



# Sudbury & District Board of Health

## Meeting #01-18

Thursday, January 18, 2018, 9:30 a.m.

SDHU Boardroom

1300 Paris Street

# Sudbury & District Board of Health Meeting - January 18, 2018

Sudbury & District Board of Health Meeting #01-18

## 1.0 CALL TO ORDER

## 2.0 ROLL CALL

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

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## 4. ELECTION OF OFFICERS

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MOTION: Appointment of Vice-Chair of the Board Page 10

MOTION: Appointment Board Executive Committee Page 11

MOTION: Appointment Finance Standing Committee of the Board Page 12

## 5.0 DELEGATION / PRESENTATION

None

## 6.0 CONSENT AGENDA

### i) Minutes of Previous Meeting

a. Eighth Meeting, November 23, 2017 Page 13

### ii) Business Arising From Minutes

### iii) Report of Standing Committees

a. Board Executive Committee, November 30, 2017 Page 24

b. Board Finance Standing Committee, January 10, 2018 Page 28

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

a. MOH/CEO Report, January 2018 Page 31

### v) Correspondence

#### a. Smoke-Free Ontario Strategy Modernization

Letter from the Board of Health for Peterborough  
Public Health to the Minister of Health and Long-Term  
Care dated November 23, 2017 Page 45

#### b. Income Security

Letter from alPHA and OPHA to the Minister of  
Community and Social Services dated January 5,  
2018 Page 47

### vi) Items of Information

a. alPHA Information Break dated December 13, 2017 Page 51

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c. 2017 Annual Report of the Office of the Auditor General (OAG)	
Office of the Auditor General of Ontario Media Release dated December 6, 2017	Page 60
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d. 2017 Winter Clothing Drive Campaign, November 27, 2017	Page 70
e. SDHU awarded WSIB Public Sector Category Gold Award at the 2017 Canada's Safest Employer Awards, November 27, 2017	Page 72
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**AGENDA – FIRST MEETING  
SUDBURY & DISTRICT BOARD OF HEALTH  
BOARDROOM, SECOND FLOOR  
SUDBURY & DISTRICT HEALTH UNIT  
THURSDAY, JANUARY 18, 2018 – 9:30 A.M.**

- 1. CALL TO ORDER**
- 2. ROLL CALL**
- 3. REVIEW OF AGENDA/DECLARATIONS OF CONFLICTS OF INTEREST**
- 4. ELECTION OF OFFICERS**

**APPOINTMENT OF CHAIR OF THE BOARD**

*(2017 Chair: René Lapierre – 3 terms)*

**THAT the Sudbury & District Board of Health appoints**  
\_\_\_\_\_ **as Chair for the year 2018.**

**APPOINTMENT OF VICE-CHAIR OF THE BOARD**

*(2017 Vice-Chair: Jeffery Huska (May 2016 to 2017))*

**THAT the Sudbury & District Board of Health appoints**  
\_\_\_\_\_ **as Vice-Chair for the year 2018.**

**APPOINTMENT TO BOARD EXECUTIVE COMMITTEE**

*(2017 Board Executive: Janet Bradley – 5 terms; Jeffery Huska – 3 terms;  
René Lapierre – 3 terms; Ken Noland – 1 term; Paul Myre – 1 term)*

**THAT the Board of Health appoints the following individuals to the Board  
Executive Committee for the year 2018:**

- 1.** \_\_\_\_\_, **Board Member at Large**
- 2.** \_\_\_\_\_, **Board Member at Large**
- 3.** \_\_\_\_\_, **Board Member at Large**
- 4.** \_\_\_\_\_, **Chair**
- 5.** \_\_\_\_\_, **Vice-chair**
- 6.** **Medical Officer of Health/Chief Executive Officer**
- 7.** **Director, Corporate Services**
- 8.** **Secretary Board of Health (ex-officio)**

## **APPOINTMENT TO FINANCE STANDING COMMITTEE OF THE BOARD**

(2017 Finance Committee: Carolyn Thain – 3 terms; René Lapierre – 3 terms;  
Paul Myre – 1 term; Mark Signoretti – 1 term)

**THAT the Board of Health appoints the following individuals to the Finance Standing Committee of the Board of Health for the year 2018:**

1. \_\_\_\_\_, Board Member at Large
2. \_\_\_\_\_, Board Member at Large
3. \_\_\_\_\_, Board Member at Large
4. \_\_\_\_\_, Chair
5. Medical Officer of Health/Chief Executive Officer
6. Director, Corporate Services
7. Manager, Accounting Services
8. Board Secretary

## **5. DELEGATION/PRESENTATION**

None

## **6. CONSENT AGENDA**

- i) **Minutes of Previous Meeting**
  - a. Eighth Meeting – November 23, 2017
- ii) **Business Arising From Minutes**
- iii) **Report of Standing Committees**
  - a. Board Executive Committee – November 30, 2017
  - b. Board Finance Standing Committee – January 10, 2018
- iv) **Report of the Medical Officer of Health / Chief Executive Officer**
  - a. MOH/CEO Report, January 2018
- v) **Correspondence**
  - a. Smoke-Free Ontario Strategy Modernization
    - Letter from the Board of Health for Peterborough Public Health to the Minister of Health and Long-Term Care dated November 23, 2017
  - b. Income Security
    - Letter from alPHA and OPHA to the Minister of Community and Social Services dated January 5, 2018
- vi) **Items of Information**
  - a. alPHA Information Break December 13, 2017
  - b. 2017 Financial Controls Checklist

- c. 2017 Annual Report of the Office of the Auditor General (OAG)
  - Office of the Auditor General of Ontario  
Media Release December 6, 2017
  - MOHLTC Media Release *Statement by the Minister of Health and Long-Term Care* December 6, 2017
  - 2017 Annual Report, Chapter 3, Section 3.10,  
Public Health: Chronic Disease Prevention
- d. 2017 Winter Clothing Drive Campaign November 27, 2017
- e. SDHU awarded WSIB Public Sector Category Gold  
Award at the 2017 Canada's Safest Employer Awards November 27, 2017
- f. alPHa Boards of Health Section Winter 2018  
Meeting, February 23, 2018

#### **APPROVAL OF CONSENT AGENDA**

##### **MOTION:**

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

#### **7. NEW BUSINESS**

- i) **Board Survey Results from Monthly Board Meeting Evaluations**
  - 2017 Evaluation Summary Results
- ii) **Sudbury & District Board of Health Meeting Attendance**
  - Board Meeting Attendance Summary – 2017
- iii) **2018 – 2022 Strategic Plan**
  - Presentation by the MOH/CEO and 2017 Board Executive Committee Chair

#### **2018 – 2022 STRATEGIC PLAN**

##### **MOTION:**

**WHEREAS the Organizational Requirements of the Ontario Public Health Standards, 2018, stipulate that the board of health shall have a strategic plan that establishes strategic priorities over 3 to 5 years, includes input from staff, clients, and community partners, and is reviewed at least every other year; and**

**WHEREAS the Sudbury & District Board of Health has engaged in a thorough review and engagement process to develop a new strategic plan following its 2013-2017 cycle; and**

**WHEREAS the Board concurrently reviewed its 2003 Visual Identity and Brand Guidelines;**

**THEREFORE BE IT RESOLVED THAT the Sudbury & District Board of Health endorse the 2018 – 2022 Strategic Plan and Visual Identity as presented; and**

**FURTHER THAT the Board direct the Medical Officer of Health to operationalize the Strategic Plan and develop a monitoring process for the Board's approval.**

- iv) Incremental Costs to Implement the *Ontario Public Health Standards, 2018***
- Briefing Note and attachments from the Medical Officer of Health to the Board dated January 11, 2018
  - Renfrew County and District Board of Health Resolution

**INCREMENTAL COSTS TO IMPLEMENT THE ONTARIO PUBLIC HEALTH STANDARDS, 2018**

**MOTION:**

**WHEREAS at its meeting of November 23, 2017, the Sudbury & District Board of Health approved the 2018 budget for cost-shared programs and services that did not incorporate incremental costs associated with implementing the newly released Ontario Public Health Standards; and**

**WHEREAS the Board Finance Standing Committee has reviewed these cost estimates and recommends them to the Board for approval;**

**THEREFORE BE IT RESOLVED THAT the Sudbury & District Board of Health request an additional \$2.54M in base funding from the Ministry of Health and Long-Term Care to offset incremental costs associated with implementing the *Ontario Public Health Standards: Requirements for programs, services and accountability, 2018*.**

**8. ADDENDUM**

**MOTION:**

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

**9. ANNOUNCEMENTS / ENQUIRIES**

Please remember to complete the Board evaluation following the Board meeting:

**10. ADJOURNMENT**

**MOTION:**

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

**APPOINTMENT OF CHAIR OF THE BOARD**  
*(2017 Chair: René Lapierre – 3 terms)*  
**THAT the Sudbury & District Board of Health appoints**  
 \_\_\_\_\_ **as Chair for the year 2018.**

(2017 Chair: René Lapierre – 3 terms)

**THAT the Sudbury & District Board of Health appoints**

\_\_\_\_\_ as Chair for the year 2018.

**APPOINTMENT OF VICE-CHAIR OF THE BOARD**

(2017 Vice-Chair: Jeffery Huska (May 2016 to 2017))

**THAT the Sudbury & District Board of Health appoints**  
**\_\_\_\_\_ as Vice-Chair for the year 2018.**

(2017 Vice-Chair: Jeffery Huska (May 2016 to 2017))

**THAT the Sudbury & District Board of Health appoints**  
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## **APPOINTMENT TO BOARD EXECUTIVE COMMITTEE**

(2017 Board Executive: Janet Bradley – 5 terms; Jeffery Huska – 3 terms;  
René Lapierre – 3 terms; Ken Noland – 1 term; Paul Myre – 1 term)

**THAT the Board of Health appoints the following individuals to the Board  
Executive Committee for the year 2018:**

1. \_\_\_\_\_, Board Member at Large
2. \_\_\_\_\_, Board Member at Large
3. \_\_\_\_\_, Board Member at Large
4. \_\_\_\_\_, Chair
5. \_\_\_\_\_, Vice-chair
6. Medical Officer of Health/Chief Executive Officer
7. Director, Corporate Services
8. Secretary Board of Health (ex-officio)

## **APPOINTMENT TO FINANCE STANDING COMMITTEE OF THE BOARD**

(2017 Finance Committee: Carolyn Thain – 3 terms; René Lapierre – 3 terms;  
Paul Myre – 1 term; Mark Signoretti – 1 term)

**THAT the Board of Health appoints the following individuals to the Finance Standing Committee of the Board of Health for the year 2018:**

1. \_\_\_\_\_, Board Member at Large
2. \_\_\_\_\_, Board Member at Large
3. \_\_\_\_\_, Board Member at Large
4. \_\_\_\_\_, Chair
5. Medical Officer of Health/Chief Executive Officer
6. Director, Corporate Services
7. Manager, Accounting Services
8. Board Secretary

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

**BOARD MEMBERS PRESENT**

Janet Bradley	James Crispo	Jeffery Huska
René Lapierre	Monica Loftus	Thoma Miedema
Ken Noland	Rita Pilon	Mark Signoretti
Nicole Sykes (arrived at 1:55 pm)	Carolyn Thain	

**BOARD MEMBERS REGRETS**

Maigan Bailey	Robert Kirwan	Paul Myre
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**STAFF MEMBERS PRESENT**

Sandra Laclé	Rachel Quesnel	France Quirion
Dr. P. Sutcliffe	Renée St Onge	

**R. LAPIERRE PRESIDING**

**1. CALL TO ORDER**

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

- 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

The Board Chair welcomed Thoma Miedema, appointed by the Lacloche Foothills Municipal Association and Monica Loftus, appointed by the Sudbury East Municipal Association.

**2. ROLL CALL**

### **3. REVIEW OF AGENDA/DECLARATIONS OF CONFLICTS OF INTEREST**

There were no declarations of conflict of interest. There was consensus for the Food Insecurity/Nutritious Food Basket Costing item 6 ii) to be moved up on the agenda to 4 ii).

### **4. DELEGATION/PRESENTATION**

#### **i) Greater Sudbury Food Strategy**

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

B. King was introduced and welcomed. Communities across Canada are introducing food strategies to support a sustainable, resilient, and health promoting food system for their community.

An introduction to food strategies was provided as well as a general overview of the Greater Sudbury Food Strategy with consideration of the role of the SDHU in moving forward with the food strategy. A summary of the following five themes and associated goals for the Greater Sudbury food strategy was outlined:

Theme 1: Healthy Food Access and Food Literacy

Theme 2: Growing Food (not for profit)

Theme 3: Forest and Freshwater Foods

Theme 4: Food Retail, Service and Tourism

Theme 5: Agriculture and Food Processing

As next steps, the SDHU will consider opportunities to support the Greater Sudbury Food Policy council, the development of a Food Systems Report Card and a Greater Sudbury Food Strategy Coordinator.

Questions and comments were entertained and B. King was thanked.

#### **ii) 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

B. King was also invited to present to the Board regarding the Nutritious Food Basket and the Household Food Security Survey Module of the Canadian Community Health Survey. The basic income pilot, a promising public policy to address food insecurity, was also explained.

Food insecurity, defined as inadequate or insecure access to food because of financial constraints, is a serious public health issue. The majority of Ontario households struggling to put food on the table are part of the labour force but are

in low-paying or unstable jobs. Sixty-four percent of the Ontario households reliant on social assistance experience food insecurity.

Board members were reminded that the Nutritious Food Basket Protocol and Guidance document requires public health units to measure the cost of basic healthy eating that represents current nutrition recommendations and average food purchasing patterns. The Nutritious Food Basket data is used by health units to monitor economic accessibility of food by applying the cost of the food basket plus cost of housing to various individual and household incomes.

A handout was provided at the meeting today summarizing the 2017 Nutritious Food Basket scenarios. The worst-case scenario is the single person receiving Ontario Works where this individual would have a \$91 per month shortfall to cover the cost of a market rate bachelor apartment and nutritious food. Food insecurity rates fall by half for those over 65 due to the protection seniors receive through the federal public pensions. A basic income guarantee has the potential reduce the incidence of food insecurity as it would ensure everyone has an income at an adequate level to meet the basic needs, regardless of work status.

A motion is on the Board agenda as it relates to the Nutritious Food Basket for the Board's consideration today.

Comments and questions were entertained and it is hoped that the newly announced minimum wage legislation will have a positive impact on food security.

#### **48-17 NUTRITIOUS FOOD BASKET 2017**

**MOVED BY NOLAND – PILON: *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.***

**CARRIED**

The Board suggested that the motion also be shared with indigenous partners.

## **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](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

N. Sykes was invited to provide highlights from the November 3, 2017, Board of Health section meeting hosted in Toronto by the Association of Local Public Health Agencies (alPHA). Topics covered at the meeting included an update on changes to the Municipal Act, research being led regarding Public Health Units and LHINs working together for population health as it relates to Patients First, as well as a review of the alPHA and AMO responses to the MOHLTC regarding the Expert Panel Report. It is not yet known whether AMO received a MOHLTC response to their suggestion that a meeting be convened with them, public health units and the MOHLTC regarding the Expert Panel report.

#### **49-17 APPROVAL OF CONSENT AGENDA**

**MOVED BY HUSKA – MIEDEMA: *THAT the Board of Health approve the consent agenda as distributed.***

**CARRIED**

#### **6. NEW BUSINESS**

##### **i) Staff Appreciation Day**

For the newer Board members, Dr. Sutcliffe explained that the Sudbury & District Board of Health has provided the Staff Appreciation Day in a variety of ways for an extensive history dating back to the 1970s. The gift of one day with pay, previously called the Board Float, was established as a symbol of appreciation from the Board of Health to all Health Unit staff and is subject to annual approval by the Board of Health. The staff appreciation day is not a given and is not incorporated in Policy or collective agreements. A motion is tabled annually for the Board's consideration.

It was pointed out that the Christmas holiday timeframe by which staff could take the day off has expanded over the years in recognition of our cultural diversity and to accommodate scheduling.

Many employees every year submit notes to express their gratitude for the recognition provided by the Board of Health to their daily efforts and contributions to local public health. Questions were entertained.

#### **50-17 STAFF APPRECIATION**

**MOVED BY HUSKA – THAIN: *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.***

**CARRIED**

**ii) 2018 Cost-Shared Budget**

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

C. Thain, Chair of the Board Finance Standing Committee, reported on the November 1, 2017, meeting where the Committee reviewed the proposed 2018 cost-shared operating budget. Budget deliberations were in the context of ongoing fiscal constraint combined with significant uncertainty affecting the fundamental cost drivers such as the new standards for Public Health programs and services.

Dr. Sutcliffe and her team were commended for bringing forward a balanced budget that supports Board priorities.

Anticipated and unanticipated attrition in 2017 allowed temporary measures to be put in place in 2017 in order to maximize future flexibility and to position the organization for the 2018 budget. The proposed budget includes the needed resources to support ongoing increases in salaries and benefits, increases to fixed costs and provides support to the priorities. Board members were reminded that there is uncertainty with respect to the requirements of the final standards and the related potential financial implications.

Following careful review, the Finance Committee recommends that the Board of Health adopt the recommended 2018 cost-shared budget.

Dr. Sutcliffe shared that as compared with 2017, the recommended 2018 operating budget for cost-shared programs and services of \$22,896,074 represents an overall increase of 0.53%. The 2018 budget results in 1.73% increase in the overall municipal levy and the provincial request for the mandatory cost-shared programs remains at the 2017 level.

The Board was informed that the SDHU was informed by the MOHLTC of our 2017 Program Based Grant on November 15, 2017. The grant was approved as submitted to the Ministry, including one-time funding requests. Unorganized Territories funding has increased and funding to the 100% funded Healthy Smiles Ontario program, which had been removed during the HSO integration process, has been reinstated. The one-time grant is of \$380,300 and includes indigenous engagement work.

It was pointed out that the proposed 2018 budget assumed the 2017 grant would be received as submitted.

The importance of thinking forward was highlighted as, based on reasonably conservative assumptions, continued fiscal pressures are projected to result in cumulative shortfalls of over \$401K in 2019 and over \$812K in 2020.

The Ontario Public Health Standards: Requirements for Programs, Services, and Accountability (OPHS) were released at the November 16, 2017, Public Health Summit which was attended by the MOH/CEO and Board Chair. It was communicated that Boards should consider reasonable estimates of costs associated with implementing the new requirements to assist the Ministry with implementation and assessing the local public health needs. SDHU management will be undertaking a 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/provincial funds in addition to the recommended budget presented in this briefing note. There would be no additional impact on the municipal levy.

There are many unknowns and anticipated changes at the provincial level, including the Patients First Act, Expert Panel Report, etc. and the increasing pressures of the 100% provincially funded programs.

The salary and benefit budget lines reflect changes over 2017 of 0.29% increase and 4.29% increase, respectively. The non-salary budget line reflects an overall 4.48% decrease over the 2017 budget.

Cost reduction initiatives have been incorporated in the 2018 budget and include \$30,000 as the second phase to increase Part VIII user fees. It was also noted that the SDHU is trying to be proactive and exploring funding opportunities such as northern health unit shared services agreements.

Questions were entertained and clarification was provided regarding the funding obligations of municipalities under the Health Protection and Promotion Act, municipal levies, and per capita formula based on population and associated billing.

#### **51-17 IN CAMERA**

**MOVED BY MIEDEMA – LOFTUS: *THAT this Board of Health goes in camera.***

***Time: 2:29 p.m.***

**CARRIED**

#### **52-17 RISE AND REPORT**

**MOVED BY MIEDEMA – LOFTUS: *THAT this Board of Health rises and reports.***

***Time: 2:40 p.m.***

**CARRIED**

It was reported that one agenda item relating to a labour relations or employee negotiations was discussed for which the following motion emanated:

### **53-17 APPROVAL OF MEETING NOTES**

**MOVED BY THAIN – CRISPO: *THAT this Board of Health approve the meeting notes of the May 18, 2017, Board in camera meeting and that these remain confidential and restricted from public disclosure in accordance with exemptions provided in the Municipal Freedom of Information and Protection of Privacy Act.***

**CARRIED**

### **54-17 2018 COST-SHARED BUDGET**

**MOVED BY PILON – NOLAND: *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.***

**UNANIMOUSLY CARRIED**

#### **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

As part of the Board's ongoing commitment to quality improvement, monitoring, and accountability, an annual Board self-evaluation survey is conducted. The briefing note summarizes the process and results from the 2018 Board of Health evaluation survey for the Board's review and reflection. It was clarified that results from the monthly Board meeting evaluations completed by the Board following each regular Board meeting will also be tabled in January 2018.

Results reflect that Board members feel engaged and proud of their contributions. Questions and comments were entertained. Board members were encouraged to speak with the Board Chair, MOH/CEO if they have any concerns to bring these forward for discussion and resolution. Also, any disagreement with questions can be elaborated upon through the survey comment section. It was clarified that the 72.7% response rate translates into 8 out of 11 Board members who completed the survey, and exclude the two recent Board resignations.

#### **iv) 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

The updated Ministry Policy guide related to the appointment of MOHs, AMOHs and Acting MOHs for Ontario Boards of Health is an important policy for the Board to be aware of. The legislative framework provides direction to Boards on recruitment and appointment of qualified staff. Although this is more significant to

Boards who might not be compliant, the Sudbury & District Board of Health by-laws will be reviewed to ensure they align with the Ministry policies and legislative framework.

**v) 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

The MOHLTC has released the Report Back from the Public Health Work Stream (PHWG), which Dr. Sutcliffe noted she had the privilege of being part of. The *Patients First Act, 2016* introduced new requirements for MOHs and the CEOs of LHINs to support the integration of a population health approach into the broader health system. The PHWS was established to define parameters and expectations for implementing formal engagement per the legislation.

Discussions are underway locally through the northeastern Medical Officers of Health and the NE LHIN to explore how to further engage. A third meeting is being scheduled for the new year. One task will be to look at the newly released PHWS document to ensure we are compliant with requirements. The challenge will be how to fit this in with our current compliment. We understand that there will be data support from the province.

**7. ANNOUNCEMENTS / ENQUIRIES**

Board members were reminded to complete the Board evaluation following the Board meeting.

The Board Chair elaborated on the Public Health Summit held on November 3, 2017, noting the ADM went through many of the proposed changes as they relate to the Public Health Standards and reviewed the new protocols. From the information presented, it appears that the SDHU is well positioned.

Dr. Sutcliffe joined a meeting held on November 20, 2017, between the Minister of Finance and the City of Greater Sudbury regarding the establishment of a cannabis retail store in Sudbury.

Board members were encouraged to receive their flu immunization following the meeting if they did not have a chance to receive it before the meeting.

**8. ADJOURNMENT**

**55-17 ADJOURNMENT**

**MOVED BY LOFTUS – MIEDEMA: *THAT we do now adjourn. Time: 2:57 p.m.***

**CARRIED**

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(Chair)

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(Secretary)

**BOARD OF HEALTH EXECUTIVE COMMITTEE  
UNAPPROVED MEETING NOTES**

**THURSDAY, NOVEMBER 30, 2017**

**10 A.M. TO NOON**

**BOARDROOM, SUDBURY & DISTRICT HEALTH UNIT**

<b>MEMBERS:</b>	Janet Bradley	Jeff Huska	René Lapierre
	Paul Myre	Ken Noland	
<b>STAFF:</b>	Nastassia McNair	France Quirion	Rachel Quesnel
	Renée St Onge	Dr. Penny Sutcliffe	

**J. HUSKA PRESIDING**

**1. CALL TO ORDER**

The meeting was called to order at 10 a.m.

**2. ROLL CALL**

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

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

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

4.1 Board Executive Committee Meeting Notes dated June 14, 2017

**09-17 APPROVAL OF BOARD EXECUTIVE COMMITTEE MEETING NOTES**

***Moved by Noland – Myre: THAT the meeting notes of the Board of Health Executive Committee meeting of June 14, 2017, be approved as distributed.***

**CARRIED**

**5. NEW BUSINESS**

**5.1 Strategic Planning**

The following was summarized as to what will be covered today:

- Review feedback from the BOH/Senior Management workshop
- Discuss revised proposal for Strategic Plan
- Discuss revised visual identity refresh
- Discuss launch and socialization
- Discuss accountability and monitoring
- Next steps

- 5.1.1 Board of Health and Senior Management Workshop Findings for Strategic Plan
- 5.1.2 Revised Report
- 5.1.3 2018-2022 Strategic Plan Handout
  
- 5.2 Visual Identity
- 5.2.1 Board of Health and Senior Management Workshop Findings for Visual Identity
- 5.2.2 Revised Visual Identity

Dr. Sutcliffe recapped current public health context including the modernization of the Ontario Public Health and Organizational Standards, Public Health Work Stream, Expert Panel on Public Health, the annual report of the Chief Medical Officer of Health, four principles (Need, Impact, Capacity, Partnerships, Collaboration & Engagement) that guide our programs and services, literature review and environmental scan.

R. St Onge outlined the following extensive engagement activities:

- consultations with the Senior Management Executive Committee (EC) and the Board of Health Executive Committee members at the end of September
- an all Board of Health member survey
- an all SDHU staff survey
- a World Café style engagement session with SDHU staff and a debrief with table facilitators
- a community partner survey
- a general public survey
- check-ins with the Senior Management Executive Committee and Board of Health Executive Committee

A conference poster of our engagement process was presented at the Ontario Public Health Association's (OPHA) fall forum early November and resulted in great interest among participants.

Feedback from the engagement and consultation processes confirmed that the 2013–2017 plan continues to resonate and is still applicable. Participants agreed with maintaining the current SDHU Vision and Mission, that priorities sharing similar concepts could be combined to be more streamlined and that there should be fewer values. Key themes to be incorporated included health equity, engagement, mental health, evidence-informed practice, communication, etc.

Upon review of the BOH/EC consultation workshop, findings from the BOH and EC workshop were combined with findings from the Strategic Plan engagement activities to inform the revision of the

proposed components of the SDHU 2018-2022 Strategic Plan. Proposed revisions to version 2 of the draft 2018–2022 strategic plan were reviewed and discussed. Members were referred to agenda handout 5.1.1 and Strategic Plan Report 5.1.2 for rationale. It was pointed out that the overview of the plan is in item 5.1.3.

Revised values were reviewed and supported. Four priorities were confirmed. Discussion ensued and minor language changes were adopted.

It was clarified that the visual design layout in today's agenda package is a preliminary draft and provides a glimpse of colors and what would be shared electronically via the SDHU website, brochure, etc.

A table summarizing feedback received from the September 28, 2017, workshop with the Board and Senior Management on the proposed visual identity and brand refresh was summarized.

It was clarified that further to a suggestion that the SDHU follow clear print guidelines, the SDHU has consulted with the CNIB and the proposed refresh has been put through an accessible checker. A summary of the CNIB's response was distributed for the members' information.

The final plan as supported by the Executive Committee will be tabled for the Board's approval at the January Board meeting.

### 5.3 Launch and Socialization

The Board's feedback regarding an official launch and communication plan for the 2018–2022 strategic plan and visual identity was taken into consideration by the internal SDHU Strategic Plan Committee. The event is planned for January 18 at 11:15 a.m. and the time for the regular Board meeting has been moved up. The launch will take place following the Board meeting. Key community partners and the media will be invited.

The Board EC provided feedback regarding the proposed event, size of the function, importance of promoting public health, the invitation list, and the role of the Board. Consideration will be given to having a celebration for staff that day.

The proposed socialization and dissemination document was reviewed, including the goals and objectives. Ongoing socialization needs to be built into a number of processes internally and externally.

#### 5.4 Accountability and Monitoring

The Joint Board of Health Performance Monitoring Working Group is the current structure that reviews the reporting on the 2013-2017 Strategic Plan. Discussions are underway as to what process/structure is recommended for the 2018-2022 Strategic Plan.

Dr. Sutcliffe recommends that once the MOHLTC releases the revised Ontario Public Health Standards, that recommendations come forward to the Board on how to proceed with internal performance reporting for 2018–22 period. It is anticipated that this would come forward to the Board in April.

Feedback was sought as to what processes are envisioned for the 2018-2022 Plan, including format, frequency, dissemination. Options discussed included identifying the strategic plan value being addressed during in Board reports or presentations.

Next steps were outlined:

- Final revisions, printing, and purchasing of promotional materials
- Final approval by BOH in January
- Launch January 18, 2018
- Ongoing activities to socialize and promote the plan and leveraging role of public health
- Development of a reporting and monitoring plan

R. St Onge, N. McNair and N. Frappier were recognized for their comprehensive work as well as the engagement with the Board under the leadership of Dr. Sutcliffe.

#### 6. ADJOURNMENT

##### 10-17 ADJOURNMENT

***Moved by Myre – Noland: THAT we do now adjourn. Time: 11:40 a.m.***

**CARRIED**

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(Chair)

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(Secretary)

**UNAPPROVED MEETING NOTES**  
**BOARD OF HEALTH FINANCE STANDING COMMITTEE**  
**WEDNESDAY, JANUARY 10, 2018, AT 10 A.M.**  
**SUDBURY & DISTRICT HEALTH UNIT, BOARDROOM**

**BOARD MEMBERS PRESENT**

Paul Myre

Mark Signoretti

Carolyn Thain

**BOARD MEMBERS REGRETS**

René Lapierre

**STAFF MEMBERS PRESENT**

Colette Barrette  
Dr. P. Sutcliffe

Rachel Quesnel

France Quirion

**C. THAIN PRESIDING**

**1.0 CALL TO ORDER**

The meeting was called to order at 10:07 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 November 1, 2017

**01-18 APPROVAL OF MEETING NOTES**

*Moved by Myre – Signoretti: THAT the meeting notes of the Board of Health Finance Standing Committee meeting of November 1, 2017, be approved as distributed.*

**CARRIED**

**5.0 NEW BUSINESS**

5.1 2018 Program-Based Budget

- a) Briefing Note Incremental Costs for Implementation of Ontario Public Health Standards, 2017
- b) Table 1 – Description of Implementation
- c) Schedule 1 – Financial Schedule of On-Going Cost Pressures

Dr. Sutcliffe recapped that the 2018 Board approved budget for the cost-shared programs and services did not include the incremental costs estimates for the implementation of the *Ontario Public Health Standards: Requirements for Programs, Services, and Accountability (OPHS)*, released at the November 16, 2017 Public Health Summit.

The Board was advised at its November 23, 2017, meeting that management would undertake a careful review of the new requirements and related costing with the aim of seeking the Board's approval at its January 2018 meeting for a request for additional Ministry funds.

Dr. Sutcliffe clarified that while addressing questions at the Public Health Summit, the Assistant Deputy Minister 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 provincial base funding, such costing would further assist the Ministry in assessing the local public health needs associated with implementing the new Standards.

Senior management, managers and staff have carefully considered reasonable cost estimates knowing there are details we don't yet have from the MOHLTC, including some Guidelines and Protocols associated with the Standards.

Table 1 and Schedule 1 detail the implementation pressures expected to be experienced by the SDHU, including FTEs per Foundational and Program Standards and corporate support.

A motion has been drafted for the January 18, 2018, Board agenda outlining a request to the MOHTLC for additional base funding to offset costs estimated for the implementation of the *Ontario Public Health Standards: Requirements for programs, services and accountability, 2017*.

Questions were entertained. Members discussed communication about the SDHU's request to MOHLTC for these additional funds. Discussion ensued regarding the implementation of the Standards in the absence of additional funding. The Standards are effective January 1, 2018. The impact on staffing, workloads, workplace culture, and the budget are important considerations and priorities will need to be determined as we transition to the new Standards.

Dr. Sutcliffe noted that the request would be included in our annual service plan and 2018 budget submission to the MOHLTC which is due March 1, 2018.

The Board Finance Committee members thanked management for the thorough and forward planning work.

The Board Finance Committee concurred that a recommendation for approval come forward at the January 18, 2018, Board meeting requesting additional MOHLTC funds in the amount of \$2.54M to offset costs estimated for the implementation of the OPHS.

## **6.0 IN CAMERA**

### **02-18 IN CAMERA**

***Moved by Signoretti – Myre: THAT this Board of Health Finance Standing Committee goes in camera. Time: 10:53 a.m.***

**CARRIED**

- Security of the SDHU Property

## **7.0 RISE AND REPORT**

### **03-18 RISE AND REPORT**

***Moved by Myre – Signoretti: THAT this Board of Health Finance Standing Committee rises and reports. Time: 11:05 a.m.***

**CARRIED**

It was reported that one agenda item related to the security of SDHU property was discussed during the closed meeting. The following motion emanated from the closed meeting:

### **04-18 APPROVAL OF IN-CAMERA MEETING NOTES**

***Moved by Signoretti – Myre: THAT this Board of Health Finance Standing Committee approve the meeting notes of the November 1, 2017, 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**

### **05-18 ADJOURNMENT**

***Moved by Myre – Signoretti: THAT we do now adjourn. Time: 11:06 a.m.***

**CARRIED**

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(Chair)

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(Secretary)

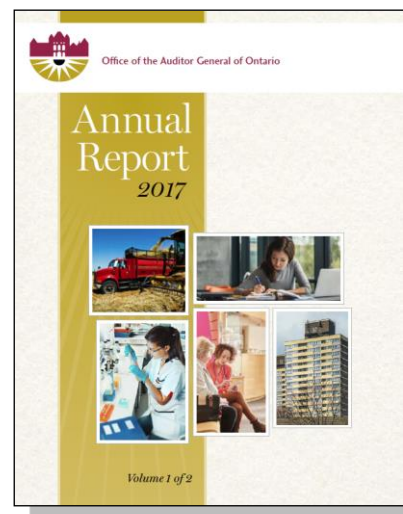
## Medical Officer of Health/Chief Executive Officer Board Report, January 2018

### Words for thought...

There are opportunities for the [Ministry of Health and Long-Term Care (Ministry), Public Health Ontario (PHO) and the 36 public health units] to work better together to address the key modifiable risk factors of chronic diseases.

Similarly, the Ministry can work better with other provincial ministries—such as education, environment and transportation—to develop public policies that would take into account their effect on the health of the population, which would further promote a better quality of health for Ontarians.

We found that significant inefficiencies exist across the public health units because there are limited formal systems in place to co-ordinate their activities and share best practices, with many public health units separately conducting and obtaining needed data.



Source: Office of the Auditor General of Ontario. Annual Report 2017.  
Date: December 6, 2017

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### Chair and Members of the Board,

December 2017 closed with the release of the Annual Report of the Auditor General of Ontario. Among other topics, included in the review was a focus on public health chronic disease prevention. The focus is on the Ministry of Health and Long-Term Care (MOHTLC), however, transfer payment agencies such as Public Health Ontario and local boards of health were also in scope. The Ministry's responses to each recommendation are found within the document and are largely framed as part of the ongoing "transformation agenda". It will be important to follow closely the provincial government's actions in response to this report and the Ministry's response to the Report of the Minister's Expert Panel on Public Health.

Noteworthy for the northeast is the dialogue that we have initiated with all five health units to explore opportunities for improving public health system efficiencies through the potential for shared services. A joint one time funding submission in support of this initiative and on behalf of all five northeast health units has been made to the Ministry. As noted in the excerpt above, the need for such improved efficiencies was highlighted in the AGO report.

Welcome to what promises to be a dynamic 2018! With my best wishes for a healthy and fulfilling year ahead.

## **GENERAL REPORT**

### **1. Local and Provincial Meetings**

The Association of Local Public Health Agencies (alPHA) Board held a face to face meeting which I attended in Toronto on November 24.

The Board of Health Executive Committee met on November 30, 2017. The Finance Standing Committee met on January 10. Meeting notes are included in this agenda package for information.

I continue to hold regular supervisory meetings with Dr. L. Catton, Porcupine Health Unit Medical Officer of Health, who is completing her College of Physicians and Surgeons of Ontario scope assessment.

I will continue as the Council of Ontario Medical Officers of Health (COMOH) Chair until the alPHA AGM in June 2018 at which point a new Chair will be elected, ending my second two two-year term as Chair. In this role, I continue to hold monthly teleconference meetings with the Assistant Deputy Minister, Public Health Ontario's Vice President and the Chief Medical Officer of Health. I am currently spearheading a COMOH working group to organize a workshop for the February COMOH meeting to explore opportunities for more effective local public health engagement. Both the COMOH and alPHA executive committees continue to be very active.

I hold regular monthly meetings with individual members of the senior management team. The senior management team will continue to meet regularly on a monthly basis.

The Northern Medical Officers of Health hold regular monthly teleconferences. The next meeting is scheduled for January 16, 2018.

### **2. Board of Health**

Numerous touching thank you notes have been received from staff, thanking the Board for the gift of the Staff Appreciation Day, motion #57-17. These thank you notes can be found in BoardEffect on the landing page of the Sudbury & District Board of Health workroom.

Friendly reminder that, further to an electronic vote by the Board, there was agreement that the January 18, 2018, Board meeting will begin at 9:30 a.m.

All other regular Board meetings in 2018 are scheduled for the third Thursday of the month at 1:30 p.m. in the SDHU Boardroom unless the Board agrees by resolution to alter the time, day or place of any meeting (by-law 04-88). Meeting requests have been sent to all Board members for the regular Board meetings in 2018. The Board meeting dates can also be found in BoardEffect.

### **3. Quarterly Compliance Report**

The SDHU is compliant with the terms and conditions of our Public Health Funding and Accountability Agreement, including the Financial Controls Checklist. 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 December 29, 2017, on December 29, 2017. The Employer Health Tax has been paid as required by law, to December 31, 2017, with a cheque dated January 15, 2018. Workplace Safety and Insurance Board premiums have also been paid, as required by law, to December 31, 2017, with a cheque dated January 31, 2018. There are no outstanding issues regarding compliance with the Occupational Health & Safety Act, Ontario Human rights Code, or Employment Standards Act.

### **4. Launch of the Sudbury & District Health Unit's Strategic Plan**

Friendly reminder that all Board members are invited to attend the official launch of the SDHU's 2018–2022 strategic plan on January 18, 2018, at 11:15 a.m. in the Ramsey Room at the Sudbury & District Health Unit.

## **CLINICAL SERVICES DIVISION**

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

*Influenza:* There were 16 cases of laboratory-confirmed influenza identified as of December 31, 2017.

SDHU has vaccinated 2103 clients from September until the end of December (this is inclusive of the main and district offices). As a comparison, SDHU vaccinated 2443 clients during the same time period in 2016.

SDHU continues to distribute vaccine to providers in the community. There have been 41 151 doses of influenza vaccine distributed to all area health care providers for the period ending December 31, 2017. Fifty two pharmacies in the SDHU catchment area have taken part in the 2017–18 Universal Influenza Immunization Program. They have received 17 680 doses of vaccine as of December 28, 2017.

*Respiratory Outbreaks:* There have been two respiratory outbreaks in long-term care homes during the month of December 2017. No causative agent was identified in either facility. The CID team continues to monitor all reports of respiratory illness.

*Vaccine Preventable Disease:* The CID team continues to review vaccine records submitted for the students up to age 18 under the Immunization of School Pupils Act (ISPA). Suspension of children with incomplete records begins in January 2018. Educational packages have been created for school boards detailing upcoming suspension dates. We anticipate their continued support in accordance with provincial requirements.

Planning is underway for new requirements outlined in the Child Care and Early Years Act. Revisions to this Act are expected later this year and will require SDHU to track vaccine compliance for daycare attendees in a manner similar to the requirements under ISPA.

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

The Sexual Health team responded to three community requests for presentations in December. Radio messages promoting HIV testing were aired from December 1 to 8 in honour of World Aids Day and HIV awareness.

*Needle Exchange Program (NEP):* In November, 114 701 needles were distributed through the fixed sites and community agency outreach initiatives.

## **3. Oral Health**

The Oral Health Screening program in elementary schools continues through until the end of February. Staff are supporting families in accessing the Healthy Smiles program for assistance with dental treatment and with finding a dental provider. Preventive oral health services are delivered in schools, district office locations and the main health unit site.

A media campaign promoting the Healthy Smiles Ontario program was launched in the month of December.

# **ENVIRONMENTAL HEALTH DIVISION**

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

On November 24, the SDHU issued a news release reminding the public to only receive tattoos or piercings at inspected establishments and by professional body artists who follow proper infection control practices. The public was advised that a list of inspected tattoo and body piercing establishments is posted on the Health Unit's website.

On December 18, the SDHU released a public service announcement reminding the public to protect themselves and others from norovirus by practicing proper handwashing and staying home if ill.

During the months of November and December, 12 sporadic enteric cases and 5 infection control complaints were investigated. Four enteric outbreaks were declared in institutions.

## **2. Disclosure**

The Environmental Health Division has been continually working with Hedgerow Software Limited to resolve issues with the Hedgehog inspection software. Some of these software issues have affected the functionality of the new *Check Before You Go!* disclosure website. As a result, the requirements as directed by Board of Health Motion # 36-15 (Expansion of Proactive Disclosure System) were unable to be achieved within the anticipated timeframe and the launch of the *Check Before You Go!* website was been delayed. Hedgerow Software Limited reports that an updated version of its software is expected to be released in early 2018. This update is expected to resolve many of the outstanding issues that have affected the overall functionality of both the software and the disclosure site. During this time, members of the public can continue to access inspection results by contacting the Environmental Health Division.

## **3. Food Safety**

The recall of Maple Leaf brand chicken breast strips, due to possible contamination with *Staphylococcus* bacteria, prompted public health inspectors to conduct checks of 148 local premises in November. All affected establishments had been notified, and subsequently had removed the recalled product from sale.

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

Staff issued 30 special event food service permits to various organizations.

Through Food Handler Training and Certification Program sessions offered in November and December, 91 individuals were certified as food handlers.

## **4. Health Hazard**

In November and December, 46 health hazard complaints were received and investigated. Six of these complaints involved marginalized populations.

In November, a public service announcement was issued for Radon Awareness Month reminding the public to test their home for radon and reduce the risk of lung cancer. The public was encouraged to purchase a radon test kit and provided with options to take in order to reduce radon levels within their home.

In December, a public service announcement was issued to educate the public on actions to take with increasing cold weather to help prevent frostbite and hypothermia. The public was encouraged to check-in on vulnerable persons and to consider donating to local organizations that support those most vulnerable to the cold weather.

## **5. Ontario Building Code**

On December 20, the SDHU issued a notice of public meeting advising of the plan to increase fees for Part VIII-Ontario Building Code services in 2018 in order to cover program operational and delivery costs.

During the months of November and December 28 sewage system permits, 13 renovation applications, and 6 consent applications were received. One order was issued to a property owner for a bathroom installed without a permit.

## **6. Rabies Prevention and Control**

Twenty-five rabies-related investigations were carried out in the months of November and December. Three specimens were submitted to the Canadian Food Inspection Agency Rabies Laboratory for analysis, and were subsequently reported as negative.

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

## **7. Safe Water**

Public health inspectors investigated one blue-green algae complaint in the month of November which was subsequently confirmed as blue-green algae capable of producing toxin.

One closure order was issued for a public pool due to inadequate chemical disinfection. Following corrective action, the order was rescinded and the pool was allowed to reopen.

During November and December, 52 residents were contacted regarding adverse private drinking water samples. Public health inspectors investigated 9 regulated adverse water sample results.

One boil water advisory, and one drinking water advisory were issued. Furthermore, one boil water advisory, and one drinking water advisory were rescinded.

## **8. Tobacco Enforcement**

In November and December, tobacco enforcement officers charged 12 individuals for smoking in a workplace, 6 of these charges were the result of smoking in an enclosed workplace vehicle. Five individuals were charged for smoking on school property, 1 charge was laid for smoking on hospital property, and 1 retail employee was charged for selling e-cigarettes to a person who is less than 19 years of age.

On December 14, the SDHU issued a media release advising the public that two convictions under the *Smoke-Free Ontario Act* (SFOA) were handed down in provincial court on December 8, 2017, resulting in fines totalling over \$8,000. The public was reminded that under the SFOA, individuals, employers and workplaces can be charged and fined for smoking in enclosed public places, workplaces, workplace vehicles, as well as on school

grounds and hospital grounds, and that the Act requires that all employees and employers ensure that their work environment, including workplace vehicles, remains smoke-free.

## **HEALTH PROMOTION DIVISION**

### **1. Early Detection of Cancer**

Staff attended a Collaborative Consultation Session with the North East Aboriginal Cancer Advisory Committee (NE-ACAC) led by the Northeast Cancer Centre. The aim of the session was to strengthen connections and expand the reach of the NE-ACAC to ensure that all First Nations, Inuit and Métis (FNIM) community partners have equal opportunity to provide input into the NE Aboriginal Cancer Plan, bring forward concerns regarding cancer care, receive cancer care information and participate in the implementation of the NE Aboriginal Cancer Plan and its associated campaigns.

Staff collaborated with the Integrated Cancer Screening Working Group to promote the importance of cancer screening. In particular, cervical and breast cancer screening were promoted in October and November of 2017.

### **2. Family Health**

In December, 22 mothers-to-be and their partners participated in in-class prenatal, while 5 individuals chose on-line prenatal class. On-line prenatal classes are now available in French.

A *Breakfast with Santa* event hosted by the Rayside Neighbourhood Team, was supported by public health staff. 150 participants attended.

*Fetal Alcohol Spectrum Disorder (FASD) Event at Laurentian University:* Family team staff participated to increase awareness about the risk of alcohol use during pregnancy and alcohol-free drinks were promoted. Partners included Laurentian University with an affiliation with Canada Fetal Alcohol Spectrum Disorder Research Network (CanFASD). Laurentian University provided mocktails in the Atrium to students and staff.

Staff attended the open input session for the new City of Greater Sudbury Event Centre. Input was also provided via paper and online submission on the importance of having a breastfeeding space for families and ways in which this could be done. General advocacy around breastfeeding in public and the importance of breastfeeding for our community was provided.

Resiliency training sessions were held at 2 Our Children Our Future locations with 33 total participants, and 1 training session was held for 8 City of Greater Sudbury Youth Centre staff.

### **3. Healthy Eating**

A pre-employment pilot was delivered to six high risk young adults at Barrydowne Campus in December. Attendees participated in six sessions that exposed them to healthy eating messages, hands-on food skills and an opportunity to obtain a food handlers certificate.

In partnership with the community paramedical program, older adults at Belfry apartments were supported to deliver a five week community kitchen program to tenants in their building. Two paramedics and one resident received food skills training through Healthy Kids Community Challenge funding to help deliver the program. A registered dietitian attended two sessions to provide on-site support and consult with housing on how they could continue to support this group in the New Year and also discuss the vending machine located in the building.

A registered dietitian worked with community partners to develop the Greater Sudbury Food Strategy. The Food Strategy was launched on November 15, 2017, with a community workshop in the morning and then celebrated at an evening event. Registered dietitians collaborated on the priority of creating healthy school nutrition environments. The Greater Sudbury Food Strategy moves our community towards a more sustainable, resilient, and healthy food system.

### **4. Indigenous Engagement**

Key organizational strengthening activities including training and knowledge exchange:

- On November 14, 35 staff attended a Knowledge Exchange session with presentations by front line staff and managers who engage with Indigenous people and partners. The presentations included an overview of the research project on First Nations engagement, the Triple P parenting program, the My Tobacco resource development partnership with Shkagamik kwe and the dental screening program which has made inroads in working with First Nation/on reserve schools.
- On December 7, 50 staff participated in a full day of Cultural Competency training held at the Atikameksheng Anishnawbek Community Centre. Training facilitators from N'Swakamok Friendship Centre lead participants through an interactive discussion of key historical events, cultural teachings and current issues impacting on health.
- On December 11, 45 managers participated in a half day of Cultural Humility training with facilitator Dr. Brenda Restoule. Her presentation was animated with numerous examples of how the principles of cultural humility can foster more respectful and productive encounters when Indigenous people interact with the health care system.

### **5. Injury Prevention**

November was Falls Prevention Month. A new 30 second medication management video was launched with the support of Stay on Your Feet (SOYF) Sudbury Manitoulin Coalition members. This commercial was aired on CTV Northern Ontario from November 19 to December 10, 2017 throughout the northeast region. At the launch event, the team also

delivered a presentation on SOYF and resources related to falls prevention for older adults. The new resource “Exercise Programs for Older Adults of All Abilities” in Greater Sudbury was presented. The presentation was followed by a 45 minute skit by the Sudbury Rising Stars Theatre Group on fall prevention topics. Approximately 50 community members were in attendance at the event.

In November, 2 presentations on falls prevention, highlighting the new medication management video, were delivered to approximately 50 members of senior's clubs/center.

On November 23, 2017, a SOYF presentation was delivered to 19 participants at the Amikook Elders Centre in Wikwemikong.

## **6. Mental Health and Addictions**

On December 8, 2017, an external stakeholder group, the System Priority Action Table was struck. Crossing various ministries, the purpose of this table is to be a responsive, action-oriented group of decision-makers focused on community wellness and priorities which will serve as the forum to inform planning direction, to provide feedback and advocacy on critical issues concerning the community, to act together to address community priorities and to develop the critical path forward, rather than specific organizational-level interventions.

In December, staff reached out broadly to community agencies, shelters, and addictions services to offer naloxone training and distribution services. A memorandum of agreement has been developed and a training kit is in its final preparation.

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

The SDHU set up a booth in the West Residence at Laurentian University to promote the Low-Risk Alcohol Drinking Guidelines and to create conversation around substance use within the university community.

*Harm Reduction Program Enhancement:* On June 12, 2017, the Minister of Health and Long-Term Care announced the provision of funding to boards of health to build on existing harm reduction programs and services and improve local opioid response capacity and initiatives. In response to increasing opioid use and opioid-related harms, the MOHLTC has provided funding called the “Harm Reduction Program Enhancement”. Public health units are to apply this funding towards (1) local opioid response, (2) naloxone distribution and training, and (3) opioid overdose early warning and surveillance.

On December 13, 2017, the first official meeting of the Sudbury-East Community Drug Strategy Committee was held.

The Naloxone Distribution and Training program has conducted initial consultation meetings with nine eligible community agencies in Greater Sudbury and district offices areas. Each of these agencies has a copy of the Memorandum of Understanding for signing. Plans are underway to assist agencies with policy development. Training for these agencies will take place later in January.

The Early Warning and Surveillance working group met on December 14, 2017, to discuss the ongoing need for timely opioid overdose surveillance to inform the development of an early warning system for our community. This work involves many external partners including Health Sciences North, Emergency Management Services, the Greater Sudbury Police Service and Ontario Provincial Police.

## **8. Physical Activity**

On November 16, 2017, Espanola staff hosted a skate exchange, in partnership with the Webbwood library. During the event, 12 children and adults received free skates.

## **9. School Health**

*Healthy Eating Behaviours:* Registered dietitians presented to 32 members of the Student Parliament at a local elementary school (Grades 3-8) on creating healthy school nutrition environments. This school is also actively participating in the 2017 Healthy Kids Community Challenge contest by earning badge points related to engaging in healthy school nutrition challenges.

*Mental Health Promotion:* At a local secondary school, public health nurses have been working closely with the school's Guidance Team to increase the school community's knowledge and capacity of addressing mental health promotion and overall well-being of students.

Public health nurses facilitated a professional development session to 35 teachers and staff at a local secondary school. Acknowledging that teachers and school staff are important adult-influencers for creating resilient school communities, the school requested this session for increasing the staff's understanding of their well-being needs and adoption of strength-based approaches amongst themselves.

*Pathways to Resiliency School Communities:* Public health nurses worked with a local school board to facilitate an evening session about the "Importance of Well-being" for a Parent Involvement Council at an Annual General Meeting. The event included an audience of 48, including the Director of Education, Trustees, Superintendents, parents and educators of both elementary and secondary schools.

*Resiliency, Brain Development, and Health Inequities:* The School team facilitated a half-day professional learning opportunity to 60 Second-Year School of Education students at a local Post Secondary Institution. The team provided students with a better understanding of the School team's role in supporting educators and schools. As well, students participated in interactive learning activities on creating healthy school communities and on the importance of developing strong relationships in achieving student success.

## **10. Tobacco Control**

The Quit Smoking Clinic and Telephone Information Line, received 49 calls, 7 client visits and 3 follow-up calls at the clinic in September. Also, 6 Nicotine Replacement Treatment vouchers were distributed and 9 were redeemed.

Tobacco cessation resources were provided to medical learners from the Northern Ontario School of Medicine (NOSM). A presentation was also provided to the occupational therapist and 9 participants from the Health Sciences North Positive Steps, Community Mental Health and Addictions Program.

On November 7 and December 5, 2017, the SDHU, in partnership with the Centre for Addiction and Mental Health (CAMH), held *Smoking Treatment for Ontario Patients on the Road* (SOR) smoking cessation workshops. There were 23 participants in total, of whom all were eligible to receive 5 weeks of free nicotine patches from CAMH.

## **11. Workplace Health**

The SDHU provides support to local workplaces for the development of workplace health programs and provides resources. Support was provided to three workplaces.

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

## **1. Health Equity**

Over the last year, the SDHU has collaborated with Health Quality Ontario and a number of partners across the North, including Local Health Integration Networks, on the development of a *Northern Ontario Health Equity Strategy*. On December 22, the *Strategy*, along with a business case to fund a Northern Ontario Health Equity Network, was submitted to the MOHLTC for their review. The official launch of the *Strategy* is planned for February 2018.

Through the Local Poverty Reduction Fund (LPRF) grant, led by the SDHU in partnership with ten other community agencies, two 6-week Leader Training sessions were started in November. These sessions are being facilitated by SDHU staff. The first Leader Training session offered in partnership with the YMCA Employment Services finished on December 21, with a graduation ceremony for seven graduates. The second Leader Training session being offered in partnership with Barrydowne College is ongoing with 15 participants.

Members from the Health Equity team were invited to present at the quarterly webinar hosted by the National Collaborating Centre for the Determinants of Health's Health Equity Collaborative Network on November 23. Two members from the Health Equity team presented on the Social Determinants of Health Lesson Plan Pilot Study project currently underway in partnership with Laurentian University's Faculty of Education. The project is piloting a three-part lesson plan containing 13 activities designed to raise knowledge and awareness about the social determinants of health and health equity among elementary school students and adult influencers (teachers).

The Health Equity supported a presentation made at the OPHA Fall Forum by the OPHA's Dis/Ability and Population Health Task Group (SDHU is a member). The presentation, titled "*Recognizing people with disabilities as a priority population in Ontario*" provided an overview of the current evidence on people with disabilities as well as the work of the Task Group including a recent environmental scan and a survey with Ontario public health units.

## **2. Population Health Assessment and Surveillance (PHAS)**

SDHU epidemiologists attended the annual conference of the Association of Public Health Epidemiologists in Ontario (APHEO) in Guelph, Ontario on November 27-28. They presented two research posters, entitled “Beyond BMI: A collaborative partnership to build a childhood healthy weights surveillance system including nutritional risk and protective factors” and “The impact of including cell phone interviews on the sample representativeness and results of a telephone-based public health survey.”

An SDHU epidemiologist delivered two presentations to third year nursing students at Cambrian College on using health data for population health assessment and surveillance, and also presented to dietetic interns enrolled in the Northern Ontario Dietetic Internship Program (NODIP) at the Northern Ontario School of Medicine (NOSM) on data analysis. An SDHU epidemiologist was invited to participate in Public Health Ontario’s Population Health Indicators in Support of Public Health-LHIN Collaboration (PHISPHLC) Committee. This committee will be advising the MOHLTC on the development of indicators which will be used to support the collaborative work of public health units and Local Health Integration Networks to address the population health needs of our communities. Their first meeting was held in December 2017.

The Manager of Population Health Assessment and Surveillance attended the Mamow Ahyamowen (Northern Ontario Health Information Partnership) meeting in Sudbury on November 7 and 8, 2017. Mamow Ahyamowen brings together nine First Nations partner organizations, serving 73 First Nations across Northern Ontario—mostly in the northwest. The partnership’s vision is to be a trusted Northern voice providing health information to achieve health equity. The SDHU was invited as an external stakeholder. The meeting was an opportunity for partner organizations to learn from each other and plan Mamow Ahyamowen’s future priorities together.

As a member of the Association of Public Health Epidemiologists in Ontario’s (APHEO) Built Environment Core Indicators Working Group, the Manager of Population Health Assessment and Surveillance has collaborated with provincial and national partners from the field of public health on the development of GIS-based indicators to measure urban food environments. This work is part of APHEO’s Core Indicators project which provides definitions for over 120 public health indicators to enhance accurate and standardized reporting of information across public health units in Ontario

## **3. Staff Development**

In December 2017, a staff member from the SDHU participated in the development of a French lexicon for the translation of The National Council Licensure Examination – Registered Nurses (NCLEX RN). The NCLEX is an entry-to-practice examination for those applying to become a Registered Nurse. According to the College of Nurses of Ontario pass rates for those writing the RN or RPN entry exams in French are lower than for those who write the exams in English. It is anticipated that this work will further support Francophone’s across the country in their efforts to become nurses.

The annual training and development opportunity for managers was hosted at the Villa Loyola on November 28, 2017. This year's leadership development focused on supporting a culture of innovation. This interactive session was delivered by Tim Arnold from the DeGroot School of Business at McMaster University. In addition, on December 11, 2017, the SDHU management team participated in a half day training session on cultural humility, which was facilitated by Dr. Brenda Restoule.

On December 7, 2017, over 40 staff members participated in cultural competency training, which focused on the diversity, history, traditions, and teachings of Indigenous peoples. Participants explored ways in which they can engage further with Indigenous peoples and organizations.

Local trainers with in-depth experience living and working with Indigenous communities shared their knowledge. A local Elder also participated throughout the day sharing his wisdom and knowledge of historical context. This event was held at the Atikameksheng Anishnawbek Community Centre, the first time the SDHU has held a staff event in this First Nations Community.

#### **4. Student Placement Program**

On November 29, the Manager of Professional Practice and Development as well as the Director of Resources, Research, Evaluation and Development met with the Director of Nursing and the placement coordinator at Laurentian University. These discussions focused on collaborative efforts to support the understanding of the role of public health among staff and students through educational efforts and student placement opportunities.

#### **5. Presentations**

On November 23, 2017, a Health Promoter and a Foundational Standard Specialist presented at the Health Promotion Ontario (HPO) Conference in Toronto. The presentation shared the findings from a literature review within the context of the Locally Driven Collaborative Research Project (LDCP) entitled "Relationship building with First Nations and public health: Exploring principles and practices for engagement to improve community health". The presentation focused on four principles of Indigenous engagement that emerged from the literature review: respect, trust, self-determination, and commitment.

#### **6. Strategic Engagement Unit / Communications**

In November 2017, the Strategic Engagement Unit (Communications) coordinated a media interview training session for 15 SDHU staff with Gordon Strategy. SDHU staff are routinely called upon to conduct interviews with media. Media interview requests are generated, for example, when the SDHU issues news releases, when community issues arise that relate to public health, and within emergency situations that require a public health community response. Proactively training staff to effectively communicate with the media is an asset to the SDHU to help promote and protect health and prevent disease in the community.

Respectfully submitted,

*Original signed by*

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

November 23, 2017

The Honourable Dr. Eric Hoskins  
Minister of Health and Long-Term Care  
10<sup>th</sup> Floor, Hepburn Block  
80 Grosvenor Street  
Toronto, ON M7A 2C4  
[ehoskins.mpp@liberal.ola.org](mailto:ehoskins.mpp@liberal.ola.org)

Dear Minister Hoskins:

**Re: Smoke-Free Ontario Strategy Modernization**

At its meeting held on November 8, 2017, the Board of Health for Peterborough Public Health considered correspondence from the Simcoe Muskoka District Health Unit regarding the ["Smoke-Free Ontario Modernization Report" of the Executive Steering Committee.](#)

The Board of Health for Peterborough Public Health is very encouraged by the comprehensive and progressive nature of the Executive Steering Committee's October 10<sup>th</sup> report and recommendations to modernize the Smoke-Free Ontario Strategy and reduce commercial tobacco use in Ontario. The enhanced focus on the tobacco industry strikes at the root cause of the epidemic of tobacco-related illness in Ontario. Ontario's modernized strategy must move beyond incrementally increasing restrictive measures to changing how the tobacco industry operates in Ontario.

Substantial tax increases and efforts to reduce availability and supply of tobacco products are the strong measures needed to prevent tobacco use and motivate and support quit attempts. Additional policies to prevent youth from initiating tobacco use such as raising the minimum age required to purchase tobacco to 21 years old and investing in sustained mass media campaigns will be critical to achieving targets in tobacco control.

Prevention strategies alone will not achieve a substantially reduced smoking prevalence in Ontario. Ontarians addicted to tobacco products must receive evidence-based cessation help. Certainly, there is substantial evidence to support strengthening the tobacco cessation system so that there is equitable access to cessation resources for all Ontarians who use tobacco products. In addition, new approaches are needed to specifically target populations with the highest smoking rates. The Board of Health also supports engagement with Indigenous peoples to further develop and implement Indigenous specific strategies.

The recommendations proposed by the Executive Steering Committee are the range of strategies that are critical to meeting Ontario's goal of the lowest rates of tobacco use in Canada and the tobacco endgame target of less than 5% of the population using tobacco products by 2035. Let's work together to implement

these strategies to eliminate the 13,000 preventable deaths from tobacco use annually and achieve the end goal of tobacco-free living.

Sincerely,

***Original signed by***

Mayor Mary Smith  
Chair, Board of Health

/ag  
Encl.

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

January 5, 2018

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

Dear Minister Jaczek,

On behalf of the Association of Local Public Health Agencies (alPHa) and the Ontario Public Health Association (OPHA), we are writing to provide feedback on the recently released “Income Security: A Roadmap for Change” report.

Our associations, representing the public health sector, are member-based and not-for-profit. OPHA represents the public health workforce and is comprised of a diverse membership of 10 public health and community health associations and individuals from the public health, health care, academic, voluntary and private sector. alPHa provides leadership to the boards of health and public health units in Ontario. Membership is open to the 36 public health units in Ontario. alPHa works closely with board of health members, medical and associate medical officers of health, and senior public health managers in each of the public health disciplines – nursing, inspections, nutrition, dentistry, health promotion, epidemiology and business administration.

Together, our associations have established a joint Work Group on Health Equity. The Work Group focuses on advocating for policies at all levels that reduce inequities in health and on promoting activities that address the social and economic determinants of health within the mandate of public health units in Ontario. The interest of our members in seeing improvements made to the provincial social security system arises from our understanding of current research linking lower incomes with poorer health status and outcomes. This link is also well outlined in the Roadmap Report. Our Health Equity Work Group reviewed the Report and prepared this response.

Previously, one or both of our associations have made submissions on related issues such as Basic Income (in 2015), the Ontario Poverty Reduction Strategy (in 2013 and 2008), the minimum wage (in 2013), and the 2012 report from the Commission for the Review of Social Assistance in Ontario. In 2017, alPHa and OPHA passed Resolutions on the Public Health sector’s Response to the Truth and Reconciliation Commission Calls to Action.

First, we want to commend your government for commissioning this broad review of the Ontario income security system. The three working groups represented a wide range of perspectives layering expertise with lived experience and Indigenous representation to focus on low income and income security issues.

The Roadmap promotes taking a fundamentally different approach, putting people – and their needs and rights – at the centre of the income security system. We believe the major directions and recommendations of this report are insightful and far-reaching. If implemented, we believe that the proposed changes would have a significant impact on income and health.

**We are particularly supportive of the following areas:**

- Adoption of the six guiding principles as a basis for change is a crucial step needed to move away from the current ‘punitive’ system. The six guiding principles: adequacy, human rights, reconciliation, access to services, economic and social inclusion, and equity and fairness follow from the recommended new vision for Ontario’s income security system, in which:  
  
“All individuals are treated with respect and dignity and are inspired and equipped to reach their full potential. People have equitable access to a comprehensive and accountable system of income and in-kind support that provides an adequate level of financial assistance and promotes economic and social inclusion, with particular attention to the needs and experience of Indigenous peoples” (p.69).
- Making a commitment to moving towards income adequacy
  - Establishing an adequate Minimum Income Standard that sets a goal for income assistance programs as per the recommendations made in the Report about first using the Low Income Measure (LIM) - with 30% more for people with disabilities - and eventually moving towards developing a transparent Ontario Market Basket Measure.
- Providing immediate help to those in deepest poverty and continuing to raise income assistance rates to meet the goal of the Minimum Income Standard
  - It is imperative to move on making regular and sustained increases in income support levels - the steps as outlined in the Report provide a solid plan to follow to progress toward income adequacy. We strongly urge the government to provide immediate increases in assistance levels to those in greatest need.
- Improving the broader income security system
  - Ensuring that all low-income adults receive Pharmacare, dental, vision, hearing, and medical transportation benefits, phased in over the next ten years starting with prescription drug coverage for all low-income adults.
  - Creating a portable housing benefit is critically needed now in Ontario.
- Transforming the social assistance system, including a First Nations-based approach
  - Transforming social assistance including legislative reform and establishing a culture of collaboration and problem solving, trauma-informed, equity-informed and anti-racist practices.

- Taking an 'assured income' approach for disability, that is, establishing a basic income for those with a disability.
  - Creating a flat rate structure in Ontario Works and modernizing Ontario Works income and asset rules
- Respecting First Nations jurisdiction and ensuring adequate funding
  - It is reassuring to see a substantial focus on Indigenous populations as having considerable need and a very unique context, including the recommendation for self governance of social assistance.
- In order to increase accountability, we support the Roadmap's recommendation to ensure government reporting take place, with follow-up by a third party, concerning the changes that are planned. A performance measurement framework should be put in place on both an individual and system level to assess how these policy changes are affecting our communities and health.

**We would like to see reform of the income security system go further than proposed in the Report in certain areas, as follows:**

- In terms of Recommendation #5 about making essential health benefits available to all low-income people starting with those in the deepest poverty, we believe dental coverage should be extended to low income Ontarians beyond the age of 65 as many low income seniors do not have insurance coverage.
- We also recommend that access to mental health counselling services be extended to all low income individuals.
- In addition to the portable housing benefit recommended in the Report, which we strongly support, we believe the provincial government needs to take more measures to increase the supply of affordable, livable housing. As part of this, we urge the government to explore provincial participation in the recently announced National Housing Strategy.
- We believe a basic income approach should be taken to Ontario Works and the entire low income population - working or not.

In summary, we are very supportive of the recommendations and general direction of the Roadmap, and hope that it receives positive and swift action by your government. The Report sets out a progressive, phased ten-year plan for how change should happen, and the investments that government should make in the first three years. As a first priority, we emphasize the need for your government to act immediately to increase social security rates. This government must take action now to make life better for low-income people in Ontario.

We understand the Ministry will release its own report taking into consideration the strategies presented in this document. With this in mind, please accept our appreciation for the opportunity to share our thoughts with you.

We would value an opportunity to engage further with the government on this issue. Should you wish to discuss our feedback in greater detail, please contact Pegeen Walsh, Executive Director, OPHA at [pwalsh@opha.on.ca](mailto:pwalsh@opha.on.ca) or Loretta Ryan, Executive Director, alPHa at [loretta@alphaweb.org](mailto:loretta@alphaweb.org).

Sincerely,



President  
Association of Local Public Health Agencies



President  
Ontario Public Health Association

cc:

Hon. Kathleen Wynne, Premier of Ontario  
Hon. Charles Sousa, Minister of Finance  
Hon. Peter Milczyn, Minister of Housing and Minister Responsible for the Poverty Reduction Strategy



## Information Break



December 13, 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 Election Policy Priorities**

In anticipation of the June 2018 provincial election, alPHA's policy priorities were recently sent to Ontario's party leaders, health critics, the Minister of Health & Long-Term Care, and Attorney General. Specific asks were made on the following public health issues: tobacco endgame, oral health, universal pharmacare, cannabis legalization and opioids strategy. [View alPHA's 2018 election policy priorities here](#)

Next month, alPHA will be asking health units to reach out to their local MPPs and electoral candidates on these issues, and will be providing health units with templates on these priority issues that can be customized with their organization's logo. The goal of this ground level campaign is to influence party policy and platforms while raising awareness about these important public health issues among all candidates in the coming months.

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### **Change Management Webinars**

alPHA is working with consultant Glen Paskiw on an upcoming series of webinars focused on Change Management. The webinars are slated to take place from February to April, and will be open to all health unit staff and board of health members interested in understanding, planning and delivering change at the organizational level. Stay tuned for further news about this professional development opportunity.

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### **Public Health Professional Exchange - Deadline Extended**

Public Health Ontario and alPHA have partnered together on a public health professional exchange pilot project for health unit staff. The pilot will be a chance for public health professionals to increase skills, build networks and learn about approaches used in other organizations. A call for volunteers to participate in either the pilot project or working group was circulated in November. The deadline to respond has now been extended to January 5, 2018.

[Learn more about the Public Health Professional Exchange pilot](#)

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### **Wrap Up: Boards of Health Section Meeting, Nov. 3**

The alPHA Boards of Health Section held a successful meeting on November 3 in Toronto. Representatives from 20 boards of health heard guest presentations on the recent changes to the *Municipal Act, 2001*; research on collaboration between Public Health Units and Local Health Integration Networks; reflections on the Expert Panel report by the Association of Municipalities of Ontario; and an update from the Chief Medical Officer of Health on Zika virus and the Ontario Opioids Strategy. Closing out the day was an informative workshop on the drivers of and barriers to transformational change (i.e. large-scale change in which the end state is unclear). Many thanks to the attendees and guest speakers who participated. The next scheduled BOH Section meeting is February 23, 2018 (see below).

[View the presentations from the Nov. 3 BOH Section meeting](#) (login and password required)

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### **Winter Meetings - Save the Dates!**

On February 22, 2018, alPHA will be holding a *Public Health Executive & Administrative Assistants Conference* at the Novotel Toronto Centre hotel in Toronto. The day-long event is open to health unit staff who provide administrative support to MOHs, AMOHs, Boards of Health, and senior public health managers. Planning is underway to bring EAs and AAs an exciting day of educational sessions and networking opportunities. Look for future updates in this space and email announcements.

On February 23, alPHA's two sections--*Boards of Health* and *COMOH*--will be holding full-day member meetings also at the Novotel Toronto Centre hotel. Agendas for these business meetings are currently being drafted, and will be shared with respective members in the new year. Registration information will also be available in January.

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### **alPHA Website Feature: Correspondences**

Stay current with alPHA's advocacy efforts by visiting the Correspondences page on our website. The Association recently wrote letters to government on the *2017 Auditor General Report*, *Public Health Indicators and Transparency Frameworks* consultation document, and *O. Reg. 566 - Qualifications of Boards of Health Staff*, among other items.

[View alPHA's recent correspondences](#)

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## alPHA Board: Comings and Goings

Since the June annual conference, alPHA welcomed several new members to the current alPHA Board of Directors. They are **Hamida Bhimani**, who replaces **Maureen Cava**, from the Ontario Association of Public Health Nursing Leaders; **Don West**, replacing **Patricia Hewitt**, from the Association of Ontario Public Health Business Administrators; and Hamilton city councillor **Terry Whitehead**, the new Central West board of health representative. A warm welcome to Hamida, Don and Terry, and a sincere thank you to Maureen and Patricia for their valuable contributions to the Board.

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## TOPHC 2018

Registration is now open for The Ontario Public Health Convention's (TOPHC's) 2018 conference, *Leadership. Partnership. Change*. The event will be held March 21 to 23, 2018 at the Beanfield Centre in Toronto, and focuses on strengthening the public health sector in a transformed health system. As a conference partner, alPHA is pleased to support knowledge exchange and skills building for its members.

[Register for TOPHC 2018](#)

[Learn about the program for TOPHC 2018](#)

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## Upcoming Events - Mark your calendars!

**February 22, 2018** - Public Health Administrative and Executive Assistants Conference, Novotel Toronto Centre, 45 The Esplanade, Toronto. Book your accommodations [here](#). Registration news coming in the new year.

**February 23, 2018** - alPHA Winter Meetings (COMOH, BOH Section), Novotel Toronto Centre, 45 The Esplanade, Toronto. Registration required.

**March 21-23, 2018** - Leadership. Partnership. Change. The Ontario Public Health Convention (TOPHC) 2018, Beanfield Centre, Toronto. Register [here](#).

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

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

This email was sent to [lerouxh@sdhu.com](mailto:lerouxh@sdhu.com) from the Association of Local Public Health Agencies ([info@alphaweb.org](mailto:info@alphaweb.org)).  
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Please note that if you unsubscribe, you will no longer receive notices, important announcements, and correspondence from alPHA.

# Financial Controls Checklist

<b>Board of Health:</b>	Board of Health for the Sudbury and District Health Unit	<b>Period ended:</b>	Dec. 31/17
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## Objective:

- The objective of the Financial Controls Checklist is to provide the Board of Health and the Public Health Unit with a tool for evaluating financial controls while also promoting effective and efficient business practices.

## Responsibilities:

- This checklist is for the management of the public health unit to document that controls have been implemented. The controls listed in the checklist are not meant to be exhaustive. Management of the public health unit should outline other key controls in place for achieving the control objectives. One must note that no effective financial control is achieved by signing the checklist. The control is achieved through carrying out the key controls themselves.
- The following table outlines the responsibilities for completing and using this Financial Controls Checklist.

Description of Responsibilities	Board of Health	Management of the Public Health Unit
• Completion of Financial Controls Checklist		✓
• Review and assessment of the completed Financial Controls Checklist	✓	✓
• Ongoing design of financial controls		✓
• Ongoing preparation of policies related to financial controls		✓
• Ongoing testing of financial controls		✓
• Ongoing monitoring of financial controls testing results	✓	✓
• Approval of key financial controls and related policies	✓	✓
• Implementation of financial controls		✓

Financial controls support the integrity of the Board of Health's financial statements, support the safeguarding of assets, and assist with the prevention and/or detection of significant errors including fraud. Effective financial controls provide reasonable assurance that financial transactions will include the following attributes:

- **Completeness** – all financial records are captured and included in the board of health's financial reports;
- **Accuracy** – the correct amounts are posted in the correct accounts;
- **Authorization** – the correct levels of authority (i.e. delegation of authority) are in place to approve payments and corrections including data entry and computer access;
- **Validity** – invoices received and paid are for work performed or products received and the transactions properly recorded;
- **Existence** – assets and liabilities and adequate documentation exists to support the item;
- **Error Handling** – errors are identified and corrected by appropriate individuals;
- **Segregation of Duties** – certain functions are kept separate to support the integrity of transactions and the financial statements; and,
- **Presentation and Disclosure** – timely preparation of financial reports in line with the approved accounting method (e.g., Generally Accepted Accounting Principles (GAAP)).


Control Objective	Controls / Description	Control Deficiency (If Any) And Potential Impact
<p>1. Controls are in place to ensure that financial information is accurately and completely collected, recorded and reported.</p>	<p><b>Please select (☒) any following controls that are relevant to your board of health:</b></p> <ul style="list-style-type: none"> <li>☒ Documented policies and procedures to provide a sense of the organization's direction and address its objectives.</li> <li>☒ Define approval limits to authorize appropriate individuals to perform appropriate activities.</li> <li>☒ Segregation of duties (e.g., ensure the same person is not responsible for ordering, recording and paying for purchases).</li> <li>☒ An authorized chart of accounts.</li> <li>☒ All accounts reconciled on a regular and timely basis.</li> <li>☒ Access to accounts is appropriately restricted.</li> <li>☒ Regular comparison of budgeted versus actual dollar spending and variance analysis.</li> <li>☒ Exception reports and the timeliness to clear transactions.</li> <li>☒ Electronic system controls, such as access authorization, valid date range test, dollar value limits and batch totals, are in place to ensure data integrity.</li> <li>☒ Use of a capital asset ledger.</li> <li>☒ Delegate appropriate staff with authority to approve journal entries and credits.</li> <li>☒ Trial balances including all asset accounts that are prepared and reviewed by supervisors on a monthly basis.</li> <li><input type="checkbox"/> Other – (Please specify)</li> </ul>	<p><i>List control deficiencies and their potential impact.</i></p> <p><b>The SDHU is compliant with all items listed. No deficiencies to note.</b></p> <p><i>What is the action plan to correct the identified control deficiencies? Who is responsible to action the items? When will they be actioned?</i></p>

Control Objective	Controls / Description	Control Deficiency (If Any) And Potential Impact
<p>2. Controls are in place to ensure that revenue receipts are collected and recorded on a timely basis.</p>	<p><b>Please select (☒) any following controls that are relevant to your board of health:</b></p> <ul style="list-style-type: none"> <li>☒ Independent review of an aging accounts receivable report to ensure timely clearance of accounts receivable balances.</li> <li>☒ Separate accounts receivable function from the cash receipts function.</li> <li>☒ Accounts receivable sub-ledger is reconciled to the general ledger control account on a regular and timely basis.</li> <li>☒ Original source documents are maintained and secured to support all receipts and expenditures.</li> <li><input type="checkbox"/> Other – (Please specify)</li> </ul>	<p><i>List control deficiencies and their potential impact.</i></p> <p><b>The SDHU is compliant with all items listed. No deficiencies to note.</b></p> <p><i>What is the action plan to correct the identified control deficiencies? Who is responsible to action the items? When will they be actioned?</i></p>

Control Objective	Controls / Description	Control Deficiency (If Any) And Potential Impact
<p><b>3.</b> Controls are in place to ensure that goods and services procurement, payroll and employee expenses are processed correctly and in accordance with applicable policies and directives.</p>	<p><b>Please select (☒) any following controls that are relevant to your board of health:</b></p> <ul style="list-style-type: none"> <li>☒ Policies are implemented to govern procurement of goods and services and expense reimbursement for employees and board members.</li> <li>☒ Use appropriate procurement method to acquire goods and services in accordance with applicable policies and directives.</li> <li>☒ Segregation of duties is used to apply the three way matching process (i.e. matching 1) purchase orders, with 2) packing slips, and with 3) invoices).</li> <li>☒ Separate roles for setting up a vendor, approving payment and receiving goods.</li> <li>☒ Separate roles for approving purchases and approving payment for purchases.</li> <li>☒ Processes in place to take advantage of offered discounts.</li> <li>☒ Monitoring of breaking down large dollar purchases into smaller invoices in an attempt to bypass approval limits.</li> <li>☒ Accounts payable sub-ledger is reconciled to the general ledger control account on a regular and timely basis.</li> <li>☒ Employee and Board member expenses are approved by appropriate individuals for reimbursement and are supported by itemized receipts.</li> <li>☒ Original source documents are maintained and secured to support all receipts and expenditures.</li> <li>☒ Regular monitoring to ensure compliance with applicable directives.</li> <li>☒ Establish controls to prevent and detect duplicate payments.</li> <li>☒ Policies are in place to govern the issue and use of credit cards, such as corporate, purchasing or travel cards, to employees and board members. .</li> <li>☒ All credit card expenses are supported by original receipts, reviewed and approved by appropriate individuals in a timely manner..</li> <li>☒ Separate payroll preparation, disbursement and distribution functions.</li> <li><input type="checkbox"/> Other – (Please specify)</li> </ul>	<p><i>List control deficiencies and their potential impact.</i></p> <p><b>The SDHU is compliant with all items listed. No deficiencies to note.</b></p> <p><i>What is the action plan to correct the identified control deficiencies? Who is responsible to action the items? When will they be actioned?</i></p>

Control Objective	Controls / Description	Control Deficiency (If Any) And Potential Impact
4. Controls are place in the fund disbursement process to prevent and detect errors, omissions or fraud.	<p>Please select (☒) any following controls that are relevant to your board of health:</p> <ul style="list-style-type: none"> <li>☒ Policy in place to define dollar limit for paying cash versus cheque.</li> <li>☒ Cheques are sequentially numbered and access is restricted to those with authorization to issue payments.</li> <li>☒ All cancelled or void cheques are accounted for along with explanation for cancellation.</li> <li>☒ Process is in place for accruing liabilities.</li> <li>☒ Stale-dated cheques are followed up on and cleared on a timely basis.</li> <li>☒ Bank statements and cancelled cheques are reviewed on a regular and timely basis by a person other than the person processing the cheques / payments.</li> <li>☒ Bank reconciliations occur monthly for all accounts and are independently reviewed by someone other than the person authorized to sign cheques.</li> <li><input type="checkbox"/> Other – (Please specify)</li> </ul>	<p>List control deficiencies and their potential impact.</p> <p>The SDHU is compliant with all items listed. No deficiencies to note.</p> <p>What is the action plan to correct the identified control deficiencies? Who is responsible to action the items? When will they be actioned?</p>

Prepared by :

  
 Manager, Accounting Services

Date: January 4, 2018

Approved by :

  
 Medical Officer of Health/  
 Chief Executive Officer

Date: January 11, 2018

Received by the Board of Health at the board meeting held on:

Date: January 18, 2018



## 2017 Annual Report of the Auditor General of Ontario

*The Auditor General will be releasing the Office's 2017 Annual Report on December 6, 2017. Below are brief descriptions of the value-for-money audits conducted by the Auditor General's Office this year.*

**Assessment Review Board and Ontario Municipal Board:** The Assessment Review Board hears appeals mainly about residential and non-residential property assessments and classification. The Ontario Municipal Board hears appeals primarily related to land-use planning matters, such as amendments to municipalities' Official Plans and zoning bylaws, and minor variances. The audit assessed whether the Boards' resources for handling disputes are managed in an efficient and cost-effective manner, and whether accurate and complete data on the effectiveness of both Boards is collected, analyzed, and used to improve their operations.

**Cancer Treatment Services:** Cancer is the leading cause of death in Ontario, with more than 29,000 Ontarians estimated to have died of cancer in 2016, accounting for 30% of all deaths in the province that year. The audit assessed whether Cancer Care Ontario, in conjunction with the Ministry of Health and Long-Term Care and Ontario hospitals, has ensured that cancer treatments are provided in a timely, cost-efficient and equitable manner to meet Ontarians' needs in a cost-efficient manner.

**Community Health Centres:** Ontario's 75 Community Health Centres provide health care and community programs and services primarily to the homeless, seniors, refugees, new immigrants and low-income individuals. The audit assessed whether the Ministry of Health and Long-Term Care, in partnership with Local Health Integration Networks and CHCs, delivered programs and services through CHCs in a timely and cost-effective manner.

**Emergency Management in Ontario:** The focus of emergency management is on protecting lives, infrastructure, property and the environment, and helping to ensure the continuity of government operations and critical assets. The audit assessed whether selected ministries have effective emergency management programs in place in Ontario, and emergency management operations are carried out with due regard for economy and efficiency.

**Farm Support Programs:** Ontario's 49,600 farms cover 12.3 million acres and account for one-quarter of all farms in Canada. In 2016, Ontario's agricultural sector contributed \$4.4 billion to the provincial economy and employed almost 78,000 people. The audit assessed whether the Ministry of Agriculture, Food and Rural Affairs and Agricorp design and deliver farm-support programs efficiently and economically, in such a way that the programs support farmers in the management of their risks.

**Independent Electricity System Operator—Market Oversight and Cybersecurity:** The Independent Electricity System Operator (IESO) operates the wholesale electricity market. This includes receiving competitive price offers from power generators and electricity importers to supply electricity to Ontarians. The audit assessed whether the IESO's and the Ontario Energy Board Market Surveillance Panel's oversight of electricity market participants is sufficient, and whether market participants operate in accordance with market rules. The audit also assessed the IESO's processes that ensure critical IT assets are protected so that the reliability of the grid is maintained.

**Laboratory Services in the Health Sector:** In 2015/16, the Ministry of Health and Long-Term Care spent about \$2 billion funding 260 million tests performed by laboratory service providers. The audit assessed whether the Ministry ensured that laboratory services are accessible to Ontarians; that accurate lab test results are provided to health-care professionals in a timely manner; and that lab services are safe and cost-effective.

**Ministry Funding and Oversight of School Boards:** The Ministry of Education funds 72 district school boards to provide elementary and secondary education to about two million students. In the 2016/17 school year, the Ministry and municipalities combined provided school boards with \$23 billion in operating funding. The audit reviewed whether the Ministry has effective oversight procedures to ensure that operating funds are used by the school boards in accordance with legislation, contractual agreements and Ministry policy, and are achieving the desired education outcomes.

**Ontario Public Drug Programs:** About four million Ontarians receive drug coverage through the Ontario Public Drug Programs each year. The Ministry of Health and Long-Term Care is responsible for administering the Programs, which had a total expenditure of \$5.9 billion in the 2016/17 fiscal year. The audit assessed whether the Ministry had effective systems and procedures in place to ensure that recipients have timely access to up-to-date and cost-effective drugs and pharmacy services; payments to pharmacies and other dispensers are in accordance with legislation and agreements; and drug pricing and procurements in the public sector are reviewed to maximize cost savings.

**Public Health: Chronic Disease Prevention:** Public health works to prevent individuals from becoming sick by promoting healthy lifestyle behaviours and preventing the spread of diseases, including chronic diseases. This prevention is aimed at reducing the cost burden on the health-care system and improving population health. The audit assessed whether the Ministry of Health and Long-Term Care, Boards of Health and Public Health Ontario effectively oversee, co-ordinate and deliver chronic disease prevention programs and services.

**Real Estate Services:** The Ontario Infrastructure and Lands Corporation (Infrastructure Ontario) is a Crown agency under the Ministry of Infrastructure. Infrastructure Ontario manages a large portfolio of real estate owned and leased by Ontario Government ministries and some agencies. The audit reviewed whether Infrastructure Ontario has effectively ensured that real estate assets are acquired, managed, and disposed of with due regard for economy, and its Alternative Financing and Procurement arrangements support cost-effective management of maintenance of buildings in the public sector, such as hospitals.

**School Boards' Management of Financial and Human Resources:** School boards are responsible for promoting student achievement and well-being, and for effective stewardship of resources. In the 2016/17 school year, school boards received \$23 billion from the Ministry of Education. The audit assessed whether select Ontario district school boards in southern Ontario had effective systems and procedures in place to ensure that their use of operating funding from the Ministry complies with legislation, government directives and transfer payment funding arrangements and is achieving desired education outcomes. It also assessed whether resources are acquired with due regard for economy and are used efficiently.

**Settlement and Integration Services for Newcomers:** More than 510,000 immigrants settled in Ontario as permanent residents in the past five years. The federal government is the primary funder of services to help newcomers settle in this province, but the Ontario Ministry of Citizenship and Immigration also has a mandate to settle and integrate newcomers. The audit reviewed whether newcomers receive effective settlement services from service providers, and whether the funding to service providers is based on the needs of those they serve and proportionate with the value of the services provided.

**Social and Affordable Housing:** Housing is considered affordable when shelter costs are no more than 30% of a household's total income before taxes. A variety of government programs have developed over many years to help low-income Ontarians attain housing within their means. The audit assessed whether the Ministry of Housing has effectively delivered social housing programs within its mandate, and has a strategy toward meeting its goal of ensuring that everyone in Ontario has an affordable home.

**The 2017 Annual Report also includes:**

- follow-up reports on our 2015 audits;
- a new section following up on audit recommendations made between 2012 and 2014;
- follow-up reports on recommendations in reports issued by the Standing Committee on Public Accounts;
- a chapter on the Public Accounts of the province;
- a chapter reviewing the quality of provincial agencies' and broader-public-sector organizations' public reporting on their activities through their annual reports; and
- our review of government advertising for the last fiscal year under the *Government Advertising Act, 2004*.

*Statement***Statement by the Minister of Health and Long-Term Care on the Auditor General's Reports**

December 6, 2017

Today, Dr. Eric Hoskins, Minister of Health and Long-Term Care issued the following statement on the Auditor General's reports:

**Ontario Drug Programs**

"We would like to thank the Auditor General for her report on the Ontario Drug Programs and the recommendations that follow. As noted by the Auditor General, the Pan-Canadian Pharmaceutical Alliance has successfully lowered drug prices for people in Ontario and across Canada, resulting in \$1.3 billion in annual savings. There is more that can be done to ensure we are getting the best price for drugs so those savings can be reinvested into funding new innovative drug therapies. Canada is the only industrialized country with universal health insurance, but no national pharmacare strategy. We know it's going to take leadership to get this done, but we have an opportunity to lead the way in Ontario. Pharmacare would provide a cohesive, national approach for drug coverage. We look forward to continuing that conversation with our provincial, territorial and federal partners to help ensure affordability for government and access for patients."

**Cancer**

"I would like to thank the Auditor General for her report on Ontario's cancer care system. The Auditor correctly points out that from an outcomes perspective, our system is excelling at providing timely, lifesaving treatment to those who need it most. We are fortunate to have a system that has the best survival rates for breast, colorectal and lung cancers in Canada and a cancer mortality rate that, according to World Health Organization figures, is among the best in the world, comparing favorably to the United States, United Kingdom, Netherlands and France.

We are already hard at work on improving the service delivery and outcomes on a number of the Auditor General's recommendations and look forward to reviewing all of her findings in greater detail. For example, we have increased funding for blood cancers, including stem cell transplants over the

last two years by over \$73 million to help build capacity here in the province. As well as investing in new capital projects at Sunnybrook Hospital, Hamilton Health Sciences, London Health Sciences Centre, The Ottawa Hospital and University Health Network.

With respect to cancer drugs, we recognize that some drugs can be costly to Ontarians, and we know there is more than can be done. That is why it's so important we are launching OHIP+: Children and Youth Pharmacare to provide over 4,400 prescription drugs on our formulary to children and youth 24 and under at no cost, and that we continue to work with our provincial, territorial and federal partners towards the goal of national pharmacare."

### **Chronic Disease**

"Our government takes the health promotion and prevention of chronic disease very seriously. Over the years, we have taken a number of steps to enhance provincial programming specifically to ensure that Ontarians are aware of healthy lifestyle options and know the services that are available to them. Our community paramedicine program, made permanent last year, includes education by paramedics to help people learn about healthy living and chronic disease prevention. We increased the number of Diabetes Education Teams from 220 to 321 to help people manage their diabetes and related complications. Since 2014, over 73,000 people have participated in community-based diabetes prevention activities, including modifying behaviour, screening for risk factors and increased diabetes awareness.

Ontario's Healthy Kids Strategy was launched in 2013 and focuses on key interventions to support healthy weights among children and youth through increased physical activity and healthy eating. Ontario is also the only province to require the posting of calories on menu boards in regulated food premises, to help families make informed choices by giving people information about what they eat, when ordering in or dining out.

As a result of concerted efforts, such as through the Smoke-Free Ontario Strategy, the province has decreased the smoking rate from 20.9 per cent in 2005 to 17.4 per cent in 2014. We know however, there is more that can be done, and that it is crucial that we continue to work with our public health units and partners across Ontario to ensure we are utilizing local expertise and experience. We would like to thank the Auditor General for her recommendations and I look forward to reviewing with my ministry."

## **Hospital and Community Labs**

"Community labs are a key component of the health care system. That is why our government continues to take steps to improve value, access and utilization of laboratory services across the province. We agree with the Auditor General that Ontarians should have access to laboratory tests that are both safe and accurate, and provided within a timely manner. We recognize the importance of laboratory and genetic services in Ontario and have taken a number of steps to modernize the sector. In 2015, the ministry established the Laboratories and Genetics Branch to improve value, access, accountability and quality of service. We are also consulting with patients and our lab partners to enhance access to community lab services in northern and rural areas of the province. We thank the Auditor General for her recommendations and we will continue our efforts to increase capacity and capability across the health care system for laboratory services."

## **Community Health Centres**

"Our government agrees with the Auditor General that Community Health Centres across Ontario provide important health care access to over half a million Ontarians, many of whom are vulnerable populations including new Canadians, homeless populations and seniors. The Patient's First Act was an important first step to help our system empower local health care planners and ensure we are providing targeted, evidenced based resources equitably across the province. We would like to thank the Auditor General for her recommendations on how we can further strengthen community health centres in Ontario."

## **CONTACTS**

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1-866-532-3161  
[ontario.ca/health-news](http://ontario.ca/health-news)

Laura Gallant  
Minister's Office  
416-327-4450

## Chapter 3

Ministry of Health and Long-Term Care

### Section 3.10

# Public Health: Chronic Disease Prevention

## 1.0 Summary

Public health works to prevent and protect individuals from becoming sick by promoting healthy lifestyle behaviours and preventing the spread of diseases. One of public health's functions is to prevent chronic diseases. Chronic diseases are those that persist for a long time and generally cannot be prevented by vaccines or cured by medication. Major chronic diseases include cardiovascular and respiratory diseases, cancer and diabetes.

In Ontario, the number of people living with these chronic diseases has been on the rise. For example, the prevalence, that is, the number of cases of a disease in a population at a given time, increased from 2003 to 2013 in the following four health conditions:

- diabetes increased by 65%;
- cancer by 44%;
- high blood pressure by 42%; and
- chronic obstructive pulmonary disease (a type of respiratory disease) by 17%.

People living with chronic diseases may have a poorer quality of life than the general population.

Research from the Institute for Clinical Evaluative Sciences, a not-for-profit research institute that conducts research on Ontario's health-related data, shows that chronic diseases place a significant cost burden on the health system. According to its 2016

report, four modifiable risk factors that contribute to chronic diseases—physical inactivity, smoking, unhealthy eating and excessive alcohol consumption—cost Ontario almost \$90 billion in health-care costs between 2004 and 2013.

Fortunately, most chronic diseases are preventable or their onset can be delayed by limiting these modifiable risk factors. Ontario has focused on and has had some success in reducing smoking—between 2003 and 2014, the smoking rate decreased by just under five percentage points from 22.3% to 17.4%. And, according to Cancer Care Ontario, the decrease and stabilization of the incidence rate—the number of new cases of a disease that develop in a given period of time—of small cell lung cancer, a condition almost entirely caused by tobacco use, may be the result of the historical decline in tobacco use in Ontario.

However, Ontario has not placed a similar focus on addressing the other modifiable risk factors to assist in reducing the burden of chronic diseases—even though research has noted that physical inactivity contributed more to health-care costs than smoking.

There are opportunities for the Ministry of Health and Long-Term Care (Ministry), Public Health Ontario (a provincial agency tasked with providing scientific and technical advice to government on public health issues) and the 36 public health units (organizations accountable to the

Province and mostly funded by the Ministry that have a mandate to plan and deliver programs and services to reduce the burden of chronic diseases) to work better together to address the key modifiable risk factors of chronic diseases.

Similarly, the Ministry can work better with other provincial ministries—such as education, environment and transportation—to develop public policies that would take into account their effect on the health of the population, which would further promote a better quality of health for Ontarians.

We found that significant inefficiencies exist across the public health units because there are limited formal systems in place to co-ordinate their activities and share best practices, with many public health units separately conducting research and obtaining needed data.

As well, the Ministry does not fully measure public health units' performance in chronic disease prevention. Specifically, the Ministry does not measure the public health units' performance and activities in the areas of physical activity, healthy diet and healthy weight, and has not set any measurable goals to improve overall population health. Consequently, it cannot ensure that public health units and all the other recipients of provincial funding on chronic disease prevention are making progress in helping Ontarians live longer and healthier lives.

In addition, following a number of previous Ministry-commissioned studies that identified the need to improve the public health service delivery model, the Minister of Health and Long-Term Care appointed an Expert Panel on Public Health to provide advice on the optimal structural, organizational, and governance changes needed for public health as part of transforming the health-care system. The Ministry released the Expert Panel's report—*Public Health Within an Integrated Health System*—in July 2017 that included a number of recommendations, including one on reducing the 36 public health units to 14 regional public health entities to better deliver public health services. The Ministry was undertaking consultation on the

Expert Panel's recommendations when we completed our audit.

Our other significant concerns are as follows:

- **Ontario has no overarching chronic disease prevention strategy.** The Province has no overarching policy framework on chronic disease prevention to guide overall program planning and development. Such a framework would outline the goals and objectives of chronic disease prevention programming, provincial targets that focus on health outcomes, and the roles and responsibilities of the various parties involved in planning, delivering and evaluating public health programs designed for preventing chronic diseases. In contrast, British Columbia has established long-term goals and targets to drive system-wide action and improve health outcomes. As well, it has a policy framework for using evidence to design interventions that address the major risk factors for chronic diseases. As will be noted, British Columbians already generally live longer than Ontarians.
- **Some public health units faced challenges in accessing schools to provide health promotion programs.** Because changing health behaviours early, as opposed to later in life, is more effective and has a more long-lasting impact, public health practitioners often target children as a priority population to deliver healthy living programs. While the public health units have a mandate to work with schools, the lack of co-ordination at the provincial level to help deliver public-health programs and services at the local level in schools has limited the public health units' ability to influence healthy living behaviours in young children. As a result, public health units spend resources to build relationships and persuade schools to participate in effective public health programs instead of on actual service delivery.
- **No consistent provincial leadership to co-ordinate public health units' updating of evidence, sharing of best practices, and**

**development of monitoring systems on health promotion programs.** Because no provincial body actively updates evidence, shares best practices, and develops surveillance systems on health promotion programs on a regular basis to help the public health units design programs to meet their local needs, public health units have undertaken research and developed local solutions independently. We noted significant duplication of effort and instances of variation in the depth of the research and type of information gathered. For example, two-thirds of public health units reported having independently reviewed evidence and best practice on school-based programs that promote healthy weights, healthy eating or physical activity. As well, public health units tend to work individually to develop systems to collect data, and the type of data collected differed among these public health units, resulting in data not being comparable.

- **Not all public health units have access to necessary epidemiological data.** Having complete and accurate data is important because the public health units are required to assess and monitor population health and evaluate the effectiveness of their programs under the Ontario Public Health Standards. We found that public health units have not all been able to access complete and current epidemiological data to study the patterns, causes and effects of health and disease within populations. For example, Ontario does not have enough data on children and Indigenous populations to meet local needs for population health assessment and surveillance, program planning and evaluation. In addition, no central body is responsible for collecting and disseminating this data to public health units, resulting in some public health units not having access to such information. As well, some units may not be using current data to plan programs because

Statistics Canada's Canadian Community Health Survey does not provide adequate sample sizes for local analysis within these public health units' areas. In his 2015 report, the Chief Medical Officer of Health also highlighted the importance of local data and recommended that the Province undertake a provincial population health survey that collects data at the local levels.

- **Public health units individually indicated that they have limited capacity to perform epidemiological analysis to help guide and monitor their programs.** Even in instances where the data is available, some public health units indicated that they do not have the required time and/or staff expertise to review and analyze epidemiological data. The Ministry did not establish specific standards on how much epidemiological work the public health units have to undertake for chronic disease prevention, or assess whether certain epidemiological analyses should be conducted centrally. As a result, there is no assurance that public health units that lack sufficient epidemiologist resources have conducted the proper analysis of population data to help guide and monitor their programming.
- **At some public health units, program evaluations were not conducted to determine whether their programs had a positive impact.** We noted cases where some public health units did not evaluate new programs, or measure the programs' effectiveness, as required by the Ministry. For example, three of the four health units we visited have been delivering school-based programs without having conducted any evaluation of these programs. We also found that public health units have a different understanding of what constitutes an evaluation, and apply different levels of rigour on their own evaluations, because the Ministry has not specified a particular evaluation method. Furthermore, one study conducted in 2015 by public health units

themselves has indicated that most health units do not have the necessary capacity to evaluate programs. Without these evaluations, public health units cannot demonstrate that their programs have been effective in improving the health outcome of their population. As well, public health units did not always define and measure whether they have achieved the objectives of their chronic disease prevention programs. For example, in one of the four public health units we visited, we noted that it had an objective of reducing the consumption of sugar-sweetened beverages in its geographic area but had not measured the change in consumption of these beverages.

- **Current provincial performance indicators do not fully measure public health units' performance in preventing chronic diseases and promoting health.** There are no indicators to measure public health units' achievement toward reducing key risk factors, such as physical inactivity, unhealthy eating and unhealthy weights. As well, public health staff noted that results in a number of performance indicators, such as the rate of youth that have not smoked a whole cigarette and the rate of adults that consume alcohol above the Low-Risk Drinking Guidelines, cannot be solely attributed to the effort of the public health units. These indicators involve both the work of public health units and others, such as schools and community-based organizations. As a result, using these performance indicators, the Ministry could not sufficiently measure whether public health units were effective in providing chronic disease prevention programs and services in their local community.
- **Ministry has started to address funding equity but full implementation of the needs-based funding model may take up to 10 years.** The Ministry developed a new funding model to identify an appropriate share for each public health unit following a recommendation in 2013 by the Funding Review

Working Group. In 2015, the Ministry started applying this new model, but has not set a target date for when the public health units will reach their modelled share of funding. The Ministry estimated it could take 10 years to ensure public health funding is more equitably allocated to all health units, assuming a 2% growth rate and that future incremental funds are targeted to units that do not yet receive modelled share of funding. As a result, some public health units may continue to experience funding inequities.

This report contains 11 recommendations, consisting of 22 actions, to address our audit findings.

## Overall Conclusion

The Ministry of Health and Long-Term Care (Ministry) does not have the needed processes and systems in place to ensure that public health units plan and deliver chronic disease prevention programs and services in a cost-effective manner. As well, the Ministry has not sufficiently supported co-ordination among the provincial ministries or public health units. Such co-ordination would help public health units plan and deliver programs more efficiently.

The Ministry also has not ensured whether Public Health Ontario provides the necessary and sufficient support to the public health units with scientific and technical advice in the areas of population health assessment, epidemiology and program planning and evaluation.

Further, the Ministry does not guide public health units on a methodology to evaluate their programs. The public health units need a methodology to evaluate, measure and report on whether their chronic disease prevention and health promotion programs have been effective in reducing the cost burden on the health-care system and improving population health outcomes.

## OVERALL MINISTRY RESPONSE

The Ministry of Health and Long-Term Care (Ministry) welcomes the recommendations contained in the Auditor General's report and the report's emphasis on the prevention of chronic diseases. Chronic diseases carry a significant burden of illness in Ontario and around the world, and can often be prevented or reduced by addressing modifiable risk factors such as unhealthy eating, physical inactivity, tobacco use and harmful use of alcohol.

Ontario has made progress in the area of chronic disease prevention. For instance:

- The Province's Smoke-Free Ontario Strategy, which aims to achieve the lowest smoking rates in Canada, has greatly reduced tobacco use and lowered health risks to non-smokers in Ontario over the past 11 years. As a result of concerted efforts, the Province has decreased the smoking rate from 20.9% in 2005 to 17.4% in 2014.
- The Healthy Kids Strategy, a cross-government initiative launched in 2013, focuses on key interventions to support healthy weights among children and youth through increased physical activity and healthy eating. This strategy includes new provincial legislation requiring the posting of calories on menu boards at regulated food premises, and implementation of the Healthy Kids Community Challenge in 45 communities across Ontario.
- The Ministry and public health units are actively involved in promoting the Low-Risk Alcohol Drinking Guidelines to support a culture of moderation and provide consistent messaging about informed alcohol choices and responsible use. Over 65 stakeholders have been consulted to inform the development of a provincial Alcohol Strategy.
- The Ministry has embarked on a process to modernize the current Ontario Public Health Standards with an enhanced focus

on outcomes, accountability, evaluation, transparency and collaboration. Within the modernized standards, which are expected to come into effect January 1, 2018, chronic disease prevention programming will be responsive to local needs, informed by evidence, and supported by an integrated health system.

Building on these achievements, the Ministry is currently developing an integrated provincial strategy to further increase adoption of healthy living behaviours and reduce risk factors for chronic diseases across the lifespan, including unhealthy eating, physical inactivity, harmful use of alcohol, and tobacco use, while recognizing the impact of social determinants of health. These audit recommendations will contribute significantly to the development of the provincial strategy, which aims to promote health, prevent disease and help all Ontarians live long, healthy lives.

## 2.0 Background

### 2.1 Overview of Public Health

Public health focuses on the health and well-being of the whole population through the promotion and protection of health and the prevention of illness. Public health involves a wide variety of activities such as:

- inspecting food premises and tobacco retailers;
- providing immunizations to children and adults;
- investigating cases and outbreaks of infectious diseases to prevent further spread;
- providing support to new parents for healthy babies;
- collecting and analyzing epidemiological data to assess the health of the population; and
- promoting healthy living programs to prevent chronic diseases, such as cardiovascular disease and cancer.

November 27, 2017

Valued Partner & Supporter:  
 Sudbury, Ontario

RE: 2017 Winter Clothing Drive

SUDBURY & DISTRICT HEALTH UNIT Medical Officer of Health and CEO	
DEC 12 2017	
Environ Health _____	RRED _____
CFS _____	SEU _____
Corporate Services _____	<b>Board</b> _____
Health Promotion _____	Committee _____
Date ( ) Circulate ( ) Return ( ) P.V. ( )	

Dear Friend:

Our 2017 winter clothing drive campaign was a huge success!

The reason for this success was because of caring, involved, and committed people just like you and your passion to help our fellow citizens. Without your support and valued contribution to the campaign we would not have been able to reach our goals set out and exceed them.

Although we had a volume goal of items to collect and distribute, our main goal and focus was and always will be to **"make winter a little warmer"** for those in need.

Through hard work and generosity demonstrated by our community we were able to collect and distribute:

- **4,014 winter coats**
- **932 snow suits**
- **9,057 hats/gloves/scarves**
- **435 pair of boots**
- **14,438 TOTAL ITEMS**

We look forward to your support and valued partnership for our 2018 campaign which we will be upon us before you know it. Stay tuned for more details in the New Year.

On behalf of Cooper Equipment Rentals, Our Children Our Future, and the countless people in our community that were impacted by this campaign... **THANK YOU!**

With appreciation and gratitude,

Derek L. Cashmore  
 Campaign Chair  
 (249) 878-0775  
 dcashmore@cooperequipment.ca

FOR MORE  
 INFORMATION, CALL



22 Pacific Avenue, Sudbury ON P3C 3H9  
 P) 705.560.2960 – F) 705.560.1941

**CERTIFICATE**



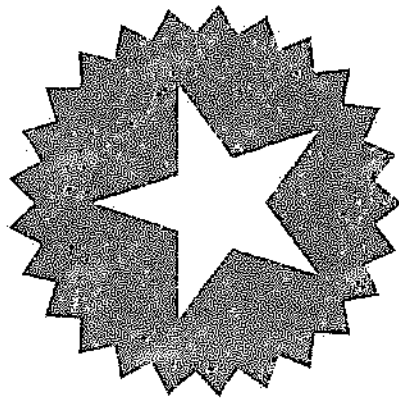
**APPRECIATION**

# Sudbury District Health Unit

IS THANKED FOR THEIR OUTSTANDING SUPPORT AND HELP WITH

## WINTER CLOTHING DRIVE 2017

POWERED BY COOPER EQUIPMENT RENTALS IN SUPPORT OF OUR CHILDREN OUR FUTURE



PRESENTED BY:

Derek Cashmore – Campaign Chair

ON THIS DAY:

November 30, 2017

**Thomas Teahen**  
President & CEO  
Président-directeur général



**Head Office:**  
200 Front Street West  
Toronto, Ontario  
Canada M5V 3J1

**Siège social :**  
200, rue Front Ouest  
Toronto (Ontario)  
Canada M5V 3J1

November 27

Penny A. Sutcliffe, Medical Officer of Health  
Sudbury & District Health Unit  
1300 Paris St.  
Sudbury, ON P3E 3A3

(416) 344-4009  
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TTY / ATS : 1-800-387-0050  
Toll-free / Sans frais : 1-800-387-0750  
[www.wsib.on.ca](http://www.wsib.on.ca)

Dear Ms. Sutcliffe,

Congratulations on your recent Gold award in the Public Sector category at the 2017 Canada's Safest Employer Awards. I was pleased to attend this event honouring the outstanding efforts by employers like you to raise the bar on workplace health and safety.

Health and safety is central to our mandate at the Workplace Safety and Insurance Board. We recognize the positive impact health and safety has on the well-being of Ontarians and Ontario businesses.

Thank you for your partnership in fostering a culture where employees across our province return home as healthy and safe as when they came into work.

Sincerely,

Thomas Teahen  
President & CEO

<b>SUDBURY &amp; DISTRICT HEALTH UNIT</b>			
<b>Medical Officer of Health and CEO</b>			
<b>DEC 12 2017</b>			
Environ Health	_____	RRED	_____
CFS	_____	SEU	_____
Corporate Services	_____	Board	_____
Health Promotion	_____	Committee	_____
File ( )	Circulate ( )	Return ( )	F.Y.I ( )



**WINTER 2018 MEETINGS**  
**FEBRUARY 23, 2018**  
**NOVOTEL TORONTO CENTRE**  
**45 THE ESPLANADE, DOWNTOWN TORONTO**

**BOARDS OF HEALTH SECTION MEETING**  
8:30 AM – 3:00 PM (tentative)

A meeting for Ontario  
board of health members

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

**COMOH SECTION MEETING**  
8:30 AM – 4:30 PM (tentative)

A meeting for Ontario  
Medical Officers of Health,  
Associate Medical Officers of Health  
& PHPMRs

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

**APPROVAL OF CONSENT AGENDA**

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

# Sudbury & District Board of Health

## Meeting Evaluations - 2017

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After every Sudbury & District Board of Health meeting, Board of Health members are asked to complete a post-meeting evaluation survey. Overall, most of the Board of Health members (78%-100%) who attended the Board of Health meetings in 2017 completed a post-meeting evaluation survey.

**Table 1: Board of Health Response Rate by Month, 2017**

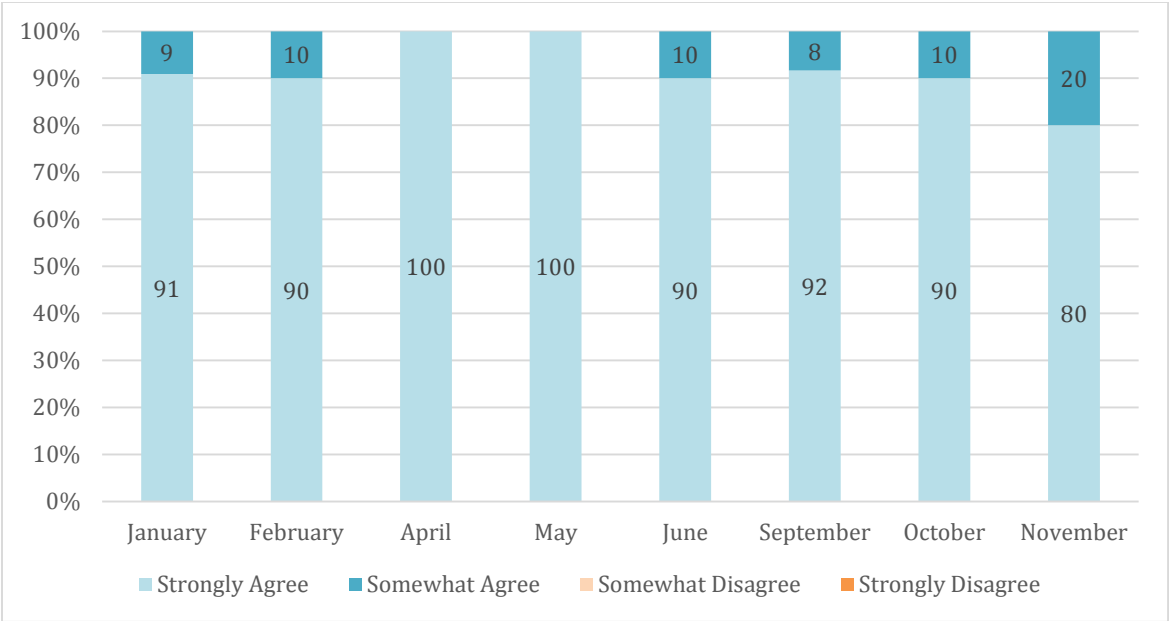
Month	Completed Evaluations	Attendance	Response Rate%
January	11	11	100%
February	10	11	91%
April	8	9	89%
May	7	9	78%
June	10	10	100%
September	12	13	92%
October	10	10	100%
November	10	11	91%

In these post-meeting evaluation surveys, Board of Health members are asked to reflect on various aspects of the meeting and to state their level of agreement or disagreement with the following statements:

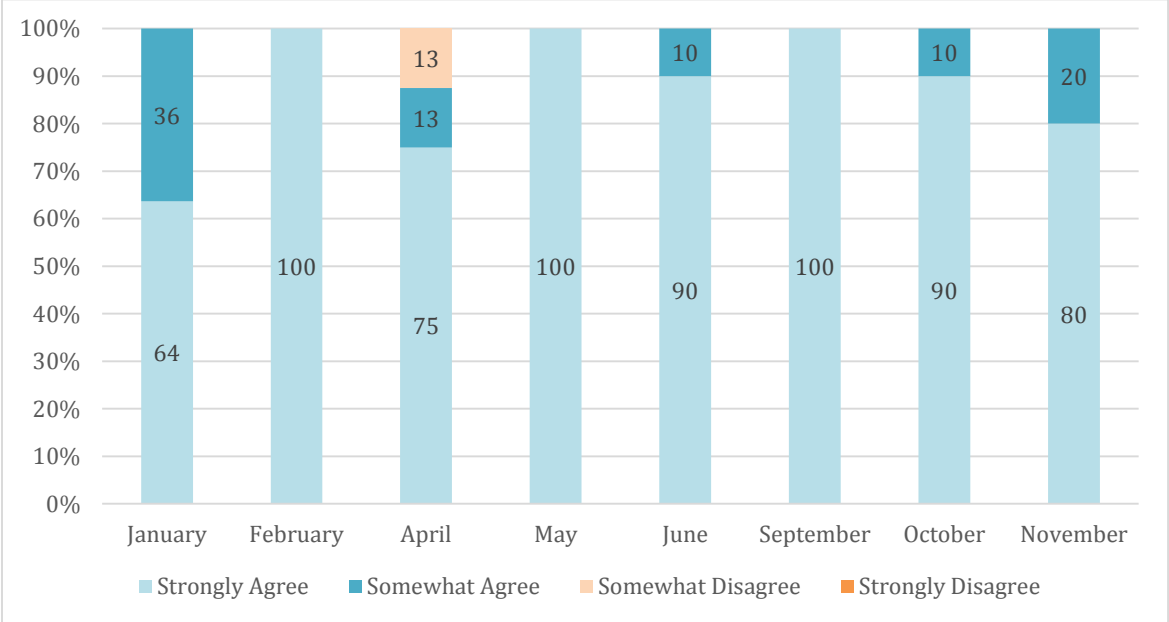
1. The Board agenda package contained appropriate information to support the Board in carrying out its governance leadership role.
2. The delegation/presentation was an opportunity for me to improve my knowledge and understanding of an important public health subject.
3. The MOH/CEO report was informative, timely and relevant to my governance role.
4. Overall, Board members participated in a responsible way and made decisions that further the SDHU vision and mission.
5. There is alignment with items that were included in the Board agenda package and the SDHU's 2013-2017 Strategic Plan.
6. Board members' conduct was professional, cordial and respectful.

Overall, there was negligible disagreement reported by Board of Health members relative to these six statements. Figures 1-6 below provide a breakdown for each question by month.

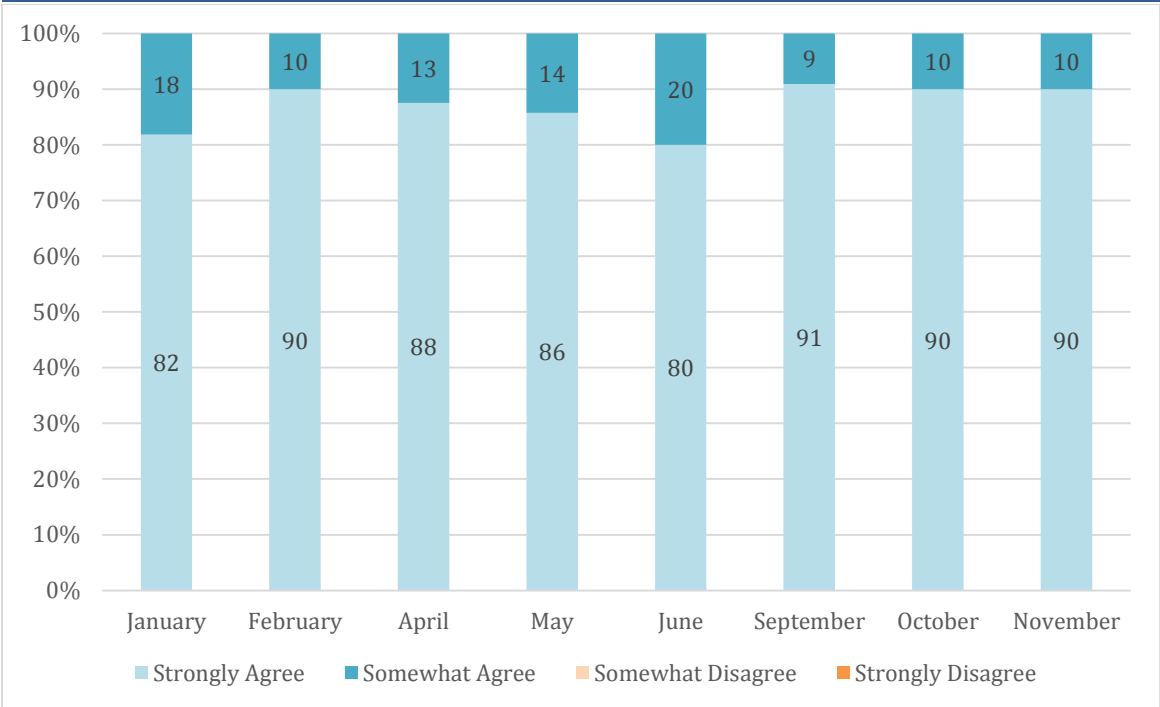
**Statement #1: The Board agenda package contained appropriate information to support the Board in carrying out its governance leadership role**



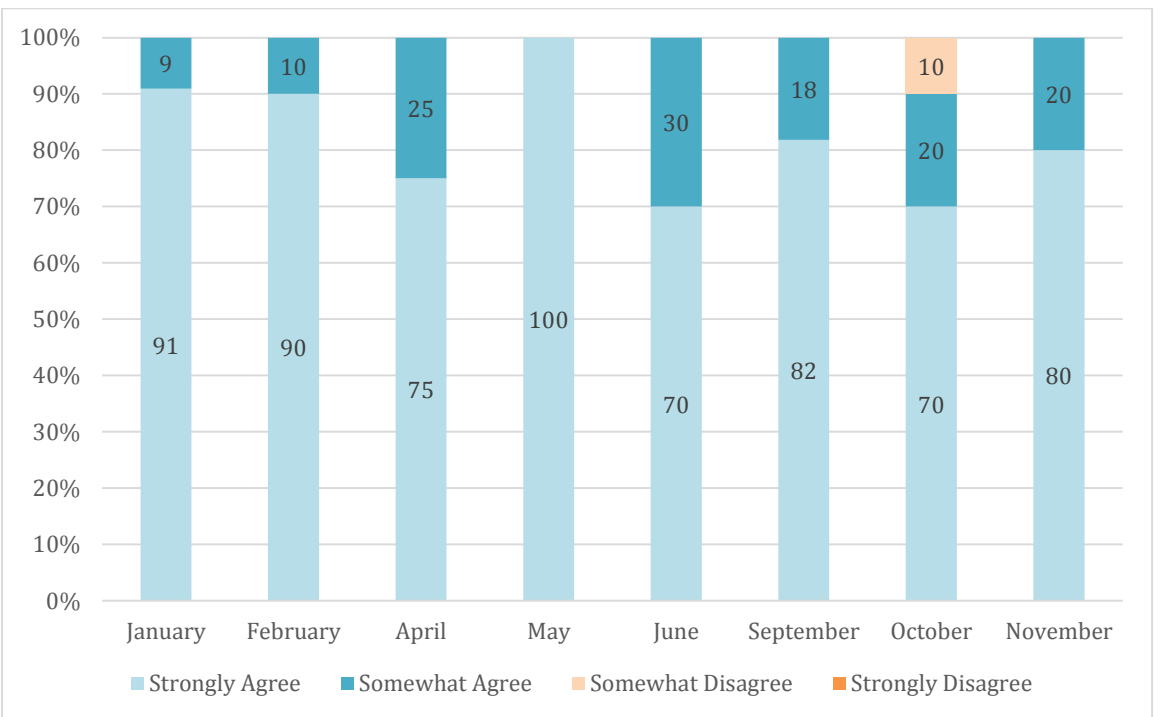
**Statement #2: The delegation/presentation was an opportunity for me to improve my knowledge and understanding of an important public health subject**



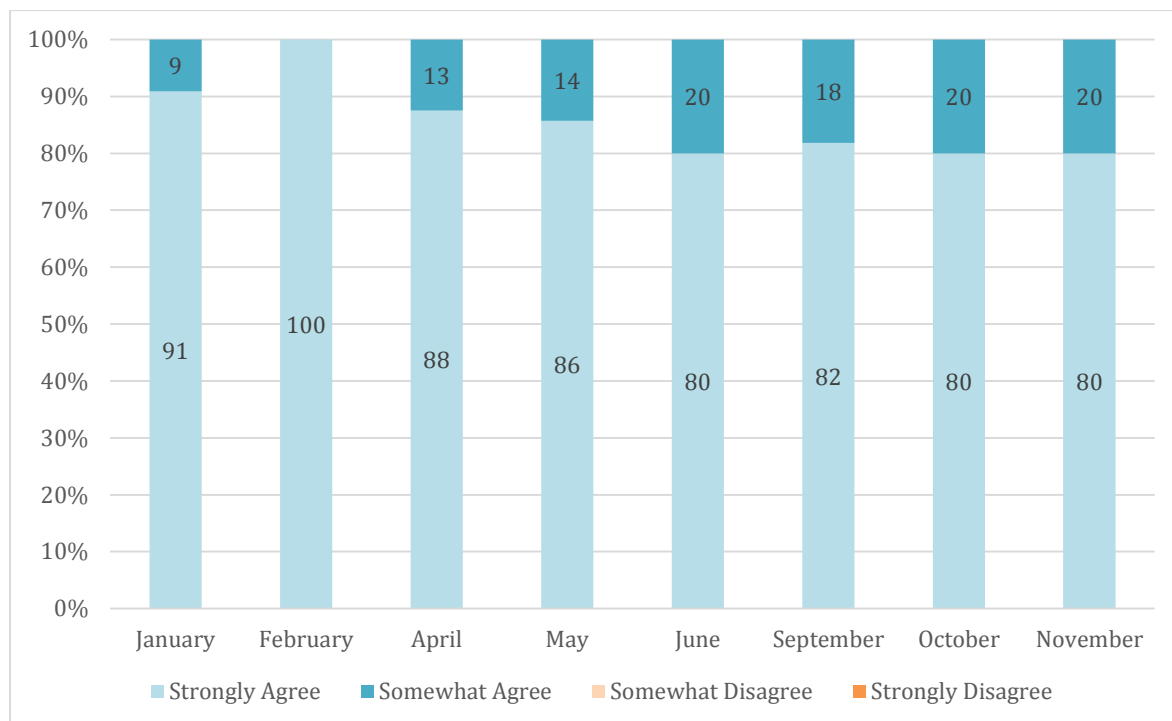
**Statement #3: The MOH/CEO report was informative, timely and relevant to my governance role**



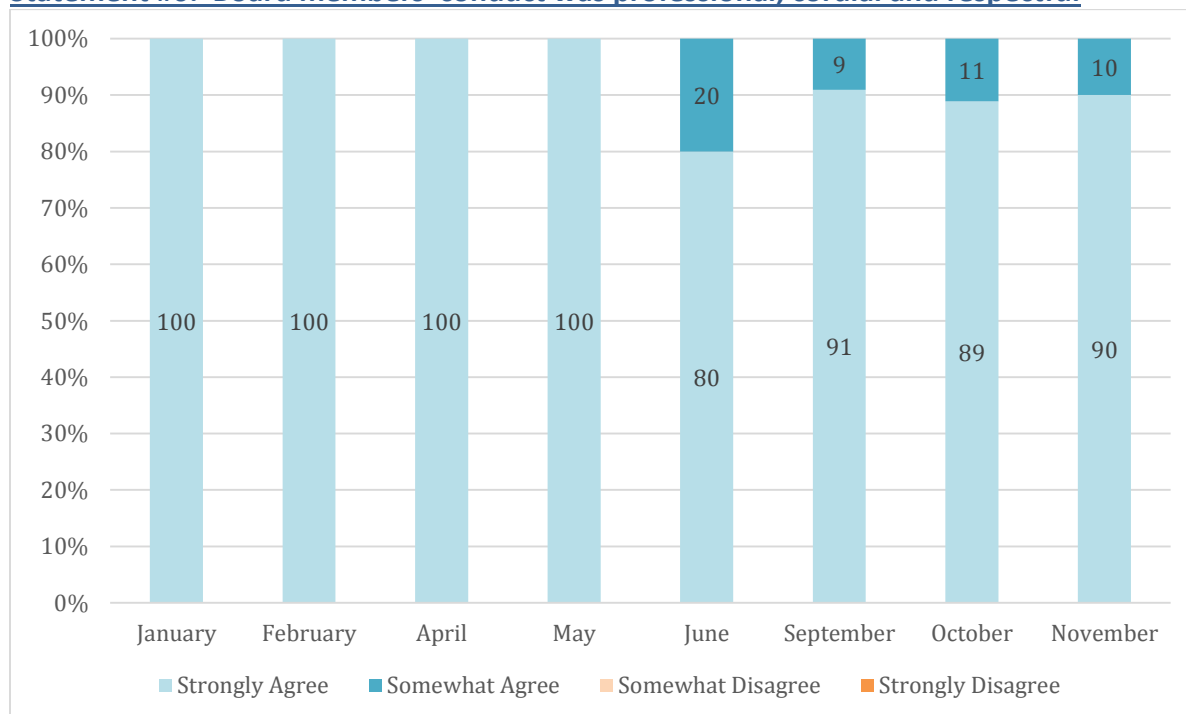
**Statement #4: Overall, Board members participated in a responsible way and made decisions that further the SDHU vision and mission**



**Statement #5: There is alignment with items that were included in the Board agenda package and the SDHU's 2013-2017 Strategic Plan**



**Statement #6: Board members' conduct was professional, cordial and respectful**



Combined responses for all eight monthly Board of Health meetings are found in the table below.

**Table 2: Overall Response to Statements**

Statement	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	Total Responses
1. The Board agenda package contained appropriate information to support the Board in carrying out its governance leadership role.	70 (89.7%)	8 (10.3%)	0 (0.0%)	0 (0.0%)	78
2. The delegation/presentation was an opportunity for me to improve my knowledge and understanding of an important public health subject.	67 (87.0%)	9 (11.7%)	1 (1.3%)	0 (0.0%)	77
3. The MOH/CEO report was informative, timely and relevant to my governance role.	67 (87.0%)	10 (13.0%)	0 (0.0%)	0 (0.0%)	77
4. Overall, Board members participated in a responsible way and made decisions that further the SDHU vision and mission.	63 (81.8%)	13 (16.9%)	1 (1.3%)	0 (0.0%)	77
5. There is alignment with items that were included in the Board agenda package and the SDHU's 2013-2017 Strategic Plan.	66 (85.7%)	11 (14.3%)	0 (0.0%)	0 (0.0%)	77
6. Board members' conduct was professional, cordial and respectful.	71 (93.4%)	5 (6.6%)	0 (0.0%)	0 (0.0%)	76

### Comments and suggestions

In each meeting evaluation survey, Board of Health members were given the opportunity to provide feedback on the things they liked/disliked about the meeting, and to provide suggestions on how to improve future meetings.

Many of the respondents took the opportunity to praise and show appreciation for how excellent and informative the meetings have been while being conducted in a timely, respectful, and professional fashion.

The Board of Health members also commented on the great open discussions on things like the Expert Panel report, the budget, and the annual board self-evaluation survey. Other positive comments were related to the time allotted for questions and comments, the clarification on items provided at meetings, and the amount of information provided to inform items and motions going forward.

Other positive aspects noted by respondents included the educational presentations before and during the Board meetings on key topics such as food insecurity and the overview of the Strategy Map. Some newer members also commented on the welcome they received from Board of Health members.

There was a comment about ensuring adequate time to review addendum items before requesting declaration of conflicts.

Overall, all comments received for the monthly meeting evaluations were positive.

## ATTENDANCE REGISTER – 2017 REGULAR BOARD OF HEALTH MEETINGS

Date of Meeting	01/19/17	02/16/17	04/20/17	05/18/17	06/15/17	09/21/17	10/19/17	11/23/17	Total	%
Type of Meeting	Board	Board	Board	Board	Board	Board	Board	Board		
Bailey, Maigan	√	√	√	√	√	√	regrets	regrets	6/8	75 %
Bradley, Janet	√	√	regrets	√	√	√	√	√	7/8	87.5 %
Crispo, James					√ (via t/c)	√	√	√	4/4	100 %
Huska, Jeffery	√	√	regrets	√	regrets	√	regrets	√	5/8	62.5 %
Kirwan, Robert	√	√	regrets	√	regrets	√	√	regrets	5/8	62.5 %
Lapierre, René	√	√	√	√	√	√	√	√	8/8	100 %
Lemieux, Richard	√	√	√	regrets	regrets	√	resigned		4/6	66.6 %
Loftus, Monica								√	1/1	100 %
Meikleham, Stewart	regrets	√	√	√	regrets	√	resigned 2017-09-26		4/6	66.6 %
Miedema, Thoma								√	1/1	100 %
Myre, Paul	√	regrets	√	√	√	√	√	regrets	6/8	75 %
Noland, Ken	√	√	√	regrets	√	√	√	√	7/8	87.5 %
Pilon, Rita	√	√	√	regrets	√	√	√	√	7/8	87.5 %
Signoretti, Mark	√	√	√	√	√	regrets	√	√	7/8	87.5 %
Sykes, Nicole					√	√	√	√	4/4	%
Thain, Carolyn	√	√	√	√	√	√	√	√	8/8	%

### Board of Health Manual Policy G-I-30 - By-law 04-88

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

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

## **2018 – 2022 STRATEGIC PLAN**

### **MOTION:**

**WHEREAS the Organizational Requirements of the Ontario Public Health Standards, 2018, stipulate that the board of health shall have a strategic plan that establishes strategic priorities over 3 to 5 years, includes input from staff, clients, and community partners, and is reviewed at least every other year; and**

**WHEREAS the Sudbury & District Board of Health has engaged in a thorough review and engagement process to develop a new strategic plan following its 2013-2017 cycle; and**

**WHEREAS the Board concurrently reviewed its 2003 Visual Identity and Brand Guidelines;**

**THEREFORE BE IT RESOLVED THAT the Sudbury & District Board of Health endorse the 2018 – 2022 Strategic Plan and Visual Identity as presented; and**

**FURTHER THAT the Board direct the Medical Officer of Health to operationalize the Strategic Plan and develop a monitoring process for the Board's approval.**

# Briefing Note

**To:** Board of Health Chairperson

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

**Date:** January 11, 2018

**Re:** Incremental Costs for Implementation of Ontario Public Health Standards, 2018

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☐ For Information

☒ For Discussion

☒ For a Decision

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**Issue:**

The incremental costs estimates for the implementation of the *Ontario Public Health Standards: Requirements for Programs, Services, and Accountability (OPHS)*, released at the November 16, 2017 Public Health Summit, were not included in the 2018 budget for cost-shared programs and services approved by the Board of Health at its November 23, 2017 meeting. This briefing note provides information on these incremental costs.

**Recommended Action:**

**Whereas** at its meeting of November 23, 2017, the Sudbury & District Board of Health approved the 2018 budget for cost-shared programs and services that did not incorporate incremental costs associated with implementing the newly released Ontario Public Health Standard; and

**Whereas** the Board Finance Standing Committee has reviewed these cost estimates and recommends them to the Board for approval;

**Therefore be it resolved that** the Sudbury & District Board of Health request an additional \$2.54M in base funding from the Ministry of Health and Long-Term Care to offset incremental costs associated with implementing the *Ontario Public Health Standards: Requirements for programs, services and accountability, 2018*.

**1. Background:**

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.

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<sup>1</sup> 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

The timing of the release of the Standards was such that the Board, in approving the 2018 operating budget for cost-shared programs and services on November 23, 2017, was apprised that management would undertake a careful review of the new requirements and related costing with the aim of seeking the Board's approval at its next meeting for a request for additional Ministry funds.

The MOHLTC current funding policy with respect to local public health is to consider grants of up to 75% of board-approved budgets for cost-shared programs and services. Based on historical funding levels, the Sudbury & District Board of Health's 2018 cost-shared budget includes a MOHLTC grant at 69% of the total approved by the Board. This gap in Ministry funding allows for a request for additional provincial funds without requisite municipal funding.

## **2. Implementation Estimates:**

### **2.1 Implementation Details**

Table 1 in Attachment 1 provides details of the implementation pressures expected to be experienced by the Sudbury & District Health Unit. The Table is organized according to the Standards and the Programs of the Ontario Public Health Standards, 2018.

Financial details are found in Schedule 1 in Attachment 2.

### **2.2 Expenditure Summary**

FTEs	28.05
Salaries	\$1,801,606
Benefits	\$616,853
Operating	\$123,341
<b>Total</b>	<b>\$2,541,800</b>

## **3. Conclusion:**

There are significant implementation costs associated with the implementation of the *Ontario Public Health Standards: Requirements for Programs, Services, and Accountability*, 2018.

It is proposed that the Board Finance Standing Committee, having reviewed these needs, recommend to the Board of Health the request for additional Ministry of Health and Long-Term Care funds in the amount of \$2,541,800.

<sup>1</sup> Strategic Priorities:

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

**SUDBURY & DISTRICT HEALTH UNIT****2018 On-Going Cost Pressures****Schedule 1****Foundation Standard**

Total Population Health Assessment	94,075
Total Health Equity	366,900
Total Effective Public Health Practice	167,356
Total Research, Knowledge Exchange and Communication	196,266
Total Quality and Transparency	115,650
<b>TOTAL FOUNDATIONAL STANDARD</b>	<b>\$ 940,247</b>

**Program Standard**

Total Mental Health	440,337
Violence Prevention	143,223
Total Build Environment and Climate Change	282,605
Vision	204,492
Total Substance Use Prevention and Harm Reduction	232,275
<b>TOTAL PROGRAM STANDARD</b>	<b>\$ 1,302,932</b>

Corporate Supports	175,280
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<b>TOTAL CORPORATE SUPPORT</b>	<b>\$ 175,280</b>
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Total Administration	123,341
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<b>TOTAL STANDARDS AND CORPORATE SUPPORT</b>	<b>\$ 2,541,800</b>
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**Table 1: Implementation Pressures for the Ontario Public Health Standards 2018**

O: December 2017

Standard	Program	Requirement	Pressure	Resource Implications (FTEs)
Foundation	Population Health Assessment	Overall and LHIN Engagement	Increased and new expectations overall and related to LHIN engagement and related work on health equity.	1
	Health Equity	Overall and Indigenous Engagement	New requirement and ongoing Board commitment; strategy development resourced using one time funds; will require ongoing investment.	4
	Effective Public Health Practice	Program Planning, Evaluation and Evidence Informed Decision Making	Increased requirements related to program planning and evaluation and evidence-informed practice; supports are required for evidence reviews, data collection and analysis and community and stakeholder assessments including engagement with LHINs. Further, as part of the population health assessment, population health data and analysis to support health system planning requires knowledge and expertise to interpret and translate health information to inform integrated planning.	2
		Research, Knowledge Exchange and Communication	There are increased communication requirements and expectations for knowledge exchange; effective knowledge exchange, communication, and transparency require outreach for the development of strong partnerships with both traditional and non-traditional partners, including the LHINs. This is in addition to program-related requirements for effective health promotion messaging (e.g. social media and other forms of engagement).	2.5
		Quality and Transparency	New requirements for disclosure places greater public scrutiny on SDHU and to mitigate and ensure excellence in programming and reputation; anticipated additional impacts on corporate resources (IT and communications).	1.5
Program	CDPW, HGD, SH, SUIP	Mental Health	Mental health promotion and suicide prevention are new requirements in four program areas and the focus of school health programming; there is significant community need and insufficient community capacity.	5
		Violence Prevention	Violence prevention is a new topic for programming in two standards (SH and SUIP); supports required to fully engage in all forms of violence prevention.	1.5
	Healthy Environments (and CDPW)	Built Environment and Climate Change	New requirements for climate change work and expectations for engagement on built environment supports for chronic disease prevention; concerted efforts required for across the catchment area.	3
	School Health	Vision	New program requirement	2.55
	SUIP	Substance Use Prevention and Harm Reduction (drug strategy and cannabis legalisation)	Enhanced need for substance use programming and response.	3
Corporate Supports	HR and IT		Anticipated additional corporate resources required to meet support demands in these areas for new staff and programs.	2
				28.05

CDPW = Chronic Disease Prevention and Well-Being; HGD = Healthy Growth and Development; SH = School Health;

**From:** Marilyn Halko [<mailto:mhalko@rcdhu.com>]

**Sent:** Friday, December 15, 2017 6:56 AM

**To:** Ontario Boards of Health

**Subject:** Renfrew County and District Board of Health's Resolution: #2 SB 2017-Dec-13

**Importance:** High

Good morning,

At a Special Board Meeting held on Wednesday, December 13, 2017, Renfrew County and District Board of Health passed the following resolution:

**Resolution: #2 SB 2017-Dec-13**

A motion by J. M. du Manoir; seconded by W. Matthews; be it resolved that the Board adopt a resolution that any increased obligations arising from the revised Ontario Public Health Standards trigger a commiserate increase in Ministry of Health and Long Term Care funding.

Carried

Marilyn

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Marilyn Halko  
Executive Assistant, Medical Officer of Health  
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*"Optimal health for all in Renfrew County and District"*



**INCREMENTAL COSTS TO IMPLEMENT THE ONTARIO PUBLIC HEALTH STANDARDS,  
2018**

**MOTION:**

**WHEREAS** at its meeting of November 23, 2017, the Sudbury & District Board of Health approved the 2018 budget for cost-shared programs and services that did not incorporate incremental costs associated with implementing the newly released Ontario Public Health Standards; and

**WHEREAS** the Board Finance Standing Committee has reviewed these cost estimates and recommends them to the Board for approval;

**THEREFORE BE IT RESOLVED THAT** the Sudbury & District Board of Health request an additional \$2.54M in base funding from the Ministry of Health and Long-Term Care to offset incremental costs associated with implementing the *Ontario Public Health Standards: Requirements for programs, services and accountability, 2018*.

**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.**