law enforcement, prevention, lost productivity and premature mortality. As such, a comprehensive, evidence-based approach is critical to limit these harms.

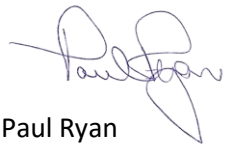
The Ontario Government has committed to social responsibility as it increases the availability of alcohol; however, actions by government since 2014 indicate that economic interests are superseding the health and well-being of Ontarians. Such developments include the increased availability of alcohol at up to 450 grocery stores, wine and cider in farmers' markets, online sales of alcohol through the LCBO and the expansion of bars, restaurants and retail outlets permitted at alcohol manufacturing sites.

It is well established that increased alcohol availability leads to increased consumption and alcohol-related harms. A comprehensive, provincially led alcohol strategy can help mitigate the harms of alcohol. Effective policy interventions include socially responsible alcohol pricing, limits on the number of retail outlets and hours of sale, and restrictions on alcohol marketing. Strong evidence shows that these three policy levers are among the most effective interventions especially when paired with

targeted interventions such as drinking and driving countermeasures, enforcement of the minimum legal drinking age as well as screening, brief intervention and referral activities.

In order to address the health and social harms of alcohol, and the impact of increased access, a comprehensive strategy is needed We are calling on the government to both fulfil its promise and prioritize the health and wellbeing of Ontarians by enacting a comprehensive, evidence-based alcohol strategy as soon as possible.

Sincerely,



Paul Ryan
Board Chair

C: The Honourable Charles Sousa
Premier Kathleen Wynne
Office of the Minister

Peterborough Public Health

Jackson Square, **185 King Street**, Peterborough, ON K9J 2R8
P: **705-743-1000** or 1-877-743-0101
F: 705-743-2897
peterboroughpublichealth.ca

October 31, 2017

The Honourable Ginette Petitpas Taylor
Minister of Health
Government of Canada
House of Commons
Ottawa, ON K1A 0A6
Ginette.PetitpasTaylor@parl.gc.ca

Dear Minister Petitpas Taylor:

Re: Restriction of Marketing and Sale of Caffeinated Energy Drinks to Children and Youth

Caffeinated energy drinks (CEDs) present a health concern for children and youth. These beverages replace healthy choices, have caffeine levels that may exceed maximum daily recommendations, and contain added sugar and other ingredients. Cases of serious medical reactions linked to CEDs have also been reported. The Canadian Paediatric Society also recently released a position statement outlining the risks of CEDs for children and youth.[1] However, in 2014, 29% of Ontario students in grades 7-12 reported consuming energy drinks.[2] CEDs are available for sale to children, and youth, and are heavily marketed to these demographics. Peterborough Public Health commends the Federal Government for identifying the restriction of marketing of unhealthy foods to children under 17 as a priority for action, and supports Bill S-228. We request that CEDs and other foods and beverages high in caffeine and sugar are included as the complementary definition of unhealthy food is developed.

Beyond the restriction of marketing, we would like to see more done to protect our young people. Currently there are no federal regulations restricting the sale of CEDs to children and youth. Elementary, secondary, and post-secondary school students have ample opportunity to purchase energy drinks at post-secondary recreation facilities, local convenience stores, gas stations, grocery stores, and municipal facilities. The Canadian Medical Association supports a ban on the sale of CEDs to Canadians under legal drinking age in their jurisdiction.[3] The Peterborough Board of Health also supports restricting the sale of CEDs to children and youth. We request that this be considered when amendments to the Food and Drug Regulations are enacted after the conclusion of the Temporary Marketing Authorization period.

On behalf of Peterborough Public Health and the residents of Hiawatha and Curve Lake First Nations, and the County and City of Peterborough, we ask you to continue your work on moving this important issue forward.

Sincerely,

Original signed by

Mayor Mary Smith
Chair, Board of Health

/ag

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

References:

1. Pound, C., and Blair, B. 2017 (September). Energy and sports drinks in children and adolescents. Canadian Paediatric Society Position Statement.
   Retrieved from: http://www.cps.ca/en/documents/position/energy-and-sports-drinks

2. Cumming, T., Patton, R., Rynard, V., Manske, S. 2016 (December). 2014/2015 Canadian Tobacco, Alcohol and Drugs Survey: Health Profile for Ontario. Waterloo (ON): Propel Centre for Population Health Impact, 1- 14.
   Retrieved from: https://uwaterloo.ca/canadian-student-tobacco-alcohol-drugs-survey/sites/ca.canadian-student-tobacco-alcohol-drugs-survey/files/uploads/files/cst14_provincialprofile_ontario_20170116_a.pdf

3. Canadian Medical Association. 146th annual meeting of the Canadian Medical Association, August 19–21, 2013, Calgary, AB. DM 5–25.
   Retrieved from: https://www.cma.ca/En/Pages/ 2013-resolutions.aspx

Peterborough Public Health

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October 31, 2017

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

The Honourable Mitzie Hunter
Minister of Education
22nd Floor, Mowat Block
900 Bay Street
Toronto, Ontario M7A 1L2
mhunter.mpp.co@liberal.ola.org

The Honourable Deborah Matthews
Minister of Advanced Education and Skills Development
3rd Floor, Mowat Block
900 Bay Street
Toronto, Ontario M7A 1N3
dmatthews.mpp.co@liberal.ola.org

Dear Honourable Ministers:

Re: Restriction of Marketing and Sale of Caffeinated Energy Drinks to Children and Youth

Caffeinated energy drinks (CEDs) present a health concern for children and youth. These beverages replace healthy choices, have caffeine levels that may exceed maximum daily recommendations, and contain added sugar and other ingredients. Cases of serious medical reactions linked to CEDs have also been reported. The Canadian Paediatric Society also recently released a position statement outlining the risks of CEDs for children and youth.[1] However, in 2014, in Ontario, 29% of students in grades 7-12 reported consuming energy drinks.[2] CEDs are available for sale to children, and youth, and are heavily marketed to these demographics.

The Ontario Ministry of Education's School Food and Beverage Policy, Policy/ Program Memorandum 150 (2010), has classified CEDs as "not permitted for sale". As review of this policy is conducted, we recommend that caffeinated energy drinks, and other foods and beverages high in caffeine and sugar, continue to be restricted from sale in elementary and secondary schools.

Although not currently available for purchase at elementary and secondary schools, school-aged children and youth still have ample opportunity to purchase CEDs at local convenience stores, gas stations, grocery stores, municipal facilities, and post-secondary recreation facilities where many children participate in activities on a regular basis. It would be our recommendation that the school policy be extended into a broader strategy to protect children and youth in additional settings. This strategy could include development of legislation complementing PPM 150 to restrict marketing and sale of CEDs and other foods and beverages high in sugar and caffeine in facilities operated by post-secondary institutions that are frequented by children and youth.

The Canadian Medical Association also supports a ban on the sale of CEDs to Canadians under legal drinking age.[3] Any provincial strategy to restrict the sale and marketing of CEDs to children and youth should complement changes at the federal level to restrict marketing to children under 17 currently outlined in Bill S-228 and the consultation document, "Restricting Marketing to Children".

On behalf of Peterborough Public Health and the residents of Hiawatha and Curve Lake First Nations, and the County and City of Peterborough, we ask you to continue your work on moving this important issue forward.

Sincerely,

Original signed by

Mayor Mary Smith
Chair, Board of Health

/ag

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

References:

1. Pound, C., and Blair, B. 2017 (September). Energy and sports drinks in children and adolescents. Canadian Paediatric Society Position Statement.
Retrieved from: http://www.cps.ca/en/documents/position/energy-and-sports-drinks

2. Cumming, T., Patton, R., Rynard, V., Manske, S. 2016 (December). 2014/2015 Canadian Tobacco, Alcohol and Drugs Survey: Health Profile for Ontario. Waterloo (ON): Propel Centre for Population Health Impact, 1- 14.
Retrieved from: https://uwaterloo.ca/canadian-student-tobacco-alcohol-drugs-survey/sites/ca.canadian-student-tobacco-alcohol-drugs-survey/files/uploads/files/cst14_provincialprofile_ontario_20170116_a.pdf

3. Canadian Medical Association. 146th annual meeting of the Canadian Medical Association, August 19–21, 2013, Calgary, AB. DM 5–25.
Retrieved from: https://www.cma.ca/En/Pages/ 2013-resolutions.aspx

October 25, 2017

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

Dear Minister Hoskins:

Re: Health Promotion Resource Centres

On July 28, 2017 at a regular meeting of the Board for the Grey Bruce Health Unit, the Board considered the attached correspondence from Leeds, Grenville and Lanark District Health Unit regarding funding for Health Promotion Resource Centres. The following motion was passed:

Moved by: Arlene Wright Seconded by: Mitch Twolan

"THAT, the Board of Health support the letter from Leeds Grenville and Lanark District Health Unit requesting that the province reconsider the decision to eliminate the funding for the Health Promotion Resource Centres to be replaced with annual competitive grants."

Carried

Sincerely,

David Inglis, Chair
Board of Health
Grey Bruce Health Unit

Cc: All Ontario Boards of Health

Encl.

Leeds, Grenville & Lanark District
HEALTH UNIT
Your Partner in Public Health

July 5, 2017

VIA EMAIL

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

Dear Minister Hoskins:

On March 31, 2017, many agencies funded as Health Promotion Resource Centres were informed that their funding for the Resource Centre would end as of March 2018. These Resource Centres provide crucial support to our local level work in tobacco, alcohol and nutrition, including access to data, research, and evaluation support.

- The Training Enhancement in Applied Cessation Counselling program (TEACH) provides the high level, in-depth cessation training needed by the frontline staff at health units.
- The Program Training and Consultation Centre (PTCC) provides training, education, and knowledge sharing to ensure our activities are evidence based, new staff are knowledgeable, and current staff stay informed.
- The Ontario Tobacco Research Unit (OTRU) provides the expertise in monitoring and evaluation that is needed to ensure that objectives are realistic and activities are effective.
- The effect that the Youth Advocacy Training Institute (YATI) has had on youth tobacco prevention in Ontario is extremely significant. Their collective experience and knowledge of youth engagement and training is why there are so many passionate youth advocates in tobacco control today!
- The Smoking and Health Action Foundation (SHAF) provides supports for smoke-free housing Ontario and support for tenants and landlords looking to make a positive change in their environment when living in a multi-unit dwelling whether it be an apartment, a condo, rental unit, or supportive housing.
- The Health Promotion Capacity Building-Alcohol Policy Centre (HPCB-AP) addresses alcohol-related harm in communities across Ontario. HPCB-AP supports the development, implementation, assessment, and coordination of alcohol policies across different settings and levels (e.g., schools, colleges, workplaces, municipalities, provinces, etc.).
- The Nutrition Resource Centre (NRC) provides training, education, and knowledge sharing to ensure program and policy development are evidence-based and can be tailored to meet local needs.

Our local health promotion work is more effective and efficient because of the dedicated and proficient staff at these centres. These Resource Centres support cross-pillar work and have been very useful in collaborative campaigns at the provincial, regional, local, and even federal level.

The substitute of having a Health and Wellness grant available to fill the void left by these Resource Centres is not a viable alternative. Annual competitive grants do not offer the stability needed for any kind of sustainable resources or support. The projects that are supported by the Resource Centres can span several years from planning to evaluation.

I would appreciate it if you could reconsider the decision to eliminate the funding for the Health Promotion Resource Centres, and I look forward to your response.

Sincerely,

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

AW/hb

cc: Gord Brown, MP Leeds-Grenville
Steve Clark, MPP Leeds-Grenville
Randy Hillier, MPP Lanark-Frontenac-Lennox and Addington
Jack MacLaren, MPP Carleton-Mississippi Mills
Ontario Boards of Health

October 25, 2017

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

Dear Minister Hoskins:

Re: Assessment of the Healthy Menu Choices Act

On June 23, 2017 at a regular meeting of the Board for the Grey Bruce Health Unit, the Board considered the attached correspondence from Peterborough Public Health and Leeds, Grenville and Lanark District Health Unit regarding the indicators of success of the newly implemented Healthy Menu Choices Act. The following motion was passed:

Moved by: David Shearman Seconded by: Mike Smith

"THAT, the Board of Health supports the positions of Leeds, Grenville and Lanark District Health Unit and Peterborough Public Health calling for transparency regarding the indicators of success of the newly implemented Healthy Menu Choices Act, and further THAT the Board requests transparency regarding the evaluation of related promotional activities."

Carried

Sincerely,

David Inglis, Chair
Board of Health
Grey Bruce Health Unit

Cc: All Ontario Boards of Health

Encl.

Peterborough Public Health

Jackson Square, **185 King Street**, Peterborough, ON K9J 2R8
P: **705-743-1000** or 1-877-743-0101
F: 705-743-2897
peterboroughpublichealth.ca

June 7, 2017

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

Dear Minister Hoskins:

Re: Assessment of the Healthy Menu Choices Act

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

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

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

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

Yours in health,

Mayor Mary Smith
Chair, Board of Health

/ag
Encl.

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

March 22, 2017

VIA EMAIL

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

Dear Minister Hoskins:

The Leeds, Grenville and Lanark Board of Health is very concerned about two recent initiatives of the Ministry of Health and Long-Term Care – the Expert Panel on Public Health and the Healthy Menu Choices Act.

With respect to the Expert Panel on Public Health, you stated in your letter of January 18, 2017:

> "The work of the Panel will include a review of various operational models for the integration of public health into the broader health system and the development of options and recommendations that will best align with the principles of health system transformation, enhance relationships between public health, LHINs and other public sector entities and improve public health capacity and delivery."

We have learned that the work of the Expert Panel will be done in confidence and will not include consultation with local public health units. This is in contrast to the Liberal government's commitment to transparency in its work. The Expert Panel will be making recommendations that could have a profound impact on how we do business, and yet we won't have any opportunity to provide input into the discussion or the options being considered. To rectify this concern, the Board requests that all recommendations from the Expert Panel be made public, and that a formal consultation process be undertaken with all Ontario public health units before any decisions are made about the integration of public health into the broader health system.

The implementation of the Healthy Menu Choices Act requires a significant investment of resources at the local level and among the food premise industry. Concerns have been raised by other organizations about the effectiveness of this measure. Has the Ministry of Health and Long-Term Care identified indicators of success that will assess if this investment is justified; and are these indicators being tracked? The Liberal government has publicly stated a commitment to accountability. The Board of Health requests that the Minister respect this commitment and notify all parties how the impact of the Healthy Menu Choices Act will be assessed.

Sincerely,

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

AW/hb

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

5. v) i. Expert Panel Submissions

https://alphaweb.site-ym.com/page/EPPH_Responses

DURHAM REGION

November 9, 2017

The Honourable Kathleen Wynne
Premier
Minister of Intergovernmental Affairs
Room 281
Main Legislative Building
Queen's Park
Toronto ON M7A 1A1

The Regional Municipality of Durham

Corporate Services
Department
Legislative Services

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Matthew L. Gaskell
Commissioner of
Corporate Services

RE: Memorandum from Dr. R. Kyle, Commissioner and Medical Officer of Health – re: Expert Panel Report on Public Health
Our File: P00

Please be advised that Committee of the Whole of Regional Council considered the above matter and at a meeting held on November 8, 2017, Council adopted the following recommendations of the Committee:

"A) That the correspondence from the Association of Municipalities of Ontario (AMO) urging the province to not adopt any or all of the recommendations of the report from the Minister's Expert Panel on Public Health and the correspondence from the Association of Local Public Health Agencies (alPHa) highlighting its concerns with the recommendations of the report from the Minister's Expert Panel on Public Health, be endorsed; and

B) That the Premier of Ontario, Minister of Health and Long-Term Care, Durham's MPPs, Central East LHIN CEO, Chief Medical Officer of Health and all Ontario boards of health be so advised."

Attached for your reference is a copy of the Memorandum from Dr. Kyle, Commissioner and Medical Officer of Health, dated November 1, 2017.

Ralph Walton
Regional Clerk/Director of Legislative Services

RW/np

Attach.

If this information is required in an accessible format, please contact 1-800-372-1102 ext. 2009.

*"Service Excellence for our **Communities**"*

100% Post Consumer

c. The Honourable Eric Hoskins, Minister of Health and Long-Term Care
Joe Dickson, MPP (Ajax/Pickering)
Lorne Coe, MPP (Whitby/Oshawa)
The Honourable Tracy MacCharles, MPP, (Pickering/Scarborough East)
Granville Anderson, MPP (Durham)
Jennifer French, MPP (Oshawa)
Laurie Scott, MPP, (Haliburton/Kawartha Lakes/Brock)
Deborah Hammons, Chief Executive Officer, Central East LHIN
Dr. David Williams, Chief Medical Officer of Health
Ontario Boards of Health
Dr. R.J. Kyle, Commissioner and Medical Officer of Health

Ministry of Health and Long-Term Care

Office of the Minister

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Ministère de la Santé et des Soins de longue durée

Bureau du ministre

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Ontario

NOV 15 2017

iApprove-2017-00910

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

Dear Mr. Lapierre:

I am pleased to advise you that the Ministry of Health and Long-Term Care will provide the Board of Health for the Sudbury and District Health Unit up to $116,200 in additional base funding for the 2017-18 funding year and up to $380,300 in one-time funding for the 2017-18 funding year to support the provision of mandatory and related public health programs and services in your community.

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

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

Yours sincerely,

Dr. Eric Hoskins
Minister

c: Dr. Penny Sutcliffe, Medical Officer of Health, Sudbury and District Health Unit

DURHAM REGION

The Regional Municipality of Durham

Corporate Services
Department
Legislative Services

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Matthew L. Gaskell
Commissioner of
Corporate Services

November 9, 2017

The Honourable Kathleen Wynne
Premier
Minister of Intergovernmental Affairs
Room 281
Main Legislative Building
Queen's Park
Toronto ON M7A 1A1

RE: Memorandum from Dr. R. Kyle, Commissioner and Medical Officer of Health – re: Report of the Rowan's Law Advisory Committee Our File: P00

Please be advised that Committee of the Whole of Regional Council considered the above matter and at a meeting held on November 8, 2017, Council adopted the following recommendations of the Committee:

"A) That the correspondence from the Association of Local Public Health Agencies (alPHa) expressing support for the implementation of the recommendations contained in the Report of the Rowan's Law Advisory Committee be endorsed; and

B) That the Premier of Ontario, Minister of Tourism, Culture and Sport, Minister of Health and Long-Term Care, Minister of Education, Durham's MPPs, Chief Medical Officer of Health and all Ontario boards of health be so advised."

Attached for your reference is a copy of the Memorandum from Dr. Kyle, Commissioner and Medical Officer of Health, dated November 1, 2017.

Ralph Walton
Regional Clerk/Director of Legislative Services

RW/np

Attach.

If this information is required in an accessible format, please contact 1-800-372-1102 ext. 2009.

*"Service Excellence for our **Communities**"*

100% Post Consumer

c. The Honourable Eleanor McMahon, Minister of Tourism, Culture and Sport
The Honourable Eric Hoskins, Minister of Health and Long-Term Care
The Honorable Mitzie Hunter, Minister of Education
Joe Dickson, MPP (Ajax/Pickering)
Lorne Coe, MPP (Whitby/Oshawa)
The Honourable Tracy MacCharles, MPP, (Pickering/Scarborough East)
Granville Anderson, MPP (Durham)
Jennifer French, MPP (Oshawa)
Laurie Scott, MPP, (Haliburton/Kawartha Lakes/Brock)
Dr. David Williams, Chief Medical Officer of Health
Ontario Boards of Health
N. Wellsbury, Clerk, Town of Ajax
A. Greentree, Clerk, Municipality of Clarington
D. Shields, City Clerk, City of Pickering
D. Leroux, Clerk, Township of Uxbridge
T. Gettinby, CAO/Clerk, Township of Brock
A. Brouwer, Clerk, City of Oshawa
J.P. Newman, Clerk, Township of Scugog
C. Harris, Clerk, Town of Whitby
Dr. R.J. Kyle, Commissioner and Medical Officer of Health

alPHa
Association of Local
PUBLIC HEALTH
Agencies

Information Break

November 1, 2017

This 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.

alPHa Responds to Report by Expert Panel on Public Health

Both alPHa and the COMOH section have submitted their responses to government on the Expert Panel on Public Health's report, *Public Health within an Integrated Health System*. The submissions have been shared widely with the alPHa membership, and can be viewed by clicking the links below. A special resource page has also been created on the alPHa website to house these responses as well as those by various health units, and other background materials related to the Expert Panel's report.
Read alPHa's response to the Expert Panel report
Read COMOH's response to the Expert Panel report
View alPHa's Expert Panel report response web page

New alPHa Executive Director

The alPHa Board of Directors has appointed Loretta Ryan as the association's Executive Director, effective November 6, 2017. A certified professional planner, Loretta joins alPHa after 17 years with the Ontario Professional Planners Institute where her work intersected with local public health on the Institute's initiatives on healthy and sustainable communities. Members will have a chance to meet Loretta as she will be attending the alPHa meetings on November 3 in Toronto. Welcome, Loretta!
Learn more about Loretta here

Government News: Round Up

Canada invests in cannabis education and awareness campaign (Oct. 31)

Ministry of Finance shares next steps on establishing cannabis retail stores with municipalities (Oct. 27)

Chief Public Health Officer of Canada releases Annual Report on State of Public Health, Designing Healthy Living (Oct. 26)

New school policy requires care plans for students with medical needs (Oct. 24)

Ontario expands Early Years programming (Oct. 24)

Federal health minister marks one-year anniversary of Healthy Eating Strategy (Oct. 20)

Minister of Community Safety & Correctional Services and Attorney General make statement on cannabis enforcement summit (Oct. 19)

Bill 148, *Fair Workplaces, Better Jobs Act,* passes second reading (Oct. 18)

Ontario funds 48 programs to tackle poverty, increase food security(Oct. 17)

Province releases Smoke-Free Ontario Modernization report (Oct. 10)

Health System Integration update (Oct. 10)

Update on Ontario Basic Income pilot (Oct. 4)

Province creating Opioid Emergency Task Force (Oct. 4)

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alPHa Website Feature: Current Consultations

alPHa lists current consultation opportunities for health units and boards to provide input to government on a range of public health-related legislation, regulations and issues. Click the link below to view.
Visit the alPHa Current Consultations page here

Upcoming Events - Mark your calendars!

November 3, 2017 - Fall alPHa Meetings (COMOH, BOH Section), DoubleTree by Hilton Downtown Toronto Hotel. Registration has now closed. Questions? Send them to karen@alphaweb.org

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.

From: Ontario News [mailto:newsroom@ontario.ca]
Sent: Wednesday, November 8, 2017 1:22 PM
To: Penny Sutcliffe
Subject: Ontario Ensuring Students Learn Indigenous Histories and Cultures

Ontario Newsroom

News Release

Ontario Ensuring Students Learn Indigenous Histories and Cultures

November 8, 2017

Province Equipping Educators to Teach Indigenous Contributions and Perspectives

Ontario is empowering educators to implement a revised curriculum for all students about the contributions, histories, culture and perspectives of Indigenous Peoples.

Mitzie Hunter, Minister of Education, and David Zimmer, Minister of Indigenous Relations and Reconciliation, were at Milliken Mills High School in Unionville today to make the announcement.

The province is supporting teachers to deliver the new curriculum, which has been developed with Indigenous partners, and focuses on residential schools, treaties and Indigenous people's historical and contemporary contributions to Canada.

Ontario is continuing to revise the education curriculum in response to the Truth and Reconciliation Commission's Calls to Action. Revisions to the curriculum have been guided by residential schools survivors, First Nations, Métis and Inuit partners as well as education stakeholders. The revised curriculum includes grade-appropriate learning opportunities about residential schools, treaties and Indigenous people's historical and contemporary contributions to Canada. The most recent curriculum revisions support mandatory learning on the impact of colonialism and the rights and responsibilities we have to understand our shared history and to build our collective future in the spirit of reconciliation.

Promoting greater awareness of Indigenous histories and cultures is one of many steps on Ontario's journey of healing and reconciliation with Indigenous peoples. It reflects the government's commitment to working with Indigenous partners and rebuilding relationships based on trust and respect with First Nations, Métis and Inuit.

QUICK FACTS

- Ontario is investing $2.7 million to support capacity building for educators to teach the new curriculum.
- The current revisions to Ontario's curriculum are in response to The Truth and Reconciliation Commissions Calls to Action #62 and #63.
- The revised curriculum includes: Social Studies (Grades 4 to 6) and History (Grades 7, 8 and 10).
- Ontario has also committed to revising Social Studies (Grades 1 to 3), Geography (Grade 9), Civics and Citizenship (Grade 10) and select senior courses from the Canadian and World Studies (Grades 11 to 12), along with Social Sciences and Humanities (Grades 11 to 12).
- The teaching of the histories, culture and perspectives of Indigenous peoples — including residential schools — is now a mandatory part of the teacher training curriculum.
- In 2014, Ontario sent First Nations and Treaties maps to every elementary and secondary school in the province to help raise awareness about treaties.
- Ontario has designated the first week of November as Treaties Recognition Week to promote public education and awareness about treaties and treaty relationships.

ADDITIONAL RESOURCES

- Indigenous Education Strategy
- Reconciliation
- The Journey Together

QUOTES

"Education is central to moving forward on our shared path towards reconciliation. This new mandatory curriculum means that every Ontario student will build a greater awareness and

understanding of Indigenous histories, cultures and perspectives. That shared understanding is essential as we move forward together."
— *Mitzie Hunter, Minister of Education*

"The co-developed curriculum will provide students with a better understanding of the role of Indigenous people in Ontario's past, present, and future. One way is by recognizing and respecting treaties as important responsibilities shared by all Ontarians. That's why I am proud to support initiatives like this revised curriculum that bring greater awareness to the treaty relationship."
— *David Zimmer, Minister of Indigenous Relations and Reconciliation*

"The Métis Nation of Ontario recognizes the efforts of the Government of Ontario to address the Truth and Reconciliation Commission's Calls to Action by working together with the Métis, First Nations and Inuit peoples in Ontario. The Métis people are a rights-bearing, Indigenous people of Canada, and this revised curricula will help tell their story, a story that has for far too long been forgotten in Canadian classrooms and in our country's law and policy. This is a great beginning, but there is more work ahead. The Métis Nation of Ontario looks forward to continuing the respectful and productive working relationship that it has with Ontario."
— *Margaret Froh, President, Métis Nation of Ontario*

"Tungasuvvingat Inuit is pleased to be a partner in the development of co-created curriculum for Inuit in Ontario. For the first time, all Ontarian learners will have access to accurate and directly informed Inuit, First Nations and Métis history and culture in their studies. Education is the key to supporting ongoing reconciliation among our youth and future generations which will ensure a brighter and more equitable future for all in Ontario."
— *Jason LeBlanc, Executive Director, Tungasuvvingat Inuit*

"The OPSBA Indigenous Trustees Council welcomes the introduction of revised curriculum to support more learning about and greater understanding of Indigenous histories, cultures and perspectives. Advancing Reconciliation is a goal and responsibility we all share, and the role of the education system is crucial to this work."
— *Mary Lynch Taylor, Indigenous Trustees Council, Ontario Public School Boards' Association*

CONTACTS

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Richard.Francella@ontario.ca

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Communications Branch
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1-800-268-7095

Ministry of Education
http://www.ontario.ca/education

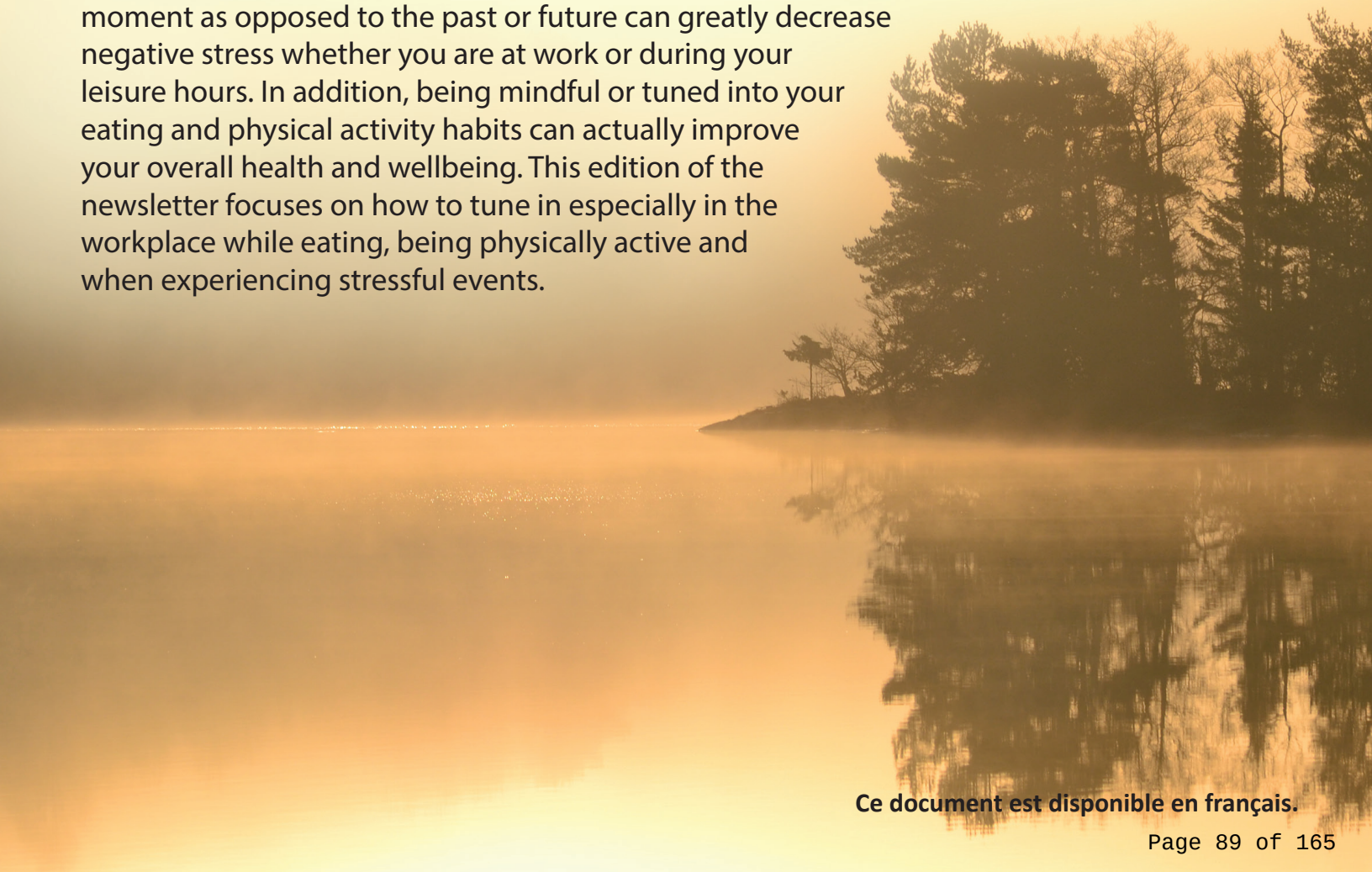
WORKPLACE HEALTH

putting health on your agenda

Fall / Winter 2017

Are you tuned in?

Today is one of the best days of your life!
You are invited to get tuned into your thoughts, feelings, behaviours and surroundings. It is time to train your mind to purposefully focus on the present time as opposed to the future, on one thing at a time, and without judgement. It is time to take back control of your mind so that your mind doesn't control you. Learning to be mindful of what is happening at the moment as opposed to the past or future can greatly decrease negative stress whether you are at work or during your leisure hours. In addition, being mindful or tuned into your eating and physical activity habits can actually improve your overall health and wellbeing. This edition of the newsletter focuses on how to tune in especially in the workplace while eating, being physically active and when experiencing stressful events.

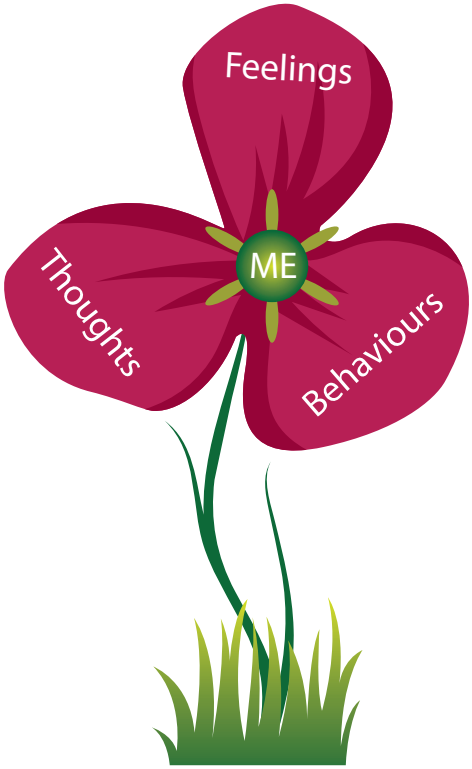


Ce document est disponible en français.

Mindful eating

Lately, the terms "mindful eating" and "mindless eating" are getting more attention in everyday health and nutrition conversations and media. Sometimes, you may also see similar terms like "eating mindfully" or "mindfulness while eating".

In simple words, mindful eating is an approach to tuning in and becoming aware of what you are eating, choosing to eat when you are hungry, slowing-down to savour each bite, and stopping when you feel full and satisfied. Eating mindfully also involves having compassion for yourself and your body, and letting go of strict thoughts or rules about food choices.[1] Being mindful while eating, is not a prescription of what, how much and when to eat – although these factors play a role in maintaining a healthy lifestyle or managing specific health conditions.



Anyone can practice mindful eating anytime and anywhere, including the workplace, family gatherings or while grocery shopping. One way to practice mindful eating is by asking yourself "Am I eating because:

- I am hungry?
- the food is within reach?
- there is a special deal at the restaurant?
- I am feeling joy, bored, stressed, happy, tense, and so on?"

As you tune into your thoughts and feelings while eating, you will begin to understand the eating triggers that influence your eating behaviours – your environment, your body and your learned behaviours and habits.[2] Your answers to these simple questions can guide you to explore creative ways to support your mindful eating journey. For example, by discovering how stressful situations at work can make you crave for certain foods, you can decide to control this craving by addressing your stress by going for a walk, discussing solutions with a co-worker or trying other activities in this newsletter to support your stress management. With awareness and consistent practice of mindful eating, you are allowing yourself to build a positive relationship with food and creating opportunities for healthier eating behaviours in your daily life.

1. Albers, S. (2008). Eat, drink, and be mindful. Oakland, CA: New Harbinger Publications, Inc.
2. Shah, W., & Cannon, C. (2008). Craving Change ™ - Facilitators Manual. Calgary: Shah Cannon.

Tuning in during physical activity

We all know that being physically active is a key component of a healthy lifestyle. Participating in at least 150 minutes of aerobic activity per week, including muscle and bone strengthening activities two days a week can provide adults with many health benefits.[1] In addition, when being tuned in during physical activity the benefit can be seen with improvement to breathing rate and depth, heart rate, and muscular activity.[2]
Although there are some forms of physical activity opportunities that specifically focus on the association between mind and body such as tai chi and yoga, there are some ways we can practice being in tune with our body and its movement during our working hours and during leisure time.
Here are a few ways this can be done whether you are planning on participating in an active break or your work requires physical labour:

1. **Feeling your body's movement.** Bring awareness to your movement including your posture while being active. Pay attention to your muscles, body alignment etc. Make sure you are mentally and physically prepared to be active.
2. **Noticing your environment.** Pay attention to your environment, notice the temperature, lighting, sounds etc. that may influence your experience. Make sure you have all necessary equipment such as water and comfortable footwear.
3. **Make your breath the anchor.** The key to being in tune is your breath. The repetitive inflow and outflow of your breath creates a rhythm that can help anchor you into the present moment. The deeper you breathe the greater the connection between your mind and body. Notice how you're breathing changes with various forms of physical activity.
4. **Stay on target.** Sometimes when we are physically active our mind wonders and our awareness will drift. Try to come back to the present moment, focus on your breathing and the activity you are participating in. It does not matter how many times your attention drifts, just keep coming back to the practice of being in tune.

Being tuned in can help you to start your physical activity or to keep going if you have already started. By learning how to pay more attention to the present moment and to your own thoughts and feelings you can influence your outlook and participation in physical activity.

1. Canadian Society of Exercise Physiology (2011) Canada's Physical Activity Guidelines for Adults 18-64 years. Taken from: http://www.csep.ca/en/guidelines/guidelines-for-other-age-groups
2. Kennedy, A.B., & Resnick, P.B. (2015) Mindfulness and Physical Activity. American Journal of Lifestyle Medicine, 9 (3), 221-223.

Tuning in can reduce stress

Mindfulness appears to be a popular concept in relation to stress management. There are many books, articles, and classes available to provide guidance on how to be mindful. Mindfulness is basically knowing/learning how to purposely focus on what is happening in the present moment without judgement.

How can being mindful help reduce stress? Here is an example: during a stressful moment do you recall what you were thinking, feeling and where you were? Perhaps you were involved in some serious decision-making at work or feeling the pressures of deadlines. Do you remember what you were thinking or feeling? Were you anxious or irritated? How was your body reacting? Perhaps your muscles were tense and your heart was beating faster than normal? Would you like to react differently, because you can?

Instead of seeing these situations as overwhelming or irritating, see them as opportunities to pay attention for a few moments to one thing only such as your breathing. Breathe in slowly through your nose allowing your abdomen to fully expand and then breathe out slowly through your mouth. Pay attention to the sensations as you inhale and exhale. If you are breathing quickly then purposely slow it down. Focus only on slowly inhaling and exhaling. You can do this discreetly even during meetings. When thoughts of irritation or worry come to mind remain in the moment and continue focusing on your breathing. Don't allow other thoughts to interrupt the moment where you are focusing on your breathing. Focused slow deep breathing will allow your heart rate to decrease and muscles to relax. It will help your body, calm your mind and allow you to think better resulting in positive outcomes.

More Tips:

- Feeling stressed? Take a walk during break time! Focus only on each sight, sound and smell.
- Find a quiet space to meditate during your break time.
- During your breaks at work pay attention only to the taste and aroma of the beverage that you are drinking. Don't allow other thoughts to intrude. Enjoy the moment!
- While travelling to and from work pay more attention to the sights and sounds around you instead of the chaos associated with commuting. You may be surprised as to how interesting these routine activities really are.
- Before starting your work assignments or work day take a few minutes and focus on some deep breathing.
- Stop multitasking. Focus on doing one thing at a time. Multitasking prevents you from experiencing the present moment and can increase stress.

By practicing being mindful or tuning in, you can train yourself to react to things in a more positive way. You learn how to live in the moment instead of ruminating about the past which you can't change or worrying about the future which you cannot entirely foresee. Tuning in will allow you to decrease your stress levels.

Sudbury & District Health Unit
Service de santé publique

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Chapleau: 705.860.9200
Manitoulin: 705.370.9200
Sudbury East: 705.222.9201
Toll-free: 1.866.522.9200

LA SANTÉ AU TRAVAIL

inscrire la santé à votre agenda

automne/hiver 2017

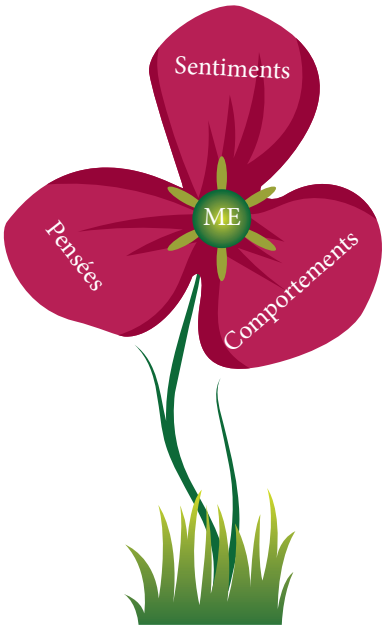
Êtes-vous à l'écoute?

Aujourd'hui est l'un des plus beaux jours de votre vie!
Vous êtes invité à vous centrer sur vos pensées, vos sentiments, vos comportements et votre environnement. Il est temps d'habituer votre esprit à se concentrer intentionnellement sur le moment présent plutôt que sur l'avenir, sur une chose à la fois, et ce, sans jugement. Il est temps de reprendre le contrôle de votre esprit pour éviter qu'il ne vous contrôle. Apprendre à être pleinement attentif à ce qui se passe au moment présent, plutôt qu'au passé ou à l'avenir, peut grandement diminuer le stress négatif lorsque vous êtes au travail ou exercez un loisir. De plus, le fait d'être conscient de ce que vous mangez et des activités physiques que vous exercez peut en réalité améliorer votre santé et votre mieux-être en général. Le présent numéro est axé sur la façon d'être à l'écoute, particulièrement au travail lorsque vous mangez, êtes actif physiquement et vivez des événements stressants.

Alimentation consciente

Récemment, les expressions « alimentation consciente » et « alimentation inconsciente » attirent énormément d'attention dans les discussions et les médias portant sur la santé et la nutrition. Parfois, vous pourriez également voir des expressions comme « manger en pleine conscience » ou « la pleine conscience pendant que vous mangez ».

Dans des mots simples, l'alimentation consciente est une approche à être conscient et à devenir conscient de ce que vous mangez et choisissez de manger lorsque vous avez faim, de ralentir pour savourer chaque bouchée et de cesser lorsque vous vous sentez rassasié. Manger en pleine conscience comprend également le fait d'avoir de la compassion pour vous-même et votre corps, de laisser aller des pensées ou des règles strictes à propos de choix alimentaires.[1] Manger en pleine conscience n'est pas une prescription de ce que vous devez manger, de la quantité et du moment, quoique ces facteurs jouent un rôle dans le maintien d'un mode de vie sain ou la gestion d'état de santé précis.



Tout le monde peut adhérer au concept d'alimentation consciente en tout temps, et partout, y compris au travail, durant les réunions de famille, même lorsque vous faites l'épicerie. Une façon de pratiquer l'alimentation consciente est de vous demander si vous mangez parce que :

- vous avez faim?
- la nourriture est accessible?
- le restaurant propose une offre spéciale?
- vous ressentez de la joie, de l'ennui, du stress, du bonheur, de la tension, etc?

C'est en prenant conscience de vos pensées et de vos sentiments pendant que vous mangez que vous commencerez à comprendre les éléments déclencheurs qui influencent vos habitudes alimentaires; il peut s'agir de votre environnement, de votre corps et de vos comportements et habitudes acquises.[2] Vos réponses à ces questions simples peuvent vous guider pour explorer des façons créatives d'appuyer votre cheminement vers une alimentation consciente. Par exemple, en découvrant à quel point des situations stressantes au travail peuvent vous pousser à vouloir manger certains aliments, vous pouvez décider de contrôler cette envie et d'aborder votre stress en faisant une promenade, en discutant de solutions avec un collègue de travail ou en essayant d'autres activités décrites dans ce bulletin qui vous aideront à gérer votre stress.

En étant sensibilisé et en adhérant au concept d'alimentation consciente, vous vous permettez d'établir une relation saine avec la nourriture et de créer des occasions d'avoir des habitudes alimentaires plus saines dans votre vie au quotidien.

1. Albers, S. (2008). Eat, drink, and be mindful. Oakland, CA: New Harbinger Publications, Inc.
2. Shah, W., et Cannon, C. (2008). Craving Change[mc] - Facilitators Manual. Calgary: Shah Cannon.

Être à l'écoute durant l'activité physique

Nous savons tous que le fait d'être actif physiquement est l'élément clé d'un mode de vie sain. Pratiquer au moins 150 minutes d'activité physique par semaine, y compris des exercices de renforcement musculo-squelettique, deux jours par semaine, peut s'avérer bénéfiques pour la santé des adultes.[1] De plus, lorsque vous êtes à l'écoute durant l'activité physique, l'avantage peut être noté, notamment dans le rythme et la profondeur de la respiration, le rythme cardiaque et l'activité musculaire.[2]

Même s'il existe des activités physiques qui se concentrent précisément sur le lien entre l'esprit et le corps, comme le tai-chi et le yoga, nous pouvons nous exercer à être à l'écoute de notre corps et de ses mouvements durant nos heures de travail et nos loisirs.

Voici quelques façons d'y arriver, que vous planifiez d'avoir une pause active ou que votre travail exige des efforts physiques :

1. **Sentez votre corps bouger.** Soyez conscient de votre mouvement, notamment de votre posture pendant que vous êtes actif. Portez attention à vos muscles, à l'alignement de votre corps, etc. Assurez-vous d'être mentalement et physiquement prêt à être actif.
2. **Observez votre environnement.** Portez attention à votre environnement, notez la température, la luminosité, les sons, etc. qui pourraient influencer votre expérience. Assurez-vous d'avoir le matériel nécessaire, comme de l'eau et des chaussures confortables.
3. **Respirez pour vous ancrer.** La clé pour être conscient est votre respiration. L'inspiration et l'expiration créent un rythme qui peut aider à vous ancrer dans le moment présent. Plus profonde sera votre respiration, meilleure sera la connexion entre votre esprit et votre corps. Remarquez comment votre respiration change selon le type d'activité physique.
4. **Gardez le cap.** Parfois, lorsque nous sommes actifs physiquement, notre esprit vagabonde et notre conscience dérive. Essayez de revenir dans le moment présent, de vous concentrer sur votre respiration et l'activité que vous faites. Peu importe le nombre de fois que votre attention se détourne, reprenez votre exercice de conscience.

Être à l'écoute peut vous aider à commencer votre activité physique ou à la continuer si vous avez déjà commencé. En apprenant comment être plus attentif au moment présent ainsi qu'à vos pensées et à vos sentiments, vous pouvez influencer la perception que vous avez de l'activité physique et votre participation à cette dernière.

1. Société canadienne de la physiologie de l'exercice (2011) Directives canadiennes en matière d'activité physique à l'intention des adultes âgés de 18 à 64 ans. Tiré de : http://www.csep.ca/fr/directives/directives-pour-les-autres-ges
2. Kennedy, A.B., et Resnick, P.B. (2015) Mindfulness and Physical Activity. American Journal of Lifestyle Medicine, 9 (3), 221-223.

Être à l'écoute peut réduire le stress

La pleine conscience semble être un concept populaire en gestion du stress. De nombreux livres, articles et cours sont offerts pour donner des conseils sur la façon d'être pleinement à l'écoute. La pleine conscience est en quelque sorte le fait de savoir/d'apprendre comment se concentrer intentionnellement sur ce qui se passe dans le moment présent sans jugement.

Comment le fait d'être à l'écoute peut-il aider à réduire le stress? Voici un exemple : en situation de stress, vous rappelez-vous ce à quoi vous pensiez, ce que vous ressentiez et où vous vous trouviez? Peut-être étiez-vous préoccupé par une prise de décision importante au travail ou ressentiez la pression des échéances. Vous rappelez-vous ce à quoi vous pensiez ou ce que vous ressentiez? Étiez-vous anxieux ou agacé? Comment votre corps a-t-il réagi? Peut-être que vos muscles étaient tendus et que votre cœur battait plus rapidement qu'à la normale? Souhaiteriez-vous réagir différemment, si vous le pouviez?

Plutôt que de voir ces situations comme des événements accablants ou agaçants, voyez-les comme des occasions de porter attention pendant quelques moments à une seule chose, comme votre respiration. Inspirez lentement par le nez, en laissant votre abdomen se gonfler, puis expirez lentement par la bouche. Portez attention aux sensations alors que vous inspirez et expirez. Si vous respirez rapidement, ralentissez de manière délibérée. Concentrez-vous seulement sur les inspirations et les expirations lentes. Vous pouvez le faire discrètement durant les réunions. Lorsque des pensées vous agaçant ou vous préoccupant vous viennent à l'esprit, restez dans le moment présent et continuez de vous concentrer sur votre respiration. Ne laissez pas les autres pensées interrompre le moment où vous vous concentrez sur votre respiration. La respiration profonde et lente permettra à votre rythme cardiaque de diminuer et à vos muscles de se détendre. Elle aidera votre corps, calmera votre esprit et vous aidera à mieux penser, ce qui permet d'obtenir des résultats positifs.

Autres conseils :

- Vous vous sentez stressé? Faites une promenade durant la pause! Concentrez-vous sur chaque chose que vous voyez, entendez et sentez.
- Trouvez un endroit tranquille pour méditer pendant votre pause.
- Durant vos pauses au travail, portez attention seulement au goût et à l'arôme de la boisson que vous buvez. Ne laissez pas d'autres pensées vous déranger. Profitez du moment présent!
- Lorsque vous vous rendez au travail et en revenez, portez une plus grande attention aux choses que vous voyez et entendez autour de vous plutôt qu'au chaos associé au transport en commun. Vous pourriez être surpris de voir à quel point ces activités de routine sont intéressantes.
- Avant de commencer vos tâches ou votre journée de travail, prenez quelques minutes pour vous concentrer sur quelques respirations profondes.
- Cessez de faire plusieurs tâches à la fois. Concentrez-vous sur une tâche à la fois. En faisant plusieurs tâches à la fois, vous ne vivez pas le moment présent et cela risque d'augmenter votre stress.

En vous exerçant à la pleine conscience, vous pouvez vous habituer à réagir aux situations d'une façon plus positive. Vous apprenez comment vivre le moment présent plutôt que de ruminer le passé, qui ne peut pas être changé, ou de vous inquiéter de l'avenir, que vous ne pouvez pas envisager totalement.

Sudbury & District Health Unit
Service de santé publique

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APPROVAL OF CONSENT AGENDA

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

STAFF APPRECIATION DAY

MOTION: **THAT this Board of Health approve a Staff Appreciation Day for the staff of the Sudbury & District Health Unit during the upcoming holiday season. The Staff Appreciation Day may be taken between the dates of December 1, 2017, to February 28, 2018. Essential services will be available and provided at all times during the holiday period except for statutory holidays when on-call staff will be available.**

Sudbury & District Health Unit
Service de santé publique

Briefing Note

To: R. Lapierre, Chair, Sudbury & District Board of Health

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

Date: November 16, 2017

Re: 2018 Recommended Cost-Shared Operating Budget

☐ For Information ☐ For Discussion ☒ For a Decision

Issue:

The approval of the Sudbury & District Board of Health is being sought for the 2018 operating budget for cost-shared programs and services. The draft budget was developed by the Senior Management Executive Committee. The Board of Health Finance Standing Committee reviewed the budget at its November 1, 2017 and recommends it to the Board for approval.

Recommended Action:

THAT the Sudbury & District Board of Health approve the 2018 operating budget for cost-shared programs and services in the amount of $22,896,074.

1. Budget Summary:

The recommended 2018 budget for cost-shared programs and services is $22,896,074 and as compared with the 2017 Board of Health-approved budget, represents an overall increase of 0.53%. As compared with 2017, the 2018 budget results in a 1.73% increase in the overall municipal levy and the provincial request for mandatory cost-shared programs remains at the 2017 level.

The recommended 2018 cost-shared budget is a product of careful deliberations to ensure increasing costs are managed within a changing landscape with minimal impact to service delivery. There are a number of unknowns with the January 1, 2018 implementation of new standards for public health programs and new organizational standards, in addition to a new accountability framework.

Management continues to work extremely hard in the context of significant fiscal pressures to maintain quality programs and respond to local public health needs.

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

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Anticipated and unanticipated attrition which occurred within 2017 were an integral component of attaining a balanced budget for 2018. Based on reasonably conservative assumptions, however, continued fiscal pressures are projected to result in cumulative shortfalls of over $401K in 2019 and over $812K in 2020. Without an injection of provincial funding, additional and significant cost reductions are anticipated to be required in future fiscal periods and will be the subject of future deliberations. The Board of Health Standing Finance Committee remains committed to the budget principles (Appendix A) developed in 2015 as we navigate through current and anticipated ongoing fiscal restraint.

Additional note pursuant to the November 16, 2016 Public Health Summit: The *Ontario Public Health Standards: Requirements for Programs, Services, and Accountability (OPHS)* were released at the November 16, 2017 Public Health Summit. At this meeting, it was communicated that, to the extent possible, boards of health should consider in their 2018 budgets, reasonable estimates of their costs associated with implementing the new requirements. Although there is no commitment for additional funding, such costing would further assist the Ministry in assessing the local public health needs associated with implementing the new Standards. To this end, management will undertake a careful review of the new requirements and related costing with the aim of seeking the Board's approval in the new year for a request for Ministry funds in addition to the recommended budget presented in this briefing note.

The following sections provide additional information on key 2018 budget factors.

2. Budget Background

2.1 Provincial Context

The current provincial context is one of uncertainty and change for the local public health environment. There are a number of initiatives underway as part of the provincial's health system transformation:

- **Expert Panel** – recommending to the Minister of Health and Long-Term Care fundamental changes to the governance, structure and organization of local public health.
- **Patients First Act** – enacting requirements for formal engagement between LHIN CEO's and MOHs on issues relating to local health system planning, funding and service delivery.
- **Modernization of the Ontario Public Health Standards** and Organizational Standards – resulting in the *Ontario Public Health Standards: Requirements for Programs, Services, and Accountability* that incorporate new requirements, most notably in the areas of LHIN engagement and population health assessment, mental health promotion, Indigenous engagement, vision screening, among others. Working groups are developing guidelines and protocols in support of the new standards.
- **Renewal of the accountability requirements** for board of health resulting in the Accountability Framework and Organizational Requirements consultation document and a draft Annual Service Plan and Budget Submission process.

[1] Strategic Priorities:

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

The Ontario Government and the Ministry of Health and Long-Term Care (MOHLTC) continue to operate in an environment of fiscal constraint with aggressive targets to achieve a balanced budget. The Ministry has clearly advised health units that they should not assume growth funding in 2017 and for the future, eliminating the need to apply the funding model developed in 2015 and applied to funding allocations in 2015 and 2016.

In addition, provincial funding for 100% ministry funded programs has not increased for many years (the duration is program-specific). This funding freeze has resulted in increased pressures to maintain service delivery levels. These pressures have been managed to date with reallocation between budget lines, however, this is not a sustainable option.

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

2.2 SDHU 2017 Grant Approval

The MOHLTC Program Based Grant approval was received on November 15, 2017. The SDHU's Program Based request for mandatory and other related program funding was approved as submitted to the Ministry in March 2017. As anticipated, no increase in funding to mandatory programs however, the Ministry has increased our funding in Unorganized Territories and has reinstated the funding to the 100% funded Healthy Smiles Ontario program which had been removed during the HSO integration process.

Should the Sudbury & District Board of Health experience no growth in provincial grants for the mandatory cost-shared programs for the foreseeable future, this will translate into significant constraints for the long term as a result of continued increases in our salary, benefit and operating expenses.

2.3 Program and Service Requirements

The Public Health Funding and Accountability Agreement includes fifteen monitoring indicators. Based on the experience to date, the SDHU is demonstrating excellent performance in meeting targets.

As of January 2018, Public Health will have the responsibility to implement the new OPHS that incorporate new requirements, most notably in the areas on LHIN engagement and population health assessment, mental health promotion, Indigenous engagement, vision screening, among others. Working groups are developing guidelines and protocols in support of the new standards however, the impact on current resources remains uncertain.

2.4 Funding Ratio

The recommended 2018 budget maintains the funding ratio of 69:31 ministry/municipal. The Board of Health is reminded that in order to maintain previously established service levels, the Board

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committed to maintaining its investment in order to not erode gains made during periods of public health investment and renewal.

3. Recommended 2018 Budget

3.1 Revenues

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

The recommended budget is presented with 0% growth over the 2017 ministry grant, including the unorganized territories grant. The SDHU anticipates no increases in this budget line for the foreseeable future. The historical unorganized territories funding is summarized below:

Year	Growth (%)
2017	0.8
2016	0.8
2015	1.5
2012 - 2014	2.0
2008 - 2011	5.0

The 2018 recommended budget is presented with a $20,500 increase to the expense recoveries stream. The nominal increase is in part related to the planned increase to the Ontario Building Code Part VIII user fees and other small adjustments to various revenue stream in order to align them to actual historical performance.

3.2 Expenditures

3.2.1 Overall

The 0.53% overall increase in expenditures over the 2017 cost-shared budget is comprised of the following:

Benefits increases	0.82 %
Salary cost increase (negotiated scheduled rate increases and step increases is offset by savings realized through attrition and the reclassification of positions)	0.20 %
Operating cost reductions	- 0.49 %
Overall Increase	**0.53 %**

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3.2.2 Salary and Benefit Changes

As compared with 2017, the salary and benefit budget lines reflect changes of 0.29% increase and 4.29% increase, respectively.

- **Salary**: As compared with 2017, salaries are reporting a minimal increase of 0.29% resulting from savings realized through attrition attained during the 2017 operating year.

- **Benefits*:*** As compared with 2017, benefits are reporting an increase of 4.29% resulting from market adjustments and premium rate increases. A large portion of the cost drivers have a direct correlation to the high number of claims and the increasing utilization of various extended health benefits. We continue to invest in employee health initiatives and to work closely with the benefit consultant to ensure our program provides good coverage while ensuring the program is managed in a cost effective manner.

3.2.3 Cost Reduction Initiatives:

The cost reduction initiatives incorporated into the 2018 budget are the result of various operational cost reduction opportunities, as well as $30,000 in additional offsetting revenues from a planned increase in the Ontario Building Code Part VIII user fees, in line with a market assessment.

3.2.4 Non-Salary Changes:

As compared with 2017, the non-salary budget line reflects an overall 4.48% decrease. All expenditures were reviewed and adjustments were made to reflect efficiencies or reallocations between lines. Expenditure lines with significant changes are highlighted below, following the order of appearance in the attached schedule:

- **Health Services/Purchased Services:** The decrease is due to efficiencies realized from the outsourcing of print shop services, as well as further changes to the SDHU's administration of the NEP.
- **Media & Advertising:** The decrease is due to the changing media landscape resulting in operating efficiencies.
- **Expense Recoveries:** The increase is due in part to the implementation of the Part VIII user fee increase and minimal adjustments of clinical revenue stream to better reflect a downward trend to the administration of OHIP services.
- **Rent***:* The increase is due to the renewal of long-standing lease agreements resulting in lease increases.

3.2.5 Schedules

Appendix B provides the detailed schedules for the recommended 2018 cost-shared operating budget for the SDHU divisions, expenditure categories, revenue sources, and municipal levies.

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

4. Conclusion

The recommended 2018 budget for cost-shared programs and services is $22,896,074 and as compared with the 2017 Board of Health-approved budget, represents an overall increase of 0.53%.

The 2018 draft budget is recommended as a budget that recognizes an environment of ongoing fiscal constraints combined with significant uncertainty affecting fundamental cost drivers.

The *Ontario Public Health Standards: Requirements for Programs, Services, and Accountability (OPHS)*, just released on the day of writing, will require further analysis for resource implications. Management will undertake a careful review of the new requirements and related costing with the aim of seeking the Board's approval in the new year for a request for Ministry funds in addition to the recommended budget presented in this briefing note.

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O: October 19, 2001
R: October 2015

Sudbury & District Board of Health Budget Principles

The following are the guiding principles for the 2018 SDHU budget deliberations.

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

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

Guiding principles:

1. We will maintain our **long term focus on health**. This requires an appropriate balance of responsiveness to health protection and immediate needs (e.g. immunizations, environmental health hazards, communicable disease control, tobacco enforcement, etc.) with investment in longer term health promotion (e.g. healthy eating, child resiliency, municipal policies, etc.).

2. We will ensure that we build and maintain **surge capacity**, enabling us to respond to unplanned/unexpected new and emerging threats to people's health (e.g. community communicable disease outbreaks, industrial or natural hazards, etc.).

3. SDHU programs will continue to strive to improve **equity in health** consistent with our strategic plan vision, mission and strategic priorities. We will do this by focusing on evidence-informed local public health practice to promote health equity (i.e. 10 promising practices) and by ensuring upstream work with partners on the social determinants of health.

4. We will work to ensure our fiscal path forward is congruent with our values, interpreted generally in this context as follows:

    a. **Accountability** – due consideration is given to the Accountability Agreement, particularly the Performance Indicators, the OPHS and its review, Organizational Standards, SDHU Performance Monitoring Plan; transparency is part of accountability and includes clearly articulated budget principles and assumptions including at least three-year forecasting
    b. **Caring leadership** – compassion guides our approach to changes that directly or indirectly impact on staff
    c. **Collaboration** – collaboration is sought out within the SDHU and with partners to achieve efficiencies to respond to needs
    d. **Diversity** –the diversity of our clients/populations is respected, positioning the SDHU to plan for and respond to needs (e.g. geographic, language, cultural, etc.)
    e. **Effective communication** – this is key to change management and is front of mind for internal and external audiences; communication is bilateral and input/feedback is actively sought
    f. **Excellence** – trade-offs are carefully thought through to ensure service excellence is not sacrificed (e.g. evaluation, data, teaching, etc.)
    g. **Innovation** – innovative ideas are actively sought to respond to public health needs with increased efficiencies; there is active engagement with processes that will assist with innovation and continuous improvement

O: November 2015
R: November 2017

Sudbury & District Health Unit

Cost Shared Programs & Services

2018 Proposed Budget

MOHLTC:0% : MUN:1.75%

Description	BOH 2017 Approved	2018 Budget	Increase (Decrease)	% Change Inc/(Dec)
Revenue				
MOHLTC - General Programs	14,687,000	14,687,000	-	0.00%
MOHLTC - Unorganized Territory	819,400	819,400	-	0.00%
MOHLTC - Vector Borne Disease (VBD) Educ. & Surveillance	65,000	65,000	-	0.00%
MOHLTC - SDWS	106,000	106,000	-	0.00%
Municipal Levies	6,943,298	7,064,806	121,508	1.75%
Municipal Levies - Vector Borne Disease (VBD) Educ. & Surv.	21,646	21,646	-	0.00%
Municipal Levies - Small Drinking Water Systems	47,222	47,222	-	0.00%
Interest Earned	85,000	85,000	-	0.00%
Total Revenue	**22,774,566**	**22,896,074**	**121,508**	**0.53%**
Expenditures				
Corporate Services				
Corporate Services	4,171,337	4,294,732	123,395	2.96%
General Office Administration (previously Print Shop)	152,774	120,816	(31,958)	-20.92%
Espanola	120,973	119,921	(1,052)	-0.87%
Manitoulin Island	124,624	128,909	4,285	3.44%
Chapleau	99,667	101,289	1,622	1.63%
Sudbury East	16,486	16,508	22	0.13%
Intake	318,239	325,506	7,267	2.28%
Volunteer Resources	5,711	5,711	-	0.00%
Total Corporate Services	**5,009,810**	**5,113,391**	**103,581**	**2.07%**
Clinical Services				
Clinical Services - General	1,112,195	1,168,998	56,803	5.11%
Clinic	1,271,189	1,280,708	9,519	0.75%
Clinical Services - Branches	379,602	270,828	(108,774)	-28.65%
Family Team	663,316	618,225	(45,091)	-6.80%
Risk Reduction	124,408	98,842	(25,566)	-20.55%
Clinical Outreach	141,610	144,218	2,608	1.84%
Sexual Health	958,320	947,285	(11,035)	-1.15%
MOHLTC - Influenza	-	0	0	0.00%
MOHLTC - Meningitis	-	0	0	0.00%
MOHLTC - HPV	-	-	-	0.00%
Dental	512,984	520,984	8,000	1.56%
Total Clinical Services	**5,163,624**	**5,050,089**	**(113,535)**	**-2.20%**
Health Promotion				
Promotion - General	984,086	1,223,355	239,269	24.31%
School	1,386,960	1,392,900	5,940	0.43%
Workplace	181,274	184,962	3,688	2.03%
Branches (Espanola/Manitoulin)	262,717	334,251	71,534	27.23%
Nutrition & Physical Activity Team	1,293,387	1,147,959	(145,428)	-11.24%
Branches (Sudbury East/Chapleau)	278,641	389,609	110,969	39.82%
Injury Prevention	475,504	375,956	(99,548)	-20.94%
Tobacco Cessation	366,735	371,553	4,817	1.31%
Reproductive & Child Health	1,185,292	1,076,573	(108,719)	-9.17%
Substance Misuse Prevention - Drugs	162,563	15,000	(147,563)	-90.77%
Mental Health and Addicitions	-	326,953	326,953	0.00%
Alcohol and Substance Misuse	110,805	117,176	6,370	5.75%
Total Health Promotion	**6,687,964**	**6,956,246**	**268,282**	**4.01%**
RRED				
RRED	1,621,812	1,687,847	66,035	4.07%
Workplace Capacity Development	22,007	23,507	1,500	6.82%
Health Equity Office	14,440	14,440	(0)	0.00%
Strategic Engagement Unit	597,441	581,215	(16,226)	-2.72%
Total RRED	**2,255,700**	**2,307,009**	**51,309**	**2.27%**
Environmental Health				
Environmental Health - General	787,124	804,254	17,130	2.18%
Environmental	2,609,493	2,425,197	(184,296)	-7.06%
Vector Borne Disease	86,667	86,667	0	0.00%
Small Drinking Water Systems	174,185	153,222	(20,963)	-12.03%
Total Environmental Health	**3,657,468**	**3,469,339**	**(188,129)**	**-5.14%**
Total Expenditures	**22,774,566**	**22,896,074**	**121,508**	**0.53%**
Net Surplus (Deficit)	0	(0)	(0)	

Revenue by Funding Agency

	2017 BOH Approved	2018 Recommended Budget	%	Increase (Decrease)
Ministry of Health and Long-Term Care				
Official Local Health Agency	14,687,000	14,687,000		-
Unorganized Territories	819,400	819,400		-
Vector Borne Disease- education & surveillance	65,000	65,000		-
Small Drinking Water System	106,000	106,000		-
Total MOHLTC	15,677,400	15,677,400	0.69	-
Municipalities				
Official Local Health Agency	6,943,298	7,064,806		121,508
Vector Borne Disease- education & surveillance	21,646	21,646		-
Small Drinking Water System	47,222	47,222		-
Total Municipalities	7,012,166	7,133,674	0.31	121,508
Other Revenue				
Transfer from Working Capital Reserve	0	-		-
Interest	85,000	85,000		-
Total Other	85,000	85,000	-	-
Grand Total	22,774,566	22,896,074		121,508

Sudbury & District Health Unit

Expenditures By Category

2018 Proposed Budget

MOHLTC: 0% : MUN: 1.75%

Description	2017 BOH Approved Budget	2018 Recommended Budget	Change ($) Inc/(Dec)	Change (%) Inc/(Dec)
Salaries	15,926,325	15,972,727	46,402	0.29%
Benefits	4,355,556	4,542,221	186,665	4.29%
Total Salaries & Benefits	**20,281,881**	**20,514,949**	**233,067**	**1.15%**
Health Services / Purchased Services	162,617	84,040	(78,577)	-48.32%
Media & Advertising	142,739	103,661	(39,078)	-27.38%
Expense Recoveries	(919,040)	(939,568)	(20,528)	2.23%
Office Supplies	110,857	105,712	(5,145)	-4.64%
Travel	264,403	261,164	(3,239)	-1.22%
Postage & Courier Services	72,730	70,536	(2,194)	-3.02%
Photocopy Expenses	27,735	26,455	(1,280)	-4.62%
Translation	46,600	46,000	(600)	-1.29%
Books & Subscriptions	11,875	11,315	(560)	-4.71%
Vector Borne Disease - Education and Surveillance	45,286	44,825	(461)	-1.02%
Insurance	103,774	103,774	(0)	0.00%
Vector Borne Disease - Control Measure Contingency	-	-	-	0.00%
Rent Revenue	(67,881)	(67,881)	-	0.00%
Rent Surplus Transferred to Reserve	55,744	55,744	-	0.00%
Professional Fees	41,490	41,490	0	0.00%
Furniture & Equipment	14,270	14,770	500	3.50%
Information Technology	566,540	567,040	500	0.09%
Staff Development	116,031	116,925	894	0.77%
Memberships	29,527	32,289	2,762	9.35%
Telephone Expenses	190,986	193,826	2,840	1.49%
Utilities	205,097	208,937	3,840	1.87%
Program Expenses	657,987	665,257	7,270	1.10%
Building Maintenance	370,854	378,709	7,856	2.12%
Rent	242,464	256,105	13,641	5.63%
Total Operational Expenses	**2,492,685**	**2,381,125**	**(111,559)**	**-4.48%**
Total Expenditures	**22,774,566**	**22,896,074**	**121,508**	**0.53%**

SUDBURY & DISTRICT HEALTH UNIT
2018 Cost-Shared Budget
DRAFT for Finance Committee Review

2018 Proposed Budget

MOHLTC:0% : MUN:1.75%

Municipal Levy (excluding VBD Contingency)

	2017	2018
Total Budget	22,774,566	22,896,074
Municipal Levy	6,943,298	7,064,806
Municipal Levy - Vector Borne Disease	21,646	21,646
Municipal Levy Small Drinking Water System	47,222	47,222
Total Levy**	7,012,166	7,133,674

Municipal Levy	2017 Population*	% Population	2017 Levy	2018 Levy	Difference	Monthly Billing
Assiginack (Township of)	754	0.459%	32,260	32,747	488	2,729
Baldwin (Township of)	505	0.307%	21,671	21,904	233	1,825
Billings (Township of)	501	0.305%	21,531	21,762	230	1,813
Burpee and Mills (Township of)	273	0.166%	11,504	11,846	342	987
Central Manitoulin (Township of)	1,711	1.042%	73,702	74,337	635	6,195
St. Charles	1,156	0.704%	48,809	50,225	1,416	4,185
Chapleau (Township of)	1,915	1.166%	82,958	83,182	225	6,932
French River	2,374	1.445%	101,540	103,085	1,545	8,590
Espanola Town	4,362	2.655%	186,317	189,403	3,086	15,784
Gordon/ Barrie Island	449	0.273%	18,656	19,479	823	1,623
Gore Bay Town	739	0.450%	31,488	32,105	617	2,675
Markstay-Warren	2,328	1.417%	99,156	101,088	1,932	8,424
Northeastern Manitoulin & the Islands (Town)	2,129	1.296%	90,671	92,456	1,785	7,705
Nairn & Hyman (Township)	396	0.241%	17,114	17,196	82	1,433
Killarney	346	0.211%	14,940	15,056	116	1,255
Sables-Spanish River (Township of)	2,680	1.631%	115,564	116,354	790	9,696
City of Greater Sudbury	141,290	86.010%	6,028,854	6,135,677	106,823	511,306
Tehkummah (Township of)	363	0.221%	15,431	15,769	339	1,314
TOTAL	164,271	100%	7,012,165	7,133,671	121,506	594,473
Per Capita Rate			42.530	43.43	0.90	

Municipal Levy Increase/-Decrease over previous year	1.73%

* Population data per *2017 Ontario Population Report,* Municipal Property Assessment Corporation

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

IN CAMERA

MOTION:

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

RISE AND REPORT

MOTION:

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

2018 COST-SHARED BUDGET

MOTION:

THAT the Sudbury & District Board of Health approve the 2018 operating budget for cost shared programs and services in the amount of $22,896,074.

Sudbury & District Health Unit
Service de santé publique

BRIEFING NOTE

To: Chair, Sudbury & District Board of Health

From: Rachel Quesnel, Secretary to the Board of Health
Dr. Penny Sutcliffe, Medical Officer of Health and Chief Executive Officer

Re: 2017 Board Member Self-Evaluation of Performance Results

Date: November 16, 2017

☐ For Information ☒ For Discussion ☐ For a Decision

Issue:

In the September 21, 2017, Board of Health agenda package, Board of Health members were advised that a confidential self-evaluation survey was available in BoardEffect and were invited to complete it by October 24, 2017.

The annual self-evaluation is part of the Board's ongoing commitment to good governance and continuous quality improvement and is consistent with C-I-12 and C-I-14 of the Board of Health Manual.

Board members were informed that the results would be confidentially compiled by the Board Secretary and reported at its regularly scheduled meeting in November 2017. This briefing note constitutes the evaluation report.

Recommended Action:

That Board of Health members review and discuss the results of the 2017 self-evaluation and ensure continued reflection and improvement.

Board Member Self-Evaluation of Performance:

Methods

- The Board of Health Member Self-Evaluation of Performance survey consists of 23 questions on performance and processes. The survey questions are the same as what they were in 2016. Board of Health members are asked to rate each of the items as either "Strongly Agree", "Agree", "Disagree", "Strongly Disagree" or "Not Applicable". The survey also contains three open-ended questions providing opportunity to provide additional comments or suggestions.
- Board of Health members were advised in the September 21, 2017, Board of Health meeting agenda package that the online self-evaluation questionnaire was available for completion in BoardEffect under the Sudbury & District Board of Health workroom – Collaborate – Surveys.

- The October 2017 MOH/CEO report to the Board included a reminder to complete the survey by October 24, 2017.
- At the October 19, 2017, Board meeting, Board members were asked to complete the evaluation by October 24.
- In an email dated October 26, 2017, Board members were advised that the response rate for the Board annual self-evaluation survey was low; therefore, the deadline to complete the survey was extended to October 31, 2017.
- The Medical Officer of Health was consulted once the results had been compiled in order to maintain anonymity.

Results

- 13 Board members were invited to complete the annual Board of Health self-evaluation survey for 2017. Two Board resignations took place following the September Board meeting; therefore, 8 out of 11 Board members completed the survey for a response rate of 72.7%
- Previous response rates

Year	Response Rate
2016	83.3%
2015	69%
2014	84.6%

- The following table summarizes the responses to each of the 23 rated questions. Non-responses were excluded from the analysis.

Part 1: Individual Performance Compliance with Individual Roles and Responsibilities as a Board of Health member	**Strongly Agree**	**Agree**	**Disagree**	**Strongly Disagree**	**Not Applicable**	**Total Responses**
1. As a BOH member, I am satisfied with my attendance at meetings.	**6 (75.0%)**	**2 (25.0%)**	**0 (0.0%)**	**0 (0.0%)**	**0 (0.0%)**	**8**
2. As a BOH member, I am satisfied with my preparation for meetings.	**4 (50.0%)**	**4 (50.0%)**	**0 (0.0%)**	**0 (0.0%)**	**0 (0.0%)**	**8**
3. As a BOH member, I am satisfied with my participation in meetings.	**5 (62.5%)**	**3 (37.5%)**	**0 (0.0%)**	**0 (0.0%)**	**0 (0.0%)**	**8**
4. As a BOH member, I understand my roles and responsibilities.	**4 (50.0%)**	**4 (50.0%)**	**0 (0.0%)**	**0 (0.0%)**	**0 (0.0%)**	**8**

Part 1: Individual Performance Compliance with Individual Roles and Responsibilities as a Board of Health member	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Applicable	Total Responses
5. As a BOH member, I understand current public health issues.	3 (37.5%)	5 (62.5%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	8
6. As a BOH member, I have input into the vision, mission and strategic direction of the organization.	4 (50.0%)	3 (37.5%)	0 (0%)	0 (0.0%)	1 (12.5%)	8
7. As a BOH member, I am aware and represent community perspective during board meeting.	5 (62.5%)	3 (37.5%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	8
8. As a BOH member, I provide input into policy development and decision-making.	3 (37.5%)	5 (62.5%)	0 (0%)	0 (0%)	0 (0.0%)	8
9. As a BOH member, I represent the interests of the organization at all times.	7 (87.5%)	1 (12.5%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	8

Other comments or suggestions pertaining to your role as a Board of Health member:

- No comments were provided on this item.

Part 2: Board of Health Processes Effectiveness of Policy and Process	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Applicable	Total Responses
1. The BOH is compliant with all applicable legislation and regulations.	6 (62.5%)	2 (37.5%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	8
2. The BOH ensures members are aware of their roles and responsibilities through orientation of new members	6 (75.0%)	2 (25.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	8
3. The BOH is appropriately informed about financial management, procurement policies and practice, risk management and human resources issues.	4 (50.0%)	2 (25.0%)	1 (12.5%)	0 (0.0%)	1 (12.5%)	8

Part 2: Board of Health Processes Effectiveness of Policy and Process	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Applicable	Total Responses
4. The BOH holds meetings frequently enough to ensure timely decision-making.	4 (50.0%)	4 (50.0%)	1 (10.0%)	0 (0.0%)	0 (0.0%)	8
5. The BOH bases decision making on access to appropriate information with sufficient time for deliberations.	5 (62.5%)	2 (25.0%)	1 (12.5%)	0 (0.0%)	0 (0%)	8
6. The BOH is kept apprised of public health issues in a timely and effective manner.	7 (87.5%)	1 (12.5%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	8
7. The BOH sets bylaws and governance policies.	5 (62.5%)	3 (37.5%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	8
8. The BOH remains informed with issues pertaining to organizational effectiveness through performance monitoring and strategic planning.	5 (62.5%)	3 (37.5%)	0 (0%)	0 (0.0%)	0 (0.0%)	8
9. The consent agenda is helpful in enabling the Board to engage in detailed discussion of important items.	3 (37.5%)	4 (50.0%)	1 (12.5%)	0 (0.0%)	0 (0.0%)	8

Other comments or suggestions pertaining to Board of Health policy and process

- Favorable notation was made regarding the adoption and benefits of consent agenda.

Part 3: Overall Performance of the Board of Health	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Applicable	Total Responses
1. The BOH contributes to high governance and leadership performance.	5 (62.5%)	3 (37.5%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	8
2. The BOH oversees the development of the strategic plan.	5 (62.5%)	2 (25.0%)	0 (0.0%)	0 (0.0%)	1 (12.5%)	8

Part 3: Overall Performance of the Board of Health	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Applicable	Total Responses
3. The BOH ensures planning processes consider stakeholder and community needs.	**5 (62.5%)**	**2 (25.0%)**	**1 (12.5%)**	**0 (0.0%)**	**0 (0.0%)**	**8**
4. The BOH ensures a climate of mutual trust and respect between themselves and the Medical Officer of Health (MOH).	**6 (75%)**	**1 (12.5%)**	**1 (12.5%)**	**0 (0.0%)**	**0 (0.0%)**	**8**
5. The BOH as a governing body is achieving its strategic outcomes.	**5 (62.5%)**	**3 (37.5%)**	**0 (0.0%)**	**0 (0.0%)**	**0 (0.0%)**	**8**

Other comments or suggestions pertaining to overall performance of the Board of Health

- It was commented that the ongoing review of Public Health governance makes planning a challenge.

Summary

The 2017 Sudbury & District Board of Health Member Self-Evaluation of Performance questionnaire gives Board members a chance to reflect on their individual performance, the effectiveness of Board policy and processes, and the Board's overall performance as a governing body. Board of Health self-evaluation of performance is an internal SDHU tool to ensure compliance with the Ontario Public Health Organizational Standards. In addition, the Board self-evaluation survey is part of the SDHU's Performance Monitoring Plan. Results should be interpreted with caution due to the small number of respondents.

Overall results from the self-evaluation questionnaire indicate that the Board of Health members have a positive perception of their governance process and effectiveness.

Sudbury & District Health Unit
Service de santé publique

Briefing Note

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

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

Date: November 16, 2017

Re: Nutritious Food Basket 2017

☐ For Information ☐ For Discussion ☒For a Decision

Issues:
Access to safe, nutritious, affordable and culturally appropriate food is critical for food security and individual and community health. Food costing measured annually by Ontario boards of health using the nutritious food basket (NFB) survey tool is instrumental in understanding and acting on local food issues. Nationally, Canada measures household food security through the Household Food Security Survey Module (HFSSM) of the Canadian Community Health Survey (CCHS).

There is a risk to the availability of timely and relevant food costing information as the draft Standards for Public Health Programs and Services, 2017 no longer require the NFB survey and the HFSSM is not a consistent mandatory core module of the CCHS.

Recommended Action:
The Sudbury & District Health Unit Board of Health support the following:

1) That the Province ensure continued consistent local surveillance and monitoring of food costing by public health units through the Nutritious Food Basket;
2) That the Province immediately increase social assistance rates to reflect the cost of Nutritious Food Basket and local housing costs;
3) That Statistics Canada incorporate the HFSSM as a core module of the CCHS.

Background:

1) Nutritious Food Basket Protocol

The Nutritious Food Basket Protocol and Guidance document advise public health units on measuring the cost of basic healthy eating that represents current nutrition recommendations and average food purchasing patterns. Food costing can be used to monitor both affordability and accessibility of foods by relating the cost of the food to individual and household incomes[1]. The purpose of this protocol is to

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2013–2017 Strategic Priorities:
1. Champion and lead equitable opportunities for health.
2. Strengthen relationships.
3. Strengthen evidence-informed public health practice.
4. Support community actions promoting health equity.
5. Foster organization-wide excellence in leadership and innovation.

O: October 19, 2001
R: October 2013

contribute to the maintenance and improvement of the health and well-being of the population, including the reduction of health inequities[1].

The Sudbury & District Health Unit has used the Nutritious Food Basket data to guide healthy eating public health programming planning and evaluation in several ways, including advocacy efforts regarding addressing the root cause of food insecurity, health equity work (e.g. Bridges out of Poverty training sessions), and as a public awareness tool for community groups such as the Greater Sudbury Food Policy Council. Using the Nutritious Food Basket Protocol (2014) and Nutritious Food Basket (NFB) survey tool (2010) has ensured consistent data collection methodology and implementation across Health Units in Ontario. The Nutritious Food Basket protocol, led by Registered Dietitians in public health, supports multiple priorities of the modernized draft of the Standards for Public Health Programs and Services (2017)[2,3].

Continued consistent local surveillance and monitoring of food costing by public health units through a Nutritious Food Basket Protocol and Guidance document is important to ensure public health units can meet the requirements of the modernized draft of the Standards for Public Health Programs and Services (2017). It is therefore recommended that the Sudbury & District Board of Health advocate to the province to ensure continued consistent local surveillance and monitoring of food costing by public health units through a Nutritious Food Basket Protocol and Guidance document.

2) Household Food Security Survey Module

Food insecurity means inadequate or insecure access to food because of financial constraints and has serious public health implications. Adults in food insecure households have poorer self-rated health, poorer mental and physical health, poorer oral health, greater stress, and are more likely to suffer from chronic conditions such as diabetes, high blood pressure, and anxiety[4]. The prevalence of mental health concerns and depression among food insecure adults is higher than the general population[5]. Food insecurity makes it difficult to manage chronic diseases and conditions through diet. Children living in food insecure households are at greater risk of mental health problems and teenagers are at greater risk of depression, social anxiety, and suicide[6].

Food insecurity is a strong predictor of use of health care services. Health care costs for households experiencing severe food insecurity were found to be 121% higher compared with total annual health care costs in food secure households[7]. The majority (58.9%) of Ontario households struggling to put food on the table are part of the labour force but are trapped in low-paying or unstable jobs[8]. Social assistance recipients are particularly vulnerable to food insecurity. In Ontario, 64.0% of the households reliant on social assistance experienced food insecurity[8].

In 2004, Canada began monitoring food insecurity through the Household Food Security Survey Module (HFSSM), included in Canadian Community Health Survey (CCHS). However, the HFSSM is not always mandatory. In the 2015/2016 cycle of the CCHS Ontario did not measure household food insecurity (HFI).

Researchers have found that households experiencing food insecurity are sensitive to changes in income, i.e. income and employment changes within households are associated with fluctuations in severity of food insecurity[9]. This has also been observed among older adults where food insecurity rates fall by half between the ages of 60-64 and 65-69, primarily as a result of federal public pensions[10]. Food insecurity is an indicator that can track subtle changes in material deprivation without reporting bias associated with income-based metrics[11]. Regular and consistent monitoring of HFI is essential for evidence-informed policy decision making and health research[12].

Evidence indicates the best approach to address food insecurity is an income one. Basic income guarantee ensures income at an adequate level to meet basic needs and for people to live with dignity, regardless of work status[13].

The 2017 Nutritious Food Basket Motion recommends that the Sudbury & District Board of Health commend the provincial government on introducing a basic income pilot project. While the pilot project is being evaluated it is recommended that the province immediately increase social assistance rates to reflect the cost of Nutritious Food Basket and local housing costs.

To accurately understand the impact of the basic income pilot project on the incidence of food insecurity, a consistent and rigorous measurement of food security is required. It is therefore recommended that Boards of Health advocate for the HFSSM to become a core CCHS module.

Financial Implications:
Nil

Ontario Public Health Standard:
Chronic Diseases and Injuries Program Standards - Requirement 2.

Strategic Priority:
#1 Champion and lead equitable opportunities for health.

Contact:
Bridget King, MHSc RD, Public Health Nutritionist
Tracey Weatherbe, Manager, Health Promotion

REFERENCES:

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APPENDIX – Scenario Table

2017 NUTRITIOUS FOOD BASKET SCENARIOS

	Households with children				Single person households		
	Scenario 1	Scenario 2	Scenario 3	Scenario 4	Scenario 5	Scenario 6	Scenario 7
Scenarios[a]	Ontario Works	Minimum Wage Earner	Median Ontario Income	Ontario Works	Ontario Works	ODSP*	Senior OAS / GIS**
	Income						
Total Monthly Income (after tax)	$2,568	$3,287	$7,896	$2,353	$806	$1,238	$1,675
	Expenses						
	3 Bedroom			2 Bedroom	Bachelor	1 Bedroom	
Monthly Rent (may include heat/hydro)[b]	$1,111	$1,111	$1,111	$990	$600	$776	$776
Food[c]	$884	$884	$884	$668	$297	$297	$216
	Funds remaining for other basic needs						
	$573	$1,292	$5,901	$695	($91)	$165	$683
% of Income Required for Rent	43%	34%	14%	42%	74%	63%	46%
% of Income Required to Purchase Healthy Food	34%	27%	11%	28%	37%	24%	13%

a - As applicable, all scenarios are based on the following:
1 male adult, 1 female adult, 1 girl, 1 boy, 1 female older adult.

b - Rental costs calculations are from the Rental Market Report: Ontario Highlights. Canada Mortgage and Housing Corporation, Fall 2017.

https://www03.cmhc-schl.gc.ca/catalog/productDetail.cfm?lang=en&cat=102&itm=1&fr=1472132413287

c - Reference: Nutritious Food Basket Data Results 2017 for the Sudbury & District Health Unit – Includes Household Size Adjustment Factors.

For more information, please call 705.522.9200, ext. 257.

* Ontario Disability Support Program
** Old Age Security / Guaranteed Income Supplement

Ce document est disponible en français.

Sudbury & District Health Unit / Service de santé publique

NUTRITIOUS FOOD BASKET 2017

MOTION:

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

WHEREAS the draft Standards for Public Health Programs and Services, 2017 do not include the Nutritious Food Basket Protocol which is a concern because food costing data gathered by public health units each year is important for policy and program development; and

WHEREAS the Canadian Community Health Survey's Household Food Security Survey Module (HFSSM) is a measure of food security but is not always a mandatory core module; and

WHEREAS regular and consistent monitoring of household food insecurity is essential for evidence-informed policy decision making;

THEREFORE BE IT RESOLVED that the Sudbury & District Board of Health request that social assistance rates be increased immediately to reflect the cost of the Nutritious Food Basket and local housing costs; and

THAT the Sudbury & District Board of Health advocate to the Province to ensure continued consistent local surveillance and monitoring of food costing by public health units through the continuation of a Nutritious Food Basket Protocol and Guidance document; and

THAT the Sudbury & District Board of Health advocate to Statistics Canada for the HFSSM to become a core module of the Canadian Community Health Survey; and

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

Ministry of Health and Long-Term Care

Assistant Deputy Minister's Office

Population and Public Health Division
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Toronto ON M7A 1S5

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Ministère de la Santé et des Soins de longue durée

Bureau du sous-ministre adjoint

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Ontario

NOV 1 0 2017

MEMORANDUM

TO: Chairs, Boards of Health

RE: **Policy Framework for MOH, AMOH, and Acting MOH Appointments**

I am pleased to provide you with an updated ministry policy guide related to the appointment of Medical Officers of Health (MOHs), Associate Medical Officers of Health (AMOHs), and Acting MOHs for Ontario's boards of health.

I want to take this opportunity to remind you that the appointment of a MOH, AMOH, or Acting MOH is an important obligation of a board of health under the *Health Protection and Promotion Act* (HPPA). This document is intended to provide direction to boards of health on the recruitment and appointment of MOHs, AMOHs, and Acting MOHs and in accordance with the ministry's policy and legislative framework of the HPPA. This policy will be incorporated as part of the new Public Health Accountability Framework for boards of health, which will be implemented beginning in 2018.

MOHs and AMOHs are key leaders in ensuring, transforming and sustaining a strong public health system. The ministry is committed to continuing to work with boards of health on the recruitment and appointment of qualified MOHs and AMOHs across the province.

If you have any questions or require further clarification on any sections of the policy guide, please contact Elizabeth Walker, Director, Accountability and Liaison Branch, at 416-212-6359 or via email at Elizabeth.Walker@ontario.ca.

Sincerely,

Roselle Martino
Assistant Deputy Minister
Population and Public Health Division

Enclosure

HLTC6605IT-2017-162

c: Medical Officers of Health/Chief Executive Officers, Public Health Units
Associate Medical Officers of Health, Public Health Units
Business Administrators, Public Health Units
Dr. David Williams, Chief Medical Officer of Health
Elizabeth Walker, Director, Accountability and Liaison Branch

Ministry of Health and Long-Term Care Policy Guide for the Appointments of: Medical Officers of Health, Associate Medical Officers of Health, and Acting Medical Officers of Health

Population and Public Health Division

Ministry of Health and Long-Term Care

November 2017

Ontario

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1 Preamble

Public health transformation is a key component of Patients First: Action Plan for Health Care with a greater emphasis on the role Medical Officers of Health (MOHs) and Associate Medical Officers of Health (AMOHs) play in the effective and efficient functioning of a board of health and the broader health sector.

A newly strengthened accountability framework has been developed by the Ministry of Health and Long-Term Care (the "ministry"), in parallel with the modernized standards, that will hold boards of health accountable for compliance with ministry policies and legislation, such as the requirements to fill MOH positions with qualified physicians on a full-time basis and in a timely manner.

Retention, recruitment, appointment, and succession planning of MOHs and AMOHs is essential to the effective functioning of a board of health and the board of health's ability to comply with ministry policy and legislation. This document is intended to provide direction to boards of health on the recruitment and appointment of MOHs, AMOHs, and Acting MOHs and in accordance with the ministry's policy and legislative framework of the *Health Protection and Promotion Act* (HPPA).

2 Legislative Framework

Section 2 of the HPPA describes the purpose of the legislation which is to provide for the organization and delivery of public health programs and services, prevention of the spread of disease, and the promotion and protection of the health of the people of Ontario. The legislation mandates the duties of a board of health and the requirement for and functions of MOHs, AMOHs, and Acting MOHs.

3 Roles and Responsibilities

3.1 Role of the Minister of Health and Long-Term Care

The Minister of Health and Long-Term Care (the "Minister") has many roles under the HPPA; however, within the administrative context of the appointment's process, which is described in Part IV of the HPPA, the Minister has the definitive role of reviewing and approving all proposed MOH and AMOH appointments.

3.2 Role of the Chief Medical Officer of Health

The Chief Medical Officer of Health (CMOH) has many roles under the HPPA and provides leadership advice for public health practice and communicates directly with the public with respect to matters of public health significance. However, within the administrative context of the appointment's process, the CMOH is responsible for reviewing the qualifications of the candidates for appointment approval and confirming whether the candidate meets the educational requirements of a MOH and AMOH set out under Ontario Regulation 566 (Qualifications of Boards of Health Staff) under the HPPA.

3.3 Role of the Ministry of Health and Long-Term Care

The Population and Public Health Division (PPHD) of the ministry is responsible for developing and implementing ministry policy for the appointment of MOHs, AMOHs, and Acting MOHs and operationalizing the MOH and AMOH appointment approval process within the ministry. Where required, PPHD may provide boards of health with advice regarding advertising and consulting services, an overview of candidate eligibility, and a central point of contact related to recruitment and ministerial appointments.

Boards of health must provide, with the candidates' consent, a number of documents to the ministry to consider for the approval of a proposed MOH/AMOH appointment. These documents must be submitted to the ministry at the addresses listed in Appendix 1. For a complete list of required documents for a proposed MOH/AMOH appointment please see Appendix 2. Please note that a check list, confirming that the required documents accompany the letter to the Minister, should be signed by the board of health chairperson.

Incoming documents for proposed MOH and AMOH appointments are forwarded to PPHD to be checked, analysed, summarized, and incorporated in an approval package for ministry's review and approval.

The candidate becomes the MOH or AMOH for the board of health once the Minister is satisfied that the candidate has met the policy, statutory, and regulatory requirements for the position and approves the appointment in writing. The Minister's decision is subsequently conveyed to the board of health by PPHD.

3.4 Role of the Medical Officer of Health

The MOH is primarily responsible for public health programs and services to the board of health. Although in several boards of health the MOH serves the dual function of both MOH and Chief Executive Officer (CEO) of the board of health, this is not specified within the HPPA. However, section 67 of the HPPA does require that:

- The MOH reports directly to the board of health on issues relating to public health concerns and to public health programs and services under the HPPA or any other Act.
- The employees of and the persons whose services are engaged by a board of health are subject to the direction of and are responsible to the MOH of the board of health if their duties relate to the delivery of public health programs or services under the HPPA or any other Act.
- The MOH of a board of health is responsible to the board of health for the management of public health programs and services under the HPPA or any other Act.
- The authority of the MOH of a board of health under the HPPA and the regulations is limited to the public health unit served by the board of health.
- The MOH of a board of health shall engage on issues relating to local health system planning, funding, and service delivery with the CEO or CEOs of the local health integration network or networks whose geographic area or areas cover the public health unit served by the board of health.

3.5 Role of the Associate Medical Officer of Health

The appointment of an AMOH is at the discretion of the board of health. Should a board of health choose to appoint an AMOH, under section 68(1) of the HPPA the AMOH, under the direction of the MOH of the board of health, shall assist in the performance of the duties of the MOH and, for the purpose, has all the powers of the MOH. As such, the AMOH works closely with the MOH on providing support and leadership on the delivery of any number of public health programs and services.

Section 68(2) of the HPPA stipulates that where the office of MOH of a board of health is vacant or the MOH is absent or unable to act, the AMOH of the board of health shall act as the MOH and has all the powers of the MOH (i.e., the AMOH becomes the Acting MOH). Another person cannot be hired as the Acting MOH in this circumstance. This means that the AMOH must have the knowledge and skills to assume the MOH role at any time.

3.6 Role of Boards of Health

Boards of health have many roles under the HPPA, including the requirement that the board of health make every effort to expeditiously recruit/appoint a full-time MOH. If the position of MOH is vacant, boards of health are responsible for ensuring that there is a physician in the public health unit, at all times, who is acting as a MOH and who thereby possesses all the powers of the MOH under the HPPA and can act daily to direct staff in the delivery of public health programs and services and manage an infectious disease outbreak or other public health emergency. The board of health must be particularly diligent throughout the recruitment,

appointment, and approval processes and have plans for all contingencies to ensure that there are no gaps in MOH coverage during any period where the office of the MOH is vacant.

3.6.1 Requirement of BOH to Appoint a MOH/AMOH

Section 62(1)(a) of the HPPA requires every board of health to appoint a **full-time** MOH. Boards of health may also appoint one or more AMOHs (s. 62(1)(b)).

Section 62(2) stipulates that if the position of the MOH becomes vacant, the board of health and the Minister, acting in concert, shall work expeditiously towards filling the position with a full-time MOH.

While the HPPA does not define the full-time MOH requirement specified in section 62(1)(a), the ministry's policy is that the board of health will retain a full-time MOH at a minimum of a 0.8 full-time equivalent (FTE), i.e., **28 to 32 hours or 4 days per business week on-site at the public health unit**, excluding after hours availability. The ministry may request verification of full-time MOH status including copies of signed offer letters, employment contracts, and/or other relevant documents to establish that the MOH is full-time. **The Minister may not approve a MOH on a permanent basis where the MOH is not full-time**.

It is a requirement of the ministry that each board of health have a plan in place that documents short-term (e.g., one month) MOH coverage arrangements (coverage plan) to ensure that there is a qualified individual available at all times (e.g., after hours, during vacations, etc.) who is able to exercise the duties and powers of a MOH in accordance with the HPPA. Such plans provide boards of health with sufficient time to make full-time coverage arrangements should the MOH vacancy/leave, etc., extend beyond a month.

3.6.2 Requirement to Recruit Qualified MOH/AMOH

Section 64 of the HPPA describes the eligibility requirements for appointment as a MOH or an AMOH. In particular: he or she must be a physician; possess the qualifications and requirements prescribed by regulations for the position (see below); and, the Minister must approve the proposed appointment.

Ontario Regulation 566 of the HPPA provides as follows:

1.(1) The requirements for employment as a MOH or an AMOH in addition to those set out in section 64 of the HPPA are that the person be the holder of:

(a) a fellowship in community medicine from The Royal College of Physicians and Surgeons of Canada (RCPSC); [or],

(b) a certificate, diploma or degree from a university in Canada that is granted after not less than one academic year of full time post graduate studies or its equivalent in public health comprising,
    i. epidemiology,
    ii. quantitative methods,
    iii. management and administration, and
    iv. disease prevention and health promotion; [or],
(c) a qualification from a university outside Canada that is considered by the Minister to be equivalent to the qualifications set out in clause (b).

Please note that a "physician" (while not defined in the HPPA) is considered to be a person with a current Certificate of Registration for Independent Practice with the College of Physicians and Surgeons of Ontario (CPSO) that enables the person to practice in Ontario.

Boards of health are responsible for the recruitment process that should result in the expeditious appointment of a qualified MOH (and AMOHs as applicable). Such a process includes appointing a candidate as MOH by a board of health motion and applying to the Minister for approval of the proposed appointment and ensuring that the documentation sent to the ministry is accurate and complete. A summary of requirements for MOH, AMOH and Acting MOH appointments is listed in Appendix 3.

Boards of health considering candidates currently employed elsewhere, should also confirm that the candidate has documented clearance from his or her current employer to ensure that there is no conflict of interest (COI) in hiring the candidate.

To obtain a current license or certificate from the CPSO please visit http://www.cpso.on.ca/ or call 1-800-268-7096.

To view the HPPA and associated regulations visit http://www.ontario.ca/laws.

3.6.3 Acting MOH Requirements

When the MOH position is vacant or the MOH is absent or unable to act, section 68(2) of the HPPA specifies that where there is no MOH, but there is an AMOH, the AMOH shall act as and has all the powers of a MOH. Where there is more than one AMOH, the board of health can choose which AMOH will act as the MOH.

The board of health cannot appoint an Acting MOH if there is already an approved AMOH.

Please note that where an AMOH acts as a MOH, no approval from the Minister is required.

3.6.4 Appointing an Acting MOH

Where there is no MOH, and also no AMOH, or the AMOH is absent or unable to act as the MOH, then section 69(1) of the HPPA applies and "the board of health shall appoint forthwith a physician as acting medical officer of health".

A board of health appointment of a physician to serve as the Acting MOH is effective immediately. Minister approval is not required for such appointments. Consistent with section 69(1) of the HPPA, boards of health must ensure that there is an Acting MOH appointed pending ministerial approval of the MOH appointment. The Assistant Deputy Minister of PPHD and CMOH should be notified in writing and be provided with a brief rationale regarding any pending Acting MOH appointments.

Acting MOH appointments are to be of short duration and boards of health will be held accountable for compliance with ministry policies and legislation, such as the requirements to fill MOH positions with qualified physicians on a full-time basis and in a timely manner.

Please be advised that the ministry's policy for Acting MOHs is also a minimum of a 0.8 FTE, i.e., **28 to 32 hours or 4 days per business week on-site at the public health unit**, excluding after hours availability.

4 Powers and Use of MOH/AMOH Title

A permanent MOH or AMOH appointment is not legally valid unless and until it is approved in writing by the Minister as stated in section 64(c) of the HPPA. This means the physician will not be able to perform any of the duties or exercise any of the statutory powers of a MOH or AMOH as set out in the HPPA, while the appointment is pending approval by the Minister. Please note that:

- Where there is no AMOH and the incoming permanent MOH has been appointed by the board of health and awaiting Minister approval, the board of health may also make a resolution to appoint the incumbent as the Acting MOH under section 69(1) for the period while the proposed MOH appointment is pending approval by the Minister.
- Where there is an AMOH, the incoming permanent MOH may serve in the role as a physician consultant and the AMOH would continue to perform the duties and exercise the statutory powers of the MOH or AMOH as set out in section 68(2) of the HPPA, until the proposed MOH appointment receives approval by the Minister.

In addition, section 63 of the HPPA states that: A board of health shall not describe the position of a person whose services are employed by the board of health by a title that incorporates the title "medical officer of health" or "médecin-hygiéniste", or the designation "M.O.H." or "m.-h."

or other designation representing the title, unless the person is the MOH, AMOH, or Acting MOH of the board of health.

Appendix 1:
Documents to be submitted to the following Ministry Officials:

Send package to:

Roselle Martino
Assistant Deputy Minister
Population and Public Health Division
Ministry of Health and Long-Term Care
777 Bay Street, 19th Floor
Toronto ON M7A 1S5
Roselle.Martino@ontario.ca

Please also copy:

David C. Williams, MD, MHSc, FRCPC
Chief Medical Officer of Health
Ministry of Health and Long-Term Care
393 University Avenue, 21st Floor,
Toronto ON M7A 2S1
Dr.David.Williams@ontario.ca

Please also copy:

Elizabeth Walker
Director
Accountability and Liaison Branch
Population and Public Health Division
393 University Avenue, 21st Floor,
Toronto ON M7A 2S1
Elizabeth.Walker@ontario.ca

Appendix 2:
Checklist Summarizing Required Documents for MOH/AMOH Appointments

Board of Health
Choose an item.

Attached are the following documents (check ☒ all that apply):

☐ Physician's permission that the Board of Health may share his/her documents with the Ministry
☐ A copy of the official Board of Health resolution to appoint the physician as a MOH or AMOH
☐ A copy of the physician's current curriculum vitae (CV)
☐ A copy of the physician's current membership card certifying registration for independent practice with the College of Physicians and Surgeons of Ontario (CPSO)
☐ A copy of the physician's current CPSO Certificate of Professional Conduct
☐ A copy of the physician's specialty certification in public health and preventive medicine (formerly community medicine) with the Royal College of Physicians and Surgeons of Canada (RCPSC), where applicable
☐ A copy of a master's degree certificate or other verification from the program director indicating that the physician has successfully completed the requirements for a master's degree in public health (MPH) or equivalent
☐ Confirmation that the physician has the undergraduate and graduate degree(s) stated in CV
☐ Additional certificate/degree information, e.g., transcripts, course description, if required
☐ If the physician possesses qualifications from a university outside of Canada, official course description and length of program study, if required
☐ Results of conflict of interest determinations, if required

Other documents to determine whether the physician meets the statutory and regulatory requirements for the position. Such documents may include:

☐ Offer letters
☐ Secondment agreements, etc., as required.
☐Other (please specify):

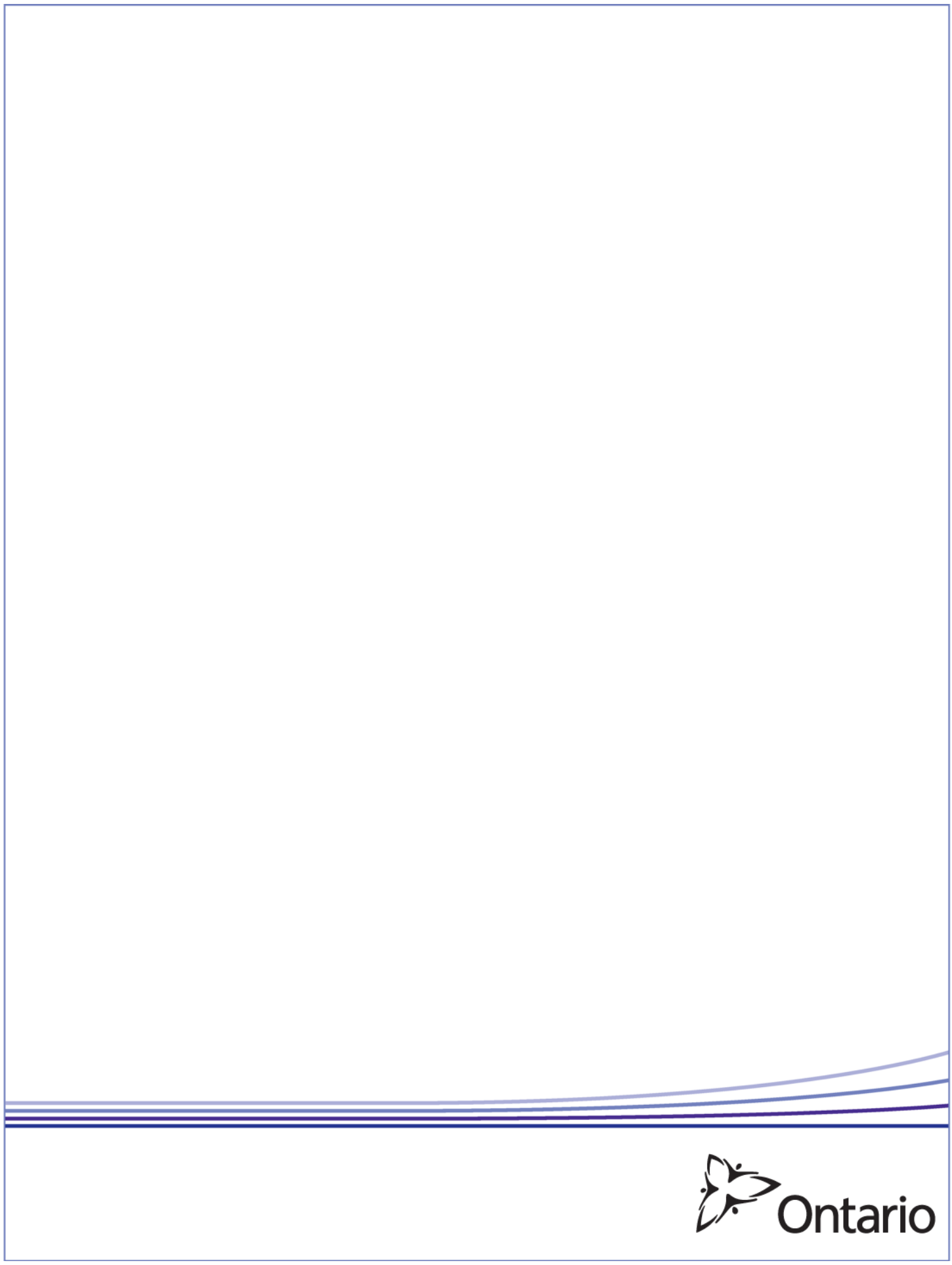
Submitter:	Name		
Signature:	Signature	**Date:**	

Note: The submitter must have the authority to enter into an employment agreement with the MOH/AMOH.

Appendix 3:
Summary of Appointment Requirements

Requirements	MOH	Associate MOH	Acting * MOH
Full-time (minimum 0.8 FTE)	X		X
Physician consents to share documents	X	X	
Letter to Minister requesting approval	X	X	
Board of Health resolution to appoint	X	X	X
Physician's current CV	X	X	
Physician's current CPSO registration	X	X	X
Physician's RCPSC certification if applicable	X	X	
Physician's MPH degree if applicable	X	X	
CPSO Certificate of Professional Conduct	X	X	
Copies of undergraduate and post graduate degrees confirming CV	X	X	
Other documents as requested	X		

*Ministry's expectation is that MOH vacancies extending a month or more be filled by Acting MOHs working at the board of health at a minimum of a 0.8FTE, i.e., 28 to 32 hours or 4 days per business week on-site at the public health unit, excluding after hours availability.


Ontario

Ministry of Health and Long-Term Care

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November 15th, 2017

MEMORANDUM TO : Ontario Medical Officers of Health
Board of Health Chairs

FROM : Roselle Martino
Assistant Deputy Minister, Population and Public Health Division,
Ministry of Health and Long-Term Care

SUBJECT: Release of the Public Health Work Stream Report Back

---

I am pleased to share with you the *Report Back from the Public Health Work Stream*. As you are aware, the *Patients First Act, 2016* introduced new requirements for Medical Officers of Health (MOH) and the Chief Executive Officers (CEO) of Local Health Integration Networks (LHINs) to support the integration of a population health approach into the broader health system.

The Public Health Work Stream was established to define parameters and expectations for implementing formal engagement between boards of health and LHINs. Consultation with MOHs and LHIN CEOs on a draft of the document occurred throughout the summer and fall and informed the final version of the *Report Back from the Public Health Work Stream*. Thank you for your participation in the consultation

Please note that the Public Health Work Stream Report Back will form the basis of the requirement and associated guideline for Boards of Health in the modernized standards. In addition, work is currently underway with Public Health Ontario to oversee the development of provincially defined and centrally provided population health indicators to inform public health and LHIN collaboration.

I also wish to acknowledge the contributions of Michael Barrett as the co-chair of the Public Health Work Stream and thank the Public Health Work Stream members listed below for their advice and input.

- Chantale LeClerc, CEO, Champlain LHIN
- Margery Konan, Pan-LHIN Lead
- Elizabeth Salvaterra, Pan-LHIN Lead
- Dr. Penny Sutcliffe, Council of Medical Officers of Health
- Dr. David McKeown, Associate CMOH, MOHLTC
- Dr. Liana Nolan, MOH, Region of Waterloo
- Linda Stewart, Executive Director, Association of Local Public Health Agencies

I look forward to continuing our work together as we strengthen the connection between public health and the health system.

Sincerely,

Roselle Martino
Assistant Deputy Minister
Population and Public Health Division
(Co-Chair, Public Health Work Stream)

Report Back from the Public Health Work Stream

November 2017

Ministry of Health and Long-Term Care

Ontario

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Executive Summary

The Public Health Work Stream was established to define parameters and expectations for implementing formal engagement between boards of health and LHINs, as a result of the *Patients First Act, 2016.*

The Public Health Work Stream has developed initial guidance to support implementation, considering:

- Across the province there is **variability** among boards of health and LHINs and in their existing relationships
- There is a need to provincially define **minimum expectations** for the scope and intensity of the relationship while promoting **innovative thinking** among boards of health and LHINs.
- The relationship between LHINs and boards of health will be iterative and **evolve over time,** however guidance is needed to help get started and to achieve a level of consistency across the province.
- Processes and structures put in place should be sufficiently **flexible** to adapt to change over time.
- LHINs and boards of health require **ongoing commitment and support** to foster productive and strong relationships.

The Public Health Work Stream has developed a framework for board of health and LHIN engagement:

1. **Population Health Assessment:** Population health data and analysis to support health system planning, which includes:
    - Provincially defined and centrally provided core set of population health indicators to inform public health and LHIN collaborations.
    - At the local level, additional public health and LHIN defined analyses to address information needs.
    - Knowledge and expertise that interprets and translates health information to inform integrated planning.

2. **Joint Planning for Health Services:** Orienting health services to address population needs. This includes:

- Planning for programs and services where public health has traditionally intersected with the broader health care system (e.g. immunization, sexual health).
- Influencing all types of health system planning and decision making to reflect population needs.

3. **Population Health Initiatives**: Identifying opportunities and enabling action to improve population health and equity.

The Public Health Work Stream developed options for an initial approach to structuring the relationship between boards of health and LHINs that promote engagement of all boards of health within a LHIN boundary, and apply to as many LHINs and boards of health as possible.

The preferred approach that emerged through consultation was for a **collaborative model with representation from all boards of health that are mostly contained within the LHIN boundary**.

Introduction

The *Patients First Act, 2016* introduced new requirements for Medical Officers of Health (MOHs) and the Chief Executive Officers (CEOs) of Local Health Integration Networks (LHINs) to support the integration of a population health approach into the broader health system.

The Public Health Work Stream, made up of a project team with representation from public health, LHINs and the Ministry of Health and Long-Term Care, was established to define parameters and expectations for implementing formal engagement between boards of health and LHINs (see membership in Appendix 1).

As part of its work, the Work Stream is outlining an initial approach to support MOHs and LHIN CEOs as they begin implementing the new requirements.

The term "boards of health" refers to the local public health agencies which are legislatively obligated to deliver public health services as per *the Health Protection and Promotion Act, 1990*. While boards of health are often referred to as "public health units," a public health unit is legally defined as the geographic area that is served by a board of health.

Legislative Context

The *Patients First Act 2016* aims to strengthen links between population and public health and the health system to achieve:

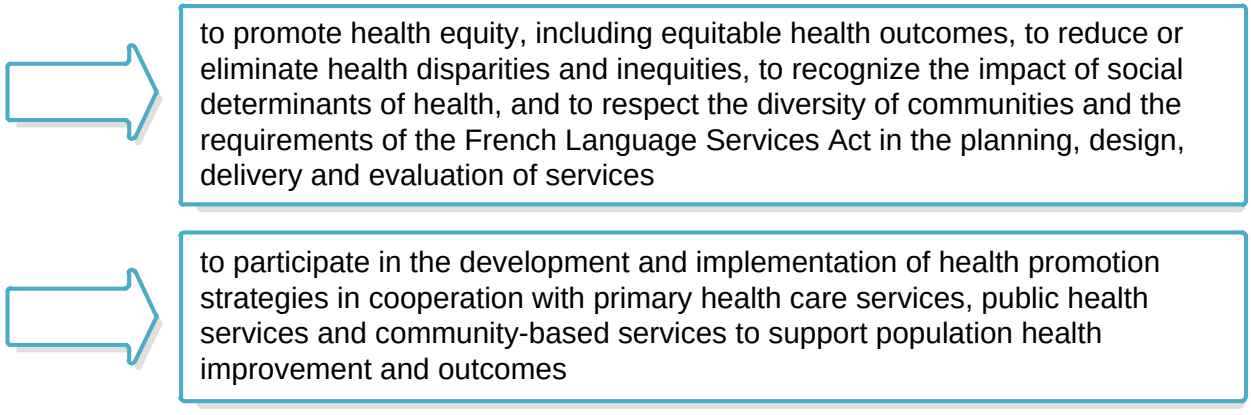
- Health service delivery that better reflects population needs
- Public health and health care service delivery that is better integrated
- Social determinants of health and health equity incorporated into care planning
- Stronger linkages between disease prevention, health promotion and care

To do this, the *Patients First Act, 2016* included parallel amendments to the *Health Protection and Promotion Act,1990* (HPPA) and the *Local Health System Integration Act, 2006* (LHSIA) to mandate the establishment of formal linkages between MOHs and LHIN CEOs. The *Patients First Act, 2016,* specifies a requirement between MOHs and LHIN CEOs. It is expected that engagement will occur at multiple levels between boards of health and LHINs (e.g. staff, management and governance), as appropriate.

Legislative Amendements

Health Protection and Promotion Act	Local Health System Integration Act
The medical officer of health of a board of health shall engage on issues relating to local health system planning, funding and service delivery with the chief executive officer or chief executive officers of the local health integration network or networks whose geographic area or areas cover the health unit served by the board of health.	A local health integration network shall ensure that its chief executive officer engages with each medical officer of health for any health unit located in whole or in part within the geographic area of the network, or with the medical officer of health's delegate, on an ongoing basis on issues related to local health system planning, funding and service delivery.

The *Patients First Act, 2016* also included amendments to LHSIA to integrate a population health approach into the objects of LHINs, including:



Implementation

In 2017, structural changes to the health system are taking effect as a result of the *Patients First Act, 2016.* This includes the transfer of Community Care Access Centre services and staff to LHINs. Alongside these changes, MOHs and LHIN CEOs are to begin establishing their formal linkages between themselves and their respective organizations.

The Public Health Work Stream has identified the following factors that impact implementation of the requirement to establish formal linkages:

- Across the province there is **variability** among boards of health and LHINs and in their existing relationships.
- There is a need to provincially define **minimum expectations** for the scope and intensity of the relationship while promoting **innovative thinking** among boards of health and LHINs.
- The relationship between LHINs and boards of health will be iterative and **evolve over time,** however guidance is needed to help get started and to achieve a level of consistency across the province.

- Processes and structures put in place should be sufficiently **flexible** to adapt to change over time.
- LHINs and boards of health require **ongoing commitment and support** to foster productive and strong relationships.

Based on these considerations, the Public Health Work Stream has developed initial guidance to support implementation of this requirement, including a framework for board of health and LHIN engagement and options for the structure of the relationship.

The proposed framework for board of health and LHIN engagement has been developed considering the current structure and organization of public health. The timing of the Public Health Work Stream was concurrent with the Expert Panel on Public Health, which had a mandate to provide advice to the minister on the structure, organization and governance for public health. The Public Health Work Stream provided its advice on MOH and LHIN CEO engagement independent of the Expert Panel process.

Framework for Board of Health and LHIN Engagement

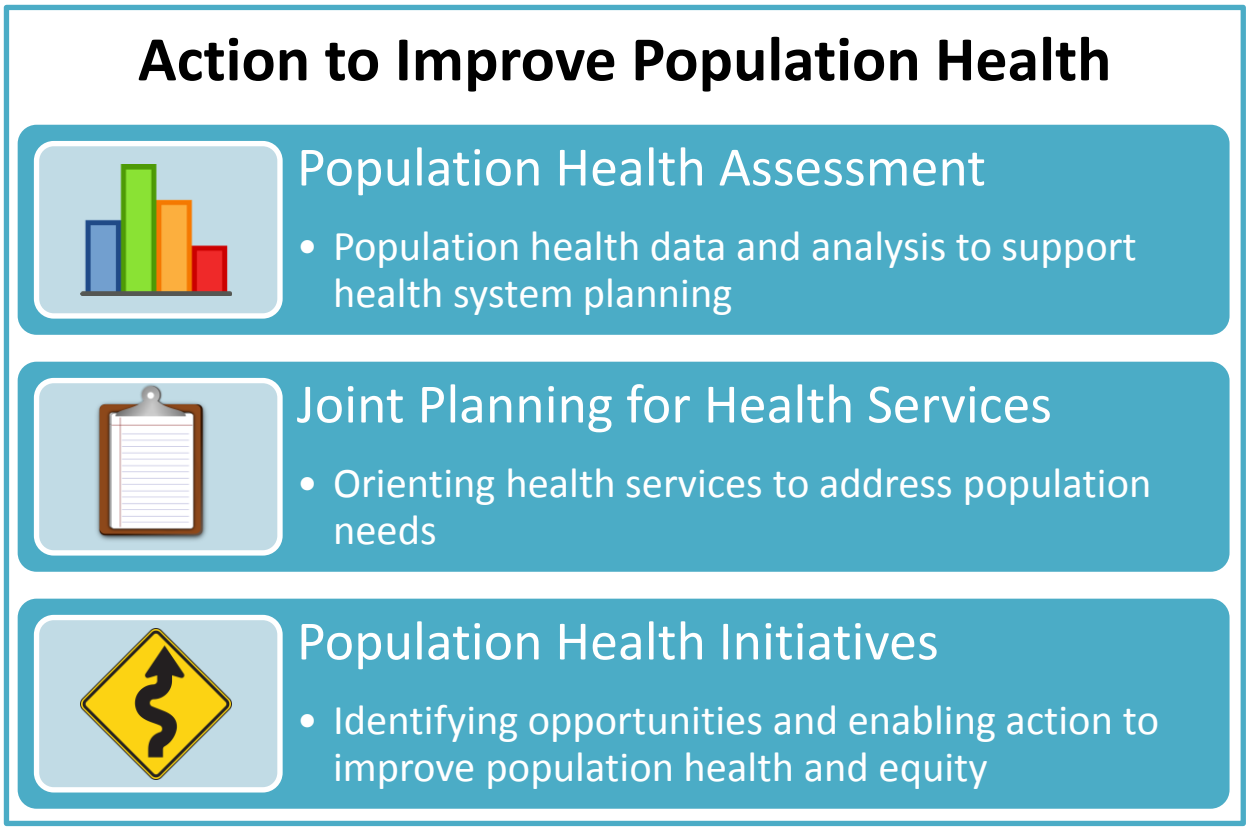
The framework for board of health and LHIN engagement provides guidance on how MOHs and LHIN CEOs can implement the requirement in the *Patients First Act, 2016* for formal engagement, and support LHINs in implementing their new objects related to health equity and health promotion. To this relationship, boards of health bring a population health perspective, population health assessment skills, and knowledge of local communities' needs, assets and opportunities to inform health system planning. Public health's equity focus can articulate and highlight trends and drivers in the differences in health among population groups, while bringing intelligence and insights on the social factors that underlie health, disease, and the use of health services. The public health sector has fostered strong relationships with non-health sector actors including municipalities, education, and social services, which are essential to protecting and promoting the health of local populations.

LHINs bring their own set of strengths to the relationship, in their role in planning, funding, and integrating the local health system. For example, LHINs may be able to bring health system partners to the table to support initiatives that reduce duplication

and improve health service delivery for the population. A population health perspective can be translated into areas of impact that LHINs oversee and build on their existing work related to health equity and health promotion.

The intent of the requirement is for LHIN CEOs and MOHs to make a commitment for engagement that has weight and significance and includes regular opportunities to meet, inform and influence their organizations' work. The engagement is meant to be mutually beneficial. Boards of health and LHINs should contribute to each other's mandates, where relevant and helpful.

The following outlines the three primary components of the framework for board of health and LHIN engagement.



Population Health Assessment

Population health assessment provides the evidence and information to support the integration of a population health approach into health system planning and evaluation.

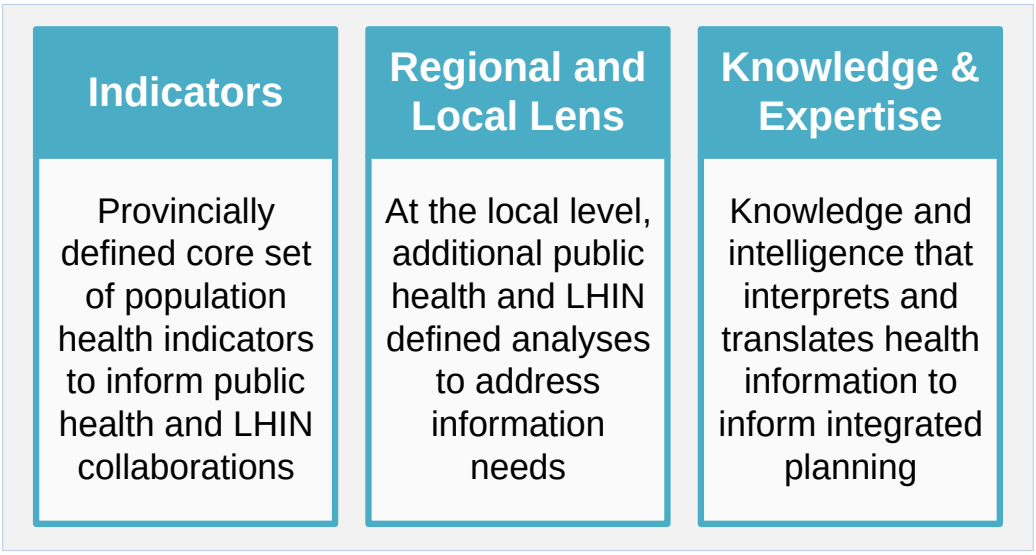
Both LHINs and boards of health, among other health system actors, play a role in population health assessment. Population health assessment promotes the use of data and evidence on population health, equity and the upstream determinants as important criteria in LHIN and board of health priority setting and decision making. For more information on the population health approach and population health assessment see Appendix 2.

Joint work on population health assessment should inform planning at all levels, including LHIN region and sub-region levels, and public health unit.

- At the LHIN region level, population health assessment should inform priority setting and decision making on implementation of health services, design of new health services and resource allocation over the LHIN region to address the population health and equity needs.
- At the LHIN sub-region level, population health assessment should influence the same decisions within the sub-region including the integration of health service providers to better meet the health service needs of local communities and improve equity.
- At the public health unit level, population health assessment should draw on health system data to inform planning for program and service delivery.

A sub-region is a smaller geographic planning region within each LHIN to help LHINs better understand and address patient needs at the local level. Sub-regions enable a more focused approach to assessing population health need and service capacity, help identify variation in health disparities and health system performance, assist in identifying local factors that inhibit health system improvement, and provide a structure to public and provider engagement.

The following figure outlines the core components of population health assessment within the context of the board of health and LHIN relationship.



- There will be a provincially defined and centrally provided set of **population health indicators** to help inform public health and LHIN collaboration. A core data set will be provided to LHINs and all boards of health that fall within the geographic boundaries of the LHIN. The population health indicators reflect core population health domains and will be broken out by socio- demographic stratifiers, if available. See Appendix 3 for more information on proposed population health indicators.

The ministry will be working together with Public Health Ontario (PHO) to oversee development of provincially defined and centrally provided population health indicators to inform board of health and LHIN collaboration.

- Boards of health and LHINs will apply their **regional and local lenses** in their joint work by using additional, locally defined data and analyses that are needed to inform planning and decision-making. Data for these analyses may include data collected federally, provincially or locally by the board of health or LHIN.
- Both boards of health and LHINs will bring their **knowledge and expertise** to population health assessment. This knowledge and intelligence can be applied to interpret and translate the data and analyses to inform integrated planning that reflects a population health approach.

Joint Planning for Health Services

The relationships between MOHs and LHIN CEOs set the foundation for joint planning on health service delivery for both health care services and public health services. Public health programs and services have traditionally intersected with the broader health care system in a number of specific areas (see examples below). Joint planning can occur at these intersection points. This can facilitate the alignment of public health and health care service delivery to address the population needs specific to LHIN and LHIN sub-regions, and public health units. This planning may address clinical services traditionally provided by public health and whether boards of health are the service provider best positioned to fill service gaps within the health unit area. It could also include identifying and leveraging synergies in health service delivery that exist among LHINs, boards of health and their partners.

Examples of Public Health and Health Care Intersections

- Maternal and child health
- Falls prevention
- Chronic disease prevention, including diabetes
- Sexual health
- Emergency planning
- Outbreak management
- Immunization
- Infectious and communicable disease prevention and control
- Primary care
- Referral pathways
- Harm reduction
- Opioid strategy
- Vulnerable and priority populations

The population health perspective should influence health system planning and decision making, as appropriate, to orient health service delivery in response to population needs

identified through population health assessment. Joint planning should include a focus on equity and the drivers of health inequities in the LHIN region, sub-region, and public health unit areas. The needs of priority populations, including Indigenous and Francophone communities, should be considered and addressed. Planning activities can include priority setting and decision making on the implementation of health services, design of new health services and resource allocation over the LHIN region to address the population health and equity needs. Boards of health and LHINs should be engaged in the development of one another's strategic plans.

Population Health Initiatives

Working collectively, boards of health and LHINs should identify opportunities to improve the health of the population. The relationship between LHINs and boards of health promotes the inclusion of diverse perspectives and ideas into planning structures to identify actionable solutions to population health issues. Population health initiatives may draw on the levers and expertise that LHINs have that public health has not been able to benefit from, and vice versa. Both LHINs and boards of health have relationships and collaborations with other system actors that could be drawn upon to support joint work on population health.

LHINs and boards of health may choose to take action at different levels to improve population health, including at the individual, organizational, community and policy levels, as appropriate. Initiatives should address an identified need, supported by evidence, which is recognized by both the LHINs and boards of health and that would benefit from the involvement of both organizations. Solutions identified should be expected to make a meaningful impact on population health in the LHIN region, sub-region or public health unit.

Examples of initiatives LHINs and boards of health may take are provided below. It is expected that as the relationship between boards of health and LHINs is strengthened, more diverse and innovative actions will be undertaken.

Examples of Action to Improve Population Health

- Generation of locally specific population health data to support both LHIN and public health service planning and evaluation
- Collaboration on intersectoral action to address the social determinants of health

- Leveraging the influence that LHINs have as a funder of health service provider agencies, each of which is an employer of staff with a potential to institute health promoting workplace policies
- Implementing organizational learning to develop competencies of staff and a workplace culture that is attuned to population health, health equity and the determinants of health

Board of Health and LHIN Engagement Model

The Public Health Work Stream deliberated on approaches and considerations to strengthen the relationship between boards of health and LHINs. Proposed options for engagement were developed based on the following principles:

- To ensure engagement of all boards of health within a LHIN boundary.
- Applicable in as many LHINs and boards of health as possible to establish a level of consistency.
- Offering an initial approach to strengthening the relationship between LHINs and boards of health.

A number of options for structuring engagement between LHINs and boards of health were proposed during consultation with medical officers of health and LHIN CEO's. The preferred approach that emerged was for a **collaborative model with representation from all boards of health that are mostly contained within the LHIN boundary**. This model will allow each board of health to have a direct relationship with their LHIN partners.

Next steps

- **For public health:** This report back will be developed into a Guideline, as part of the Ontario Public Health Standards: Requirements for Programs, Services, and Accountability, to provide direction on how boards of health must approach the new requirement to engage with LHINs, as outlined in the HPPA.
    - The ministry is working together with Public Health Ontario (PHO) to oversee development of provincially defined and centrally provided population health indicators to inform board of health and LHIN collaboration. The intention is to work from the initial population health indicator categories as proposed in this report back and facilitate access

to a suite of population health indicators that will support PHUs and LHIN engagement.
    - A committee is being established and will have representation from PHO, the Association of Public Health Epidemiologists of Ontario, LHINs, public health units, and the ministry's Population and Public Health Division and Health Analytics Branch.

- A LHIN/Board of Health Relationship Working Group through LHIN Renewal Transformation will continue to support ongoing engagement between public health and LHINs

- **For LHINs:** This report back will provide guidance on how to achieve their new legislative requirements to engage with MOHs, as outlined in LHSIA.
    - The Performance and Data Work Stream has also developed a report-back discussion paper with recommendations for developing LHIN accountability measures, which include public health. This paper will serve as an input into the existing ministry and LHIN process for negotiating a refreshed Ministry-LHIN Accountability Agreement (MLAA) for 2018-19 and beyond. Including a parallel and reciprocal requirement in the MLAA, as was done in the public health standards, demonstrates that the relationship between Boards of Health and LHINs can be actualized.

Appendix 1: Public Health Work Stream Membership

Co-Chairs

- Michael Barrett, CEO, South West LHIN
- Roselle Martino, Assistant Deputy Minister, Population and Public Health Division (PPHD), MOHLTC

Members

- Chantale LeClerc, CEO, Champlain LHIN
- Margery Konan, Pan-LHIN Lead
- Elizabeth Salvaterra, Pan-LHIN Lead
- Dr. Penny Sutcliffe, Council of Medical Officers of Health
- Dr. Liana Nolan, MOH, Region of Waterloo
- Dr. David McKeown, Associate CMOH, MOHLTC
- Linda Stewart, Executive Director, Association of Local Public Health Agencies
- Jackie Wood, Director, Planning & Performance Branch, PPHD
- Colleen Kiel, Manager, Systems Planning & Integrated Strategy, PPHD

Appendix 2: Population Health Approach and Population Health Assessment

The Public Health Agency of Canada (PHAC) defines population health as, "an approach to health that aims to improve the health of the entire population and to reduce health inequities among population groups"[1] Taking a population health approach means the focus is on the health of populations and sub-populations, including those who are patients, those who use health services, and those who do not. A population health approach recognizes the full range of factors that influence health and disease, including the social, economic and environmental determinants. As a result, upstream actions and investments, at the root causes of health and disease, are considered to have a greater potential for improvements in population health.

A population health **approach** is an overall perspective that puts the health and equity needs of the population and communities at the centre of planning, so that decision-making and health system changes address those needs. The Public Health Agency of Canada has developed an organizing framework that outlines eight elements of the population health approach. See http://cbpp-pcpe.phac-aspc.gc.ca/population-health-approach-organizing-framework/#acc for more information.

Population health **assessment** is one mechanism in which that perspective is applied. Population health assessment provides the evidence and information to support the integration of a population health approach into health system planning. Population health assessment is defined as "understanding the health of communities or specific populations, as well as the factors that underlie good health or pose potential risks, to produce better policies and services."[2] It includes the measurement, monitoring, analysis, and interpretation of population health data, knowledge and intelligence on the health status of populations and sub populations, including the social determinants of health and health inequities.

[1] http://www.phac-aspc.gc.ca/ph-sp/approach-approche/index-eng.php

[2] http://www.phac-aspc.gc.ca/cphorsphc-respcacsp/2008/fr-rc/cphorsphc-respcacsp05a-eng.php

Appendix 3: Population Health Indicator Categories

Categories for a Proposed Initial Set of Indicators

Population	Social Environment	Built and Natural Environment	Mortality and Morbidity	Chronic Disease and Mental Health
• Population Demographics • Population Growth • Language	• Labour Force/ Employment • Income/Wealth • Housing and Food Security • Family Arrangements • Education	• Population Density • Physical Activity and Recreation Environments • Environmental Degradation	• Mortality by Cause • Life and Health Expectancy • Self-Rated Health • Disability	• Screening • Cancer • Other Chronic Diseases • Depression

Injury and Substance Use	Behaviour	Reproductive Health	Child Health	Infectious Diseases
• Injury by cause • Falls • Drugs • Suicide and Self-Harm	• Smoking • Alcohol • Physical Activity • Unsafe Sex	• Birth and fertility • Birth outcomes • Pregnancy	• Early Development • Well-Baby Visit	• Immunization • Influenza • Gastrointestinal Disease • STIs

Appendix 4: Relationship Building between LHINs and Boards of Health

This appendix outlines how LHINs and boards of health can build a strong working relationship, in alignment with the objectives set forth in the *Patients First Act, 2016.* The stages of relationship building outline below is intended to promote collaboration and information sharing for an enhanced understanding of each other's roles, responsibilities and areas of mutual interest.

Stages of Relationship Building

No.	Stage	Description
1	Starting the conversation	LHIN CEO and MOH(s) introduction, LHIN and board of health overview, including organizational structure, existing and future committees, councils and tables, planning cycle, current initiatives; identify options for terms of engagement, including how multiple boards of health will be engaged (if applicable), and frequency of MOH(s) and LHIN CEO meeting
2	Knowledge transfer	Sharing strategic plans, operational plans, key priorities, and current partnerships
3	Taking action	Identifying opportunities and options for joint initiatives (for example, IHSP, local population health assessment)
4	Consensus building	Developing a formal agreement or MOU for planned joint initiatives
5	Issues management	Managing problems, emerging issues and developing the relationship

LHIN-hosted committees, councils and tables:

The following list is an inventory of LHIN-hosted committees, councils and tables that are possible conduits for public health engagement. However there is significant variation based on local needs, and varying provider communities and local leadership:

- LHIN Boards (and committees of the board)
- Patient and Family Advisory Council (forthcoming)
- Health Professionals Advisory Council

The following tables are not mandated, but are convening in similar ways across LHINs in support of planning and integration goals:

- Senior management team
- Sub-region integration tables
- Health Links leadership tables at the regional LHIN level
- Sector-based planning tables at the regional LHIN level (e.g. Hospital, Community Support Services, Community Mental Health, CHC, Primary Care, CCAC)
- Program-based planning tables (e.g. Child & Maternal Health, Telemedicine, Indigenous Engagement Tables)
- Project-based tables at the regional LHIN level (e.g. Reducing readmissions to hospital, integrated funding models)
- Pan-LHIN tables have been formed as well across leadership roles and program area (may currently be on hold, pending refreshed organizational charts across the LHINs)

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.