Board of Health for Public Health Sudbury & Districts

Meeting # 04-18

Thursday, May 17, 2018

1:30 p.m.

Boardroom, Public Health Sudbury & Districts

1300 Paris Street

Board of Health for Public Health Sudbury & Districts, May 17, 2018

1.0 CALL TO ORDER

2.0 ROLL CALL

3.0 REVIEW OF AGENDA / DECLARATIONS OF CONFLICT OF INTEREST

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4.0 DELEGATION / PRESENTATION

i) Increasing Awareness About Health Equity Through Meaningful Partnerships in Education
Dana Wilson, Manager, Health Equity and Genevieve Projean, Public Health Nurse

5.0 CONSENT AGENDA

i) Minutes of Previous Meeting

a. Third Meeting – April 19, 2018 Page 10

ii) Business Arising From Minutes

iii) Report of Standing Committees

a. Board of Health Finance Standing Committee Unapproved Minutes dated May 7, 2018 Page 18

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

April 2018 MOH/CEO Board of Health Report Page 23

Financial Statements ending March 31, 2018 Page 33

v) Correspondence

a. Repeal of Section 43 of the Criminal Code Refresh 2017

Letter from the Peterborough Board of Health to the Minister of Justice dated April 23, 2018 Page 36

Letter from the Grey Bruce Board of Health to the Minister of Justice dated April 19, 2018 Page 38

6.0 NEW BUSINESS

i) 2017 Annual Organizational Risk Management Report

ii) Health System Transformation and Public Health

Presentation by Dr. P. Sutcliffe, Medical Officer of Health and Chief Executive Officer

iii) 2018-2019 Ministry of Health and Long-Term Care Grant

iv) 2017 Audited Financial Statements

v) Smoke-Free Ontario Strategy

Public Health
Santé publique
SUDBURY & DISTRICTS

AGENDA – FOURTH MEETING
BOARD OF HEALTH FOR PUBLIC HEALTH SUDBURY & DISTRICTS
PUBLIC HEALTH SUDBURY & DISTRICTS, BOARDROOM, SECOND FLOOR
THURSDAY, MAY 17, 2018 – 1:30 P.M.

1. CALL TO ORDER

2. ROLL CALL

3. REVIEW OF AGENDA/DECLARATIONS OF CONFLICTS OF INTEREST

4. DELEGATION/PRESENTATION

i) Increasing Awareness About Health Equity Through Meaningful Partnerships in Education

- Dana Wilson, Manager, Health Equity
- Geneviève Projean, Public Health Nurse

5. CONSENT AGENDA

i) Minutes of Previous Meeting

a. Third Meeting – April 19, 2018

ii) Business Arising From Minutes

iii) Report of Standing Committees

a. Board of Health Finance Standing Committee Unapproved Minutes dated May 7, 2018

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

a. MOH/CEO Report, May 2018

v) Correspondence

a. Repeal of Section 43 of the Criminal Code Refresh 2017

- Letter from the Peterborough Board of Health to the Minister of Justice dated April 23, 2018
- Letter from the Grey Bruce Board of Health to the Minister of Justice dated April 19, 2018

b. Youth Exposure to Smoking in Movies

- Letter from the Peterborough Board of Health to the Ontario Film Review Board dated May 3, 2018
- Letter from the Peterborough Board of Health to the MPP Leal dated May 3, 2018
- Letter from the Peterborough Board of Health to the MPP Scott dated May 3, 2018

c. Tobacco and Smoke-Free Campuses

Board of Health – Public Health Sudbury & Districts Motion 07-18

- Letter from the Grey Bruce Board of Health to the Georgian College CEO and President dated April 19, 2018

d. 2018 Annual Service Plan

- Letter from the Grey Bruce Board of Health to the Minister of Health and Long-Term Care dated April 19, 2018

e. Mandatory Food Literacy Curricula in Ontario Schools

- Letter from the Kingston, Frontenac, and Lennox & Addington Board of Health to the Minister Responsible for Early Years and Child Care dated April 26, 2018

f. 2018-19 Public Health Funding

- Letter from the Minister of Health and Long-Term Care to the Board Chair dated May 7, 2018, Re: HIV/AIDS Programs

vi) Items of Information

a. Public Health Ontario News Release: *Whooping Cough More Widespread than Previously Known* May 3, 2018

b. Southwestern Public Health Announcement April 19, 2018

c. *Health Matters* Election Primer

APPROVAL OF CONSENT AGENDA

MOTION:

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

6. NEW BUSINESS

i) 2017 Annual Organizational Risk Management Report

- Briefing Note from the Medical Officer of Health and Chief Executive Officer dated May 10, 2018
- Annual Organizational Risk Management Report for period covering January to December 2017

ii) Health System Transformation and Public Health

- Presentation by Dr. P. Sutcliffe, Medical Officer of Health and Chief Executive Officer
  - Overview of Public Health Legislative and Regulatory Amendments
  - Summary of Recent Legislative and Regulatory Changes

iii) 2018-2019 Ministry of Health and Long-Term Care Grant

- Letter from the Minister of Health and Long-Term Care to the Board Chair dated May 7, 2018, Re 2018-19 Program-Based Grant
- Thank You Letter from the Board Chair to the Minister of Health and Long-Term Care dated May 8, 2018

iv) 2017 Audited Financial Statements

- Sudbury & District Health Unit Audited Financial Statements for 2017

ADOPTION OF THE 2017 AUDITED FINANCIAL STATEMENTS

MOTION:

WHEREAS at its May 7, 2018, meeting, the Board Finance Standing Committee reviewed the 2017 audited financial statements and recommended them to the Board for the Board's approval;

THEREFORE BE IT RESOLVED THAT the 2017 audited financial statements be approved as distributed.

v) Smoke-Free Ontario Strategy

- Letter from the Minister of Health and Long-Term Care dated May 3, 2018
- Smoke-Free Ontario Strategy, *Smoke-Free Ontario The Next Chapter – 2018 For a Healthier Ontario*
- Letter from the Association of Local Public Health Agencies to the Minister of Health and Long-Term Care dated May 3, 2018

MODERNIZATION OF THE SMOKE-FREE ONTARIO STRATEGY 2018

MOTION:

WHEREAS smoking remains the single greatest cause of preventable disease and premature death in the province and currently kills about 13,000 Ontarians each year; and

WHEREAS on May 3, 2018 the Ministry of Health and Long-Term Care released the modernized Smoke-Free Ontario Strategy, Smoke-Free Ontario the Next Chapter-2018 for a Healthier Ontario, a plan of action to further reduce the burden of tobacco and vapour products and reduce the smoking prevalence rate to 10 per cent by 2023; and

WHEREAS the modernized Smoke-Free Ontario Strategy builds on many of the existing programs, services and policies and continues to leverage efforts across the three strategic priorities of tobacco control (cessation, prevention, and protection); and,

WHEREAS Public Health Sudbury & Districts Board of Health has a longstanding history of proactive and effective action to prevent tobacco use and promote tobacco use cessation (e.g. resolutions #47-17, #03-17, #21-16, #55-15, #62-14, #57-14, #23-14, #32-05, #44-04, #25-03, #93A-98);

THEREFORE BE IT RESOLVED THAT Public Health Sudbury & Districts Board of Health congratulate the Provincial government on the modernization of the Smoke-Free Ontario Strategy in the "Smoke-Free Ontario the Next Chapter-2018 for a Healthier Ontario"; and

FURTHER THAT the Board advocate that appropriate resources for timely implementation be dedicated by the provincial government as soon as possible; and

FURTHER that the Board share this motion with the Association of Local Public Health Agencies, boards of health, the Chief Medical Officer of Health, the Assistant Deputy Minister, and local municipalities.

7. ADDENDUM

ADDENDUM

MOTION:

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

8. ANNOUNCEMENTS / ENQUIRIES

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

9. ADJOURNMENT

ADJOURNMENT

MOTION:

THAT we do now adjourn. Time:

MINUTES – THIRD MEETING
BOARD OF HEALTH
PUBLIC HEALTH SUDBURY & DISTRICTS, BOARDROOM, SECOND FLOOR
THURSDAY, APRIL 19, 2018 – 1:30 P.M.

BOARD MEMBERS PRESENT

Maigan Bailey	Monica Loftus	Mark Signoretti
James Crispo	Thoma Miedema	Nicole Sykes
Jeffery Huska	Ken Noland	Carolyn Thain
René Lapierre	Rita Pilon	

BOARD MEMBERS REGRETS

Janet Bradley	Robert Kirwan	Paul Myre

STAFF MEMBERS PRESENT

Nicole Frappier	Rachel Quesnel	Dr. P. Sutcliffe
Stacey Laforest	France Quirion	Dr. A. Zbar

RENÉ LAPIERRE PRESIDING

1. CALL TO ORDER

The meeting was called to order at 1:35 p.m.

2. ROLL CALL

3. REVIEW OF AGENDA/DECLARATIONS OF CONFLICTS OF INTEREST

There were no declarations of conflict of interest.

4. DELEGATION/PRESENTATION

i) Oral Health Program Update

- Charlene Plexman, Manager, Clinical Services Division
- Jodi Maki, Health Promoter, Clinical Services Division

a. Oral Health Program Update, 2018 Report

Dr. Sutcliffe introduced Dr. Ariella Zbar, Associate Medical Officer of Health, who will co-present on behalf of C. Plexman, along with Health Promoter, Jodi Maki.

In recognition of Oral Health Month, the Board received an update on oral health programming in 2017. The key priority areas covered included school screening and surveillance program, the Healthy Smiles Ontario program, Early Childhood Caries prevention, and Indigenous oral health.

An update was also provided on the modernized standards and the implications on our work going forward. Local data was presented as it relates to self-reported access to dental care and self-reported oral health status and highlighted the income-related inequities that exist in our catchment area.

An accompanying Public Health Sudbury & Districts report in today's Board package *Oral health program update 2018*, concludes that progress has been made in providing equitable opportunities and enabling more children and youth to attain and sustain optimal oral health. We will continue to focus on identifying and addressing inequities in oral health through collaborations with community partners and working with our communities to promote oral health and create healthier communities for all. The report will be made available through the Public Health Sudbury & Districts website.

Questions were entertained and further details were provided regarding follow-up that is conducted for children who are screened in schools. Referral processes for low-income families, including families on Ontario Works and Ontario Disability Support Program were explained. It was also shared that there are reporting limitations with the provincial database that we access.

J. Maki and Dr. Zbar were thanked for their presentation.

5. CONSENT AGENDA

i) Minutes of Previous Meeting

a. Second Meeting – February 15, 2018

ii) Business Arising From Minutes

None

iii) Report of Standing Committees

None

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

a. MOH/CEO Report, April 2018

v) Correspondence

a. Income Security: A Roadmap for Change

- Letter from the Association of Local Public Health Agencies and the Ontario Public Health Association to the Minister of Community and Social Services dated January 5, 2018

b. Repeal of Section 43 of the Criminal Code Refresh 2017

- Resolution from the Board of Health for the Haliburton, Kawartha, Pine Ridge Board of Health dated December 7, 2017

c. Ontario Public Health Standards – Implementation Work Plan

- Memo from the Assistant Deputy Minister, Population and Public Health Division, Ministry of Health and Long-Term Care dated February 16, 2018

d. Chief Medical Officer of Health 2016 Annual Report

- Email and 2016 Annual Report, *Improving the Odds: Championing Health Equity in Ontario*
- Letter from the alPHa President to the Chief Medical Officer of Health dated March 13, 2018

e. Food Insecurity/Nutritious Food Basket Costing

Board of Health motion #48-17

- Letter from Carol Hughes, MP Algoma-Manitoulin-Kapuskasing, to Dr. Sutcliffe dated February 5, 2018
- Letter from the Grey Bruce Board of Health to the Premier dated February 15, 2018
- Letter and Resolution from the Municipality of St-Charles to Dr. Sutcliffe dated March 26, 2018

f. Alcohol Retail Sales

- Letter from the Grey Bruce Board of Health dated February 15, 2018

g. Smoke-Free Modernization

- Letter from the Grey Bruce Board of Health dated February 15, 2018

h. Publically Funded Vaccine for Childcare Workers

- Letter from the Grey Bruce Board of Health dated February 15, 2018

i. 2018 Annual Service Plan

- Letter from the Haliburton, Kawartha, Pine Ridge Board of Health Unit dated March 13, 2018

j. New Minister of Health and Long-Term Care

- Letter from the alPHa President dated February 27, 2018
- Letter from the COMOH Chair dated February 28, 2018

k. Minister's Expert Panel on Public Health

- Letter from Minister Hoskins to alPHa President dated February 23, 2018

l. Additional One-Time Funding for 2017-2018
- Letter from the Minister of Health and Long-Term Care to the Board Chair dated March 22, 2018

m. Cannabis Sales Taxation Revenue
- Letter from Hastings Prince Edward Board of Health to the Premier dated March 28, 2018

n. Amendments to the Health Protection and Promotion Act (HPPA) and the Immunization of School Pupils Act (ISPA) and New Regulations Made Under the HPPA
- Email from the Assistant Deputy Minister, Population and Public Health Division, Ministry of Health and Long-Term Care dated April 5, 2018

vi) Items of Information

o.	Health Canada News Release *Government Launches Food Consultations to Help Canadians Make Healthy Choices*	February 9, 2018
p.	Government of Ontario News Release *Premier's Statement on Changes to the Executive Council*	February 26, 2018
q.	News radio article *Northwestern Ontario Municipal Association Against Proposal to Merge Health Units*	February 26, 2018
r.	alPHa's Response to the 2018 Ontario Budget	April 3, 2018
s.	MOHLTC News Release *Ontario Moving Quickly to Expand Life-Saving Overdose Prevention Programs*	March 7, 2018
t.	Government of Ontario News Release *Throne Speech Announces Major Investments Guided by a Commitment To Care and Creating Opportunity*	March 19, 2018
u.	Northern Ontario Health Equity Strategy, *A plan for achieving health equity in the North, by the North, for the North*	April 13, 2018
v.	alPHa Information Break Newsletter	April 12, 2018

Dr. Sutcliffe clarified that there are still many unknowns and questions from the public health field as it relates to the new Child Visual Health and Vision Screening Protocol, including the evidence-base for this program.

The Board Chair commented positively on the Public Health Sudbury & Districts' previous support to Algoma Public Health (APH), including providing Acting MOH and Acting CEO coverage, as he noted that APH is not among the boards of health with a vacant MOH position as per the Chief Medical Officer of Health's annual report.

13-18 APPROVAL OF CONSENT AGENDA

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

CARRIED

6. NEW BUSINESS

i) Business Name Registration

- Briefing Note from the Medical Officer of Health and Chief Executive Officer dated April 12, 2018

When the Board endorsed the 2018 – 2022 Strategic Plan and Visual Identity (motion 02-18), the new business name, Public Health Sudbury & Districts, had not been included in the motion due to the pending unveiling; however, a motion is required in order to clearly identify and document our new name in order to be registered and be compliant with legislation. It was pointed out that some health units have not formally registered; however, upon solicitor recommendation, the following motion is recommended.

14-18 BUSINESS NAME REGISTRATION

MOVED BY LOFTUS – MIEDEMA: THAT WHEREAS the Sudbury & District Heath Unit proposes to identify itself to the public under the business name Public Health Sudbury & Districts; and

WHEREAS the Business Names Act (Ontario), provides that no corporation shall carry on business or identify itself to the public under a name other than its corporate name unless the name is registered by that corporation;

THEREFORE BE IT RESOLVED THAT the Board of Health for Sudbury & District Health Unit adopt the business name Public Health Sudbury & Districts and that its solicitors be instructed to take all required steps to register the aforesaid business name pursuant to the Business Names Act (Ontario).

CARRIED

i) alPHa Conference

a. Winter Meetings – February 2018

- Boards of Health Section Meeting
  - Verbal Report from Board Member, James Crispo

Board member, J. Crispo, provided highlights regarding the Board of Health Section meeting he attended in Toronto on February 23, 2018. He noted that the meeting was excellent with 23 out of the 36 health units being represented and was particularly informative for newer Board members such as himself. Several relevant and timely topics were covered including health equity, built environment, public health priorities in light of upcoming elections, and healthy tensions.

- Council of Ontario Medical Officers of Health (COMOH) Section Meeting

Dr. Sutcliffe and Dr. Zbar attended a face-to-face COMOH Section meeting on February 23, 2018, which has traditionally been held the same day as the Board of Health Section meeting. Dr. Sutcliffe shared that Tim Arnold who spoke about healthy tensions at the Board of Health Section meeting was recommended to alPHa by the Public Health Sudbury & Districts following work he had done with our management teams.

b. Annual General Meeting (AGM) and Conference – June 2018

The Board Chair encouraged Board members to consider attending the June alPHa AGM and Conference.

15-18 ALPHA CONFERENCE

MOVED BY BAILEY – HUSKA: WHEREAS Public Health Sudbury & Districts has a modest travel budget to cover remuneration, registration, travel, meals, and accommodation as per the Board Manual Policy and Procedure I-I-10, permitting Board members to attend official Board of Health functions; and

WHEREAS the Public Health Sudbury & Districts is allocated four votes at the alPHa Annual General Meeting;

THEREFORE, BE IT RESOLVED THAT in addition to the Medical Officer of Health and the Associate Medical Officer of Health, the following Board member(s) attend(s) the 2018 alPHa Annual General Meeting as voting delegates for the Board of Health.

CARRIED

Board members will check their availability and contact the Board Secretary if interested in attending.

Dr. Sutcliffe noted that she participated in a meeting of the conference planning committee and the conference promises to be cover important topics such as public

health system sustainability and engagement and liaison with LHINs as well as Indigenous engagement.

It was pointed out that the alPHa AGM and conference is the venue at which medical officers and board members meet together in addition to their separate section meetings. Separate section face to face meetings are generally held annually in the fall and the winter.

7. ADDENDUM

16-18 ADDENDUM

MOVED BY PILON – SYKES: THAT this Board of Health deals with the items on the Addendum.

CARRIED

DECLARATION OF CONFLICT OF INTEREST

There were no conflicts of interest declared for the addendum item.

i) Ministry Funding

- Letter from the Minister of Health and Long-Term Care dated April 13, 2018
- Letter from the Board Chair to the Minister of Health and Long-Term Care dated April 16, 2018
- Letter from the President of the Association of Local Public Health Agencies to the Minister of Health and Long-Term Care dated April 17, 2018

Dr. Sutcliffe shared that the Ministry has announced a 2% increase to base funding for Public Health across province and a 1% increase for those boards who demonstrated a need in their Annual Service Plan. Our Board will be one of the Boards who meets the 1% criteria as our Annual Service Plan demonstrated the need and beyond. No further details are known at this point such as will the 1% increase be ongoing or one-time; however, we anticipate receiving additional details shortly. If additional information is known in time, this will be brought forward at the Board Finance Committee meeting on May 7, 2018.

The thank you letter from our Board Chair to the Minister recognizes and appreciates this investment while it also identifies that we continue to have funding pressures.

8. ANNOUNCEMENTS / ENQUIRIES

Board members were asked to complete the board meeting evaluation for today's meeting.

Board members were reminded to complete the annual MOH/CEO performance appraisal survey in BoardEffect by May 3.

A sympathy card was circulated for Board members to sign and service details will be shared with the Board for Paul Myre's mother who tragically died in a motor vehicle collision this week.

9. ADJOURNMENT

17-18 ADJOURNMENT

MOVED BY THAIN – CRISPO: THAT we do now adjourn. Time: 2:19 p.m.

CARRIED

_____ _____

(Chair) (Secretary)

Sudbury & District Health Unit
Service de santé publique

UNAPPROVED MEETING NOTES
BOARD OF HEALTH FINANCE STANDING COMMITTEE

MONDAY, MAY 7, 2018, AT 9 A.M.
PUBLIC HEALTH SUDBURY & DISTRICTS, BOARDROOM

BOARD MEMBERS PRESENT

René Lapierre
Paul Myre
Mark Signoretti
Carolyn Thain

STAFF MEMBERS PRESENT

Colette Barrette
Rachel Quesnel
France Quirion
Dr. P. Sutcliffe

Guest: D'Angelo

R. QUESNEL PRESIDING

1.0 CALL TO ORDER

The meeting was called to order at 9:06 a.m.

2.0 ROLL CALL

3.0 ELECTION OF BOARD OF HEALTH FINANCE STANDING COMMITTEE CHAIR FOR 2018

Carolyn Thain was nominated and the following was announced:

ELECTION OF BOARD FINANCE STANDING COMMITTEE CHAIR FOR 2018

THAT the Board of Health Finance Standing Committee appoint Carolyn Thain as the Board of Health Finance Standing Committee Chair for 2018.

C. THAIN PRESIDING

4.0 REVIEW OF AGENDA / DECLARATION OF CONFLICT OF INTEREST

There were no declarations of conflict of interest.

5.0 APPROVAL OF BOARD OF HEALTH FINANCE STANDING COMMITTEE MEETING NOTES

4.1 Board of Health Finance Standing Committee Notes dated January 10, 2018

06-18 APPROVAL OF MEETING NOTES

Moved by Myre – Signoretti: THAT the meeting notes of the Board of Health Finance Standing Committee meeting of January 10, 2018, be approved as distributed.

CARRIED

6.0 NEW BUSINESS

6.1 2017 Audited Financial Statements

a) Briefing Note from the Medical Officer of Health and Chief Executive Officer on the 2017 Financial Statements

b) Review of the 2017 Audit Report and Audited Financial Statements

– D. D'Angelo, KPMG
– C. Barrette, Manager, Accounting Services
– F. Quirion, Director, Corporate Services

Following an introduction by P. Sutcliffe, Derek D'Angelo and Paul Pidutti from KPMG joined the meeting via teleconference and were invited to speak to the Independent Auditors' Report and the Audit Findings Report.

D. D'angelo shared that it is the auditors' responsibility to express an opinion on the financial statements based on their audit and to conduct the audit in accordance with Canadian generally accepted auditing standards.

The auditors concluded that the financial statements present fairly, in all material respects, the financial position of Public Health Sudbury & Districts as at December 31, 2017. The auditors were thanked.

C. Barrette reviewed the draft financial statements ending December 31, 2017, including the Statement of Financial Position, Statement of Operations and Accumulated Surplus, Statement of Changes in Net Financial Assets, Statement of Cash Flows and Notes.

It was pointed out that variances in the Statement of Operations relate to an increase in provincial grants, associated administration and supplies as well as re-categorization of program related expenses. The 2017 year end position is attributable to previously discussed items including the strategic contingency approach to attrition, increase in leaves, and Ministry grant announcement that is typically received late in the funding year.

Discussion ensued regarding Note 5 relating to accumulated surplus. Dr. Sutcliffe summarized the Board By-Law G-I-70 that outlines Board direction (motions 70-09 and 83-02) relating to establishment and management of the reserve fund. Dr. Sutcliffe noted that a review of the reserve will be undertaken this year, taking scan of the environment and changing landscape. Findings will be brought back to the Board of Health Finance Standing Committee this Fall.

Questions were entertained. Director of Corporate Services, France Quirion, Manager of Accounting Services, C. Barrette, and team were recognized their work with this year's audit.

07-18 2017 AUDITED FINANCIAL STATEMENTS

Moved by Signoretti – Lapierre: THAT the Board of Health Finance Standing Committee recommend to the Board of Health for the Sudbury & District Health Unit the adoption of the 2017 audited financial statements.

CARRIED

6.2 Year to Date Financial Statements

a) March 2018 Financial Statements

The financial statements ending March 31, 2018, were shared for information and are comparable to last year's year to date. It was pointed out that short term disability leaves continue to have an impact on the budget and operations as these are difficult to fill. Calenderization of expenses has just begun.

b) Ministry Funding
- Letter from the Minister of Health and Long-Term Care dated April 13, 2018

This letter from the Minister, also shared with the Board, announced a two percent base funding increase to all boards of health and an additional one percent increment based on local need as detailed in the Annual Service Plan submissions. We await further details and clarification from the Ministry; however, we had carefully and thoroughly identified our needs through our Annual Service Plan submission.

Once the funding details are known, further strategic discussions will be required on the go forward for 2018 and beyond.

6.3 Financial Management Policy Review

a) 2018 Schedule of Policy Review

The Board of Health Finance Committee table outlines revised Board of Health Policies and By-Laws that will be coming up for approval in June along with the regular Board Manual review. The other table outlines operational policies being revised from the General Administrative Manual (GAM). Although the Reserve Management By-Law has been reviewed/revised, this will not impact the review of our reserves that will be undertaken as it is anticipated that this will be at a more operational level.

Clarification was provided regarding timelines to review the GAM. Committee members indicated it is reassuring that this level of work, at the governance and operational level, is being done.

IN CAMERA

08-18 IN CAMERA

Moved by Lapierre – Signoretti: THAT this Board of Health Finance Standing Committee goes in camera. Time: 10:06 a.m.

CARRIED

– Security of Public Health Sudbury & Districts Property

RISE AND REPORT

03-18 RISE AND REPORT

Moved by Signoretti – Myre: THAT this Board of Health Finance Standing Committee rises and reports. Time: 10:19 a.m.

CARRIED

It was reported that one agenda item related to the security of Public Health Sudbury & Districts 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 –Lapierre: THAT this Board of Health Finance Standing Committee approve the meeting notes of the January 10, 2018, 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

6.4 Annual Insurance Review

a) Frank Cowan Company Summary of the Public Health Sudbury & Districts' 2017 Insurance Program

F. Quirion noted that this presentation is a condensed presentation of what was shared with this committee last year and is for information purposes to highlight changes to our insurance program since last year.

Our insurance carrier, Cowan, has moved to a new provider for Directors and Officers Liability but the coverage language has been updated with no loss in coverage and no change in practice for us. Changes to the property policy and equipment breakdown coverage were outlined.

We have received proposals as it relates to cyber risk crime policy and are working with our broker and Frank Cowan regarding coverage options. Discussion ensued regarding network security, risks of external infiltration of systems, cyber breaches and privacy breaches. We have started the application process with the insurer for fraudulently induced transfer coverage and are looking towards an early summer application submission. An update will be provided at the Board Finance Standing Committee meeting this fall.

It was also shared that there is one active claim and that the premium rates remain stable.

Questions were entertained and F. Quirion will check that the insurance coverage includes rental space in the event of having to rent space due to property loss.

8.0 ADJOURNMENT

05-18 ADJOURNMENT

Moved by Myre - Signoretti: THAT we do now adjourn. Time: 10:28 a.m.

CARRIED

_____ _____

(Chair) (Secretary)

Medical Officer of Health/Chief Executive Officer Board of Health Report, May 2018

Words for thought

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

The Ontario Public Health Standards, 2018, incorporate a parallel requirement for all boards of health:

> The medical officer of health of a board of health shall formally engage with the chief executive officer from each LHIN within the geographic boundaries of the health unit on population health assessment, joint planning for health services, and population health initiatives in accordance with the Board of Health and Local Health Integration Network Engagement Guideline, 2018 (or as current).

On April 23, 2018, Medical Officers of Health and Associate Medical Officers of Health from the five northeast public health units met with the NE LHIN Chief Executive Officer, and Vice Presidents of Clinical and of Strategy and System Planning. The purpose of the meeting and previous engagement meetings was for Northeast partners to work toward compliance with legislative and policy direction with the following specific objectives:

1. Further mutual understanding of respective mandates.
2. Review the current legislative and policy contexts related to the integration of a population health approach into the broader health system.
3. Discuss relationships, roles and respective expectations.
4. Identify future steps.

The meeting provided for frank dialogue on the respective roles of public health and health care leadership with a commitment to exploring structures for meaningful engagement on health system planning, funding and service delivery.

General Report

1. Board of Health – Take Note

Smile: A professional business group photo of the Board of Health is taken every second year and is due this year. The group photo will take place prior to the May 17, 2018, Board of Health meeting. Board members are asked to arrive in the Ramsey Room at Public Health Sudbury & Districts at 12:30 p.m. for the business group photo.

Board Workshop: An educational workshop is being planned for the Board on Indigenous Engagement. The workshop will be held on the morning of June 21, 2018, the day of the regular Board meeting. Please hold the morning and additional details, including the times and location, will be emailed to all Board and Senior Management members soon.

2018 alPHa Annual General Meeting and Conference: Reminder to please contact R. Quesnel, Board Secretary, if you are interested in attending the alPHa AGM/Conference from June 10 to 12, 2018. The draft program is included in the Board meeting agenda package.

2018 alPHa Fitness Challenge: The Association of Local Public Health Agencies (alPHa) is extending its annual fitness challenge for public health units to board of health members. The challenge is to involve the entire Board in a 30-minute walk, wheel, or just be active for half an hour! Boards of health that achieve 100% group participation will be deemed a winner, and any Board of Health that achieves 95% or better will receive an honorable mention. Contest rules and guidelines are as follows:

- Only members of boards of health are eligible.
- The 30-minute walk, wheel or physical activity can be completed anytime during the month of May. You can also go for a group walk after the May 17 Board group photo, prior to the Board meeting.
- Board members are asked to confirm their 30 minute walk through a Poll in BoardEffect and R. Quesnel, Board Secretary, will submit the results form to alPHa.
- The winning boards of health will be recognized at the alPHa conference in June.

2. Indigenous Engagement

On March 26, 2018, the first of four planning roundtables to engage with First Nation communities was held. This session was held in Timmins and involved the communities of Chapleau Cree, Brunswick House, Mattagami as well as Wabun Tribal Council representatives. The Medical Officer of Health from Porcupine Public Health was also in attendance. A report has been developed from this session and has been shared with all meeting participants. The findings from this session will help inform the Public Health Sudbury & Districts Indigenous Engagement strategy. In the month of June, a full update concerning the strategy's development will be provided to the Board of Health and direction sought as to next steps.

3. Local and Provincial Meetings

I attended an information session in Toronto on April 24 hosted by the Ministry of Health and Long-Term Care (MOHLTC) which focused on the implementation work plan for the Ontario Public Health Standards (OPHS). The day included a focus on recent legislative and regulatory changes as well as key streams of implementation work underway to support implementation of the modernized OPHS and related initiatives. Details of these changes will be shared in a separate agenda item for the May Board of Health meeting.

Along with the Chief of Police, I co-chaired a Community Drug Strategy Executive Committee meeting on April 30, 2018. This committee includes key community stakeholders from the Greater Sudbury Police Service and City of Greater Sudbury.

I participated in alPHa Executive Committee teleconference on May 4 and chaired the COMOH Executive teleconference on May 9.

On May 7, I was pleased to speak at the City of Greater Sudbury Emergency Preparedness Week proclamation.

I participated in a Mental Health System Transformation Steering Committee meeting held on May 8 at Health Sciences North.

I along with Public Health Sudbury & Districts staff participated in a MOHLTC opioid-related mortality data webinar on May 8.

I continue to provide supervision to the Medical Officer of Health from the Porcupine Health Unit while she completes her studies and a monthly supervisory meeting was held on May 8. The Northern Medical Officers of Health and Associate Medical Officers of Health held their regular monthly teleconference on May 15.

A Northern Ontario Health Equity Steering Committee meeting was held on May 15. I co-chair these meetings.

A Board member since the fall 2017, I will be attending my third Collège Boréal Board of Directors meeting on May 15.

I am priviledged to have been invited by the National Collaborating Centre for Healthy Public Policy and have accepted to join the "Conseil d'orientation du Centre de collaboration nationale sur les politiques publiques et la santé (CCNPPS)". I will be attending the first meeting on June 1, 2018, in Montreal.

The Board of Health Executive Committee will be meeting immediately following the May 17 Board meeting to review the survey results from the 2018 MOH/CEO performance appraisal review.

4. Northeastern Collaborative Project

Discussions on the Shared Services Collaborative project with the all five northeast public health units have continued. The MOHLTC approved the 2017 one time funding request to support phase 1 of this project and we have just heard that they will also fund the 2018 request. The Collaborative agreed that the work should be facilitated by an external consultant. An RFP was let and the successful proponent was Lough Barnes Consulting Group (LBCG). LBCG has extensive experience working with public health organizations and municipalities and conducting shared services design projects across the not-for-profit, government and broader public sectors. Building on a shared vision, values and guiding principles, the consultants will prepare a best practices report and assist in the identification and development of shared services opportunities. Evidentiary support, baseline data and risk benefit analysis will also form part of the work. This work will include management interviews and there will be an opportunity for board member engagement for each of the five northeast boards of health. This phase of the project is expected to be completed in late fall.

5. National Nursing Week – May 8 to 13, 2018

I was pleased to join Sandra Laclé, our Chief Nursing Officer, in recognizing PHSD nurses during National Nursing Week 2018 themed *YES This Is Nursing.* We are proud of the work that the nurses in our agency do every day to promote health and protect and prevent disease in our communities. Public Health and the work that the nurses do in Public Health may not always be seen or understood by the community members we serve or the partners we work with, and so it is fitting that this theme has been selected.

National Nursing Week is a time for us to stop and reflect on the many contributions nurses make to the health of the population. Public health nursing includes such diverse functions as advocacy for environments that support active communities, leading community coalitions to prevent injuries, counselling people in quitting smoking or their test results, building resilient youth through engagement, supporting individuals out of poverty, preventing the spread of diseases through the provision of safe drug equipment, immunizations and outbreak

management, evaluating our efforts to ensure quality as well as many other activities. *Yes this is Nursing* and it is an essential part of role of Public Health and keeping our communities as healthy as possible.

6. Financial Report

The March year-to-date mandatory cost-shared financial statements report a positive variance of $274,826 for the period ending March 31, 2018. Gapped salaries and benefits account for $121,389 or 44%, with operating expenses and other revenue accounting for $153,437 or 56% of the variance. The operating expenses and revenue variance is attributable to timing and calendarization of revenues and programming activities.

A number of one-time operating priorities were identified and reallocations totaling $352,475 were approved. They are incorporated into the March 2018 financial reporting and include the following:

- Staffing ($197,748)
- Staff development ($123,965)
- Programming and research ($25,121)
- Infrastructure ($5,641)

Of note is the funding letter from the Minister dated May 7, 2018. This letter and the Board Chair's response are included in the agenda. A detailed analysis has begun on the implications of the welcomed base and one time funding.

7. 2017 Financial Audited Statements

The audit of the agency's financial statements for the year ending December 31, 2017, is complete. The audit was conducted by KPMG, which is in its second year of a three-year service agreement.

We are pleased to report another successful audit, noting no reporting issues and no internal control recommendations. The auditors issued an unqualified report on the statements pending approval of the draft statements by the Board of Health. Included in the Board agenda package are the auditor's 2017 draft report and financial statements. These materials were reviewd by the Board of Health Finance Standing Committee (FSC) at its May 7 meeting during which the auditors provided their report and the FSC members reviewed the financial statements.

8. Staff Day – 2018

The annual Staff Day will be held on May 16 at the Caruso Club. This is an event for all staff to gather in order to connect, network, and learn in a fun and relaxing atmosphere. The day includes the Board Chair's recognition of employees' years of service and volunteers'

contributions to the agency. This year, all staff will participate in a World Café session to inform the development of the agency's social media strategy.

Following are the divisional program highlights.

Clinical Services

1. Control of Infectious Diseases

Influenza: There have been a total of 252 confirmed cases of influenza in the community to date this season. Of those, 146 were influenza A and 102 influenza B, 4 are both A and B.

Respiratory Outbreaks: The team continues to attend infection control outbreak debrief meetings with the Long-Term Care and Hospitals to support and consult in outbreak management. The most recent outbreak was declared over on April 17, 2018. There are currently no respiratory outbreaks.

Vaccine Preventable Disease: Staff continue to review 26 000 immunization records of local school-aged children up to 18 years of age to ensure compliance as well as enforcement of the *Immunization of School Pupils Act (ISPA)*. In addition to school-based vaccination clinics, additional vaccine clinics for school-aged children were offered through public health offices to ensure these children are protected. Sixty-nine of the 102 schools in the area have been completed. In addition to schools, the team is reviewing immunization records of daycare registrants from over 55 daycares under the *Childcare and Early Years Act*. This is a new, annual requirement requiring additional investment of staffing resources in addition to our work with school-aged children.

Panorama: 248 vaccines were entered online by community members via Immunization Connect Ontario during the month of April. As of July 1, 2018, health care providers in Ontairo will be required to report administration of ISPA-related vaccines to local public health agencies. Work is underway with the Ministry to support our area health care providers to comply with this new responsibility.

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

In April, 27 participants attended 3 community presentations promoting services provided by the Sexual Health Clinic.

Rainbow Centre staff have received training in the administration and distribution of naloxone to clients. Naloxone dispensing to clients will begin in May 2018.

Environmental Health

1. Control of Infectious Diseases

During the month of April, five sporadic enteric cases, and three infection control complaints were investigated. Five enteric outbreaks were declared in institutions. The causative organism for two of these outbreaks was confirmed to be norovirus.

2. Food Safety

During the month of April, two food product recalls prompted public health inspectors to conduct checks of 203 local premises. All affected establishments had been notified, and subsequently had removed the recalled products from sale. The recalled food products included: Harvest Creek brand Chicken Nuggets due to possible contamination with Salmonella, and Gaspésien brand ham products due to possible contamination with *Listeria*.

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

Staff issued 97 special event food service permits to various organizations.

Through Food Handler Training and Certification Program sessions offered in April, 45 individuals were certified as food handlers.

3. Health Hazard

In April, 21 health hazard complaints were received and investigated. Two of these complaints involved marginalized populations.

4. Ontario Building Code

During the month of April, five sewage system permits and eight renovation applications were received.

5. Rabies Prevention and Control

Sixteen rabies-related investigations were carried out in the month of April.

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

6. Safe Water

During April, 13 residents were contacted regarding adverse private drinking water samples. Public health inspectors investigated one regulated adverse water sample result.

Health Promotion

1. Built Environment

In mid-April, staff from the Sudbury East office assisted with the planning and delivery of the Killarney Senior Fair with the Killarney Health Centre and the Municipality. There were 14 organizations in attendance with resources for older adults.

Staff from the Espanola Office planned and participated in an Open House at the Webbwood Public Library in partnership with the Espanola & Area Family Health Team and other key community partners. The purpose of the Open House was to promote the community space and to highlight new programming coming to Webbwood including snowshoe and urban pole lending, food literacy, activities for older adults and the bike exchange. With the closure of the local elementary school in 2017, many service providers discontinued programming due to lack of an accessible, community space. With the support of local partners, the library has become a central hub for community activities and connectivity.

2. Injury Prevention

Fall Prevention – Stay On Your Feet (SOYF): On April 19, 2018, the NE LHIN and the 5 Northeast public health units, members of local SOYF coalitions and the regional strategic committee attended the regional SOYF planning meeting held in Sudbury. The purpose of this meeting was to discuss the path going forward reflecting on the past 3 years of the strategy. In April we also renewed a 3-year memorandum of understanding, to be effective from April 1, 2018, to March 31, 2021, for the Stay On Your Feet Falls Prevention Strategy across the Northeast. An annual budget report and work plan will be submitted in the next couple of weeks.

Road Safety: On April 2, 2018, a public health nurse facilitated a car seat technician training workshop and a total of 8 new technicians were trained. On April 4, 2018, a public health nurse, in partnership with Our Children Our Future and Centre Pivot du Triangle Magique, hosted a car seat inspection clinic with a total of 18 child restraint systems inspected.

3. Mental Health and Addictions

The Mental Health and Addictions team met with 12 teams across Public Health Sudbury & Districts to identify work already being done in mental health promotion as well as any challenges, supports or future opportunities. We were pleased to be joined by an expert from the National Collaborating Centre for Healthy Public Policy and 2 local service providers at a day-long internal workshop organized to develop Public Health's Mental Health Promotion strategy.

Naloxone Distribution Program: Eleven memorandum of understanding agreements were signed with partner agencies, with five others pending. Staff from the Mental Health and

Addictions team assisted six agencies with their naloxone policy development, as well as trained staff from the Public Health Sudbury & Districts Sexual Health team who, on May 1, began to distribute naloxone to their clients and family members. Two community partner agencies have also been trained to do the same.

4. Physical Activity, Sedentary Behaviour and Sleep

Active Sudbury held its first Early Years PLAY group (Physical Literacy And You) meeting with 22 Early Childhood Educators in attendance. Public Health staff presented and invited participants to work on the development of a pathway to build a supportive environment for children to develop physical literacy within early learning settings.

5. School Health

In partnership with a local school board to co-facilitate the annual EXPLO Family Fair for the fourth consecutive year, this initiative was supported by a grant from the Ministry of Education for enriching parent participation and engagement. Public Health led sessions actively engaged the families with a focus on the topics of resiliency and healthy eating. The Fair brought students and their families together (approximately 150 participants) with the goal of increasing awareness of the factors for healthy growth and development.

With the guidance of a School Health Promotion public health nurse, 17 student leaders successfully facilitated a school-wide Mental Health Awareness Day for their peers at a local elementary school. Students and staff participated in interactive learning activities related to mental health, including healthy eating, being physically active, minimizing screen time, building a healthy sleep routine, managing stress, taking “brain breaks”, exploring their Spark, and identifying their strengths. This school community is committed to incorporating mental health and well-being activities into each school day to support students’ long-term health and success. This collaborative partnership also assists in increased adoption of healthy living behaviours among school-aged children and youth.

Knowledge and Strategic Services

1. Health Equity

Public Health Sudbury & Districts is lead agency of a Local Poverty Reduction Fund (LPRF) grant in partnership with 10 other community agencies to introduce 3 linked programs into the community: Bridges Out of Poverty, Leader Training and Circles. A fourth installment of Leader Training with 9 participants commenced in April in partnership with the Rainbow District School Board’s N’Swakamok Native Alternative School. In addition, Bridges Out of Poverty workshops were offered to secondary level teaching staff, chaplains, and Indigenous support workers at the Sudbury Catholic District School Board during their Professional Activity day in April.

2. Population Health Assessment and Surveillance

A new Population Health Assessment and Surveillance team Internal Report (PHASt-IR) was produced using the Anxiety and Distress Module of the Canadian Community Health Survey (CCHS). Three indicators were analysed and the report includes regional comparisons for Sudbury and districts, Northeast, and Ontario. Overall, 12% of the population aged 12 years and older in Sudbury and districts are likely to have a mood or anxiety disorder according to the Kessler Psychological Distress scale. These results are similar to rates in Northeastern Ontario and Ontario overall. Further, individuals with a household income of less than $20,000 were significantly more likely to have a mood or anxiety disorder compared to those with higher household income levels. This is the second PHASt-IR developed to support the new OPHS Mental Health Promotion Guideline.

3. Staff Development

During the week of April 23, staff from all Divisions in the agency, participated in full day professional development sessions. The focus of the sessions, which was provided by Leaders for Leaders, was on healthy tensions within organizations. These workshop sessions were designed to give tools to teams allowing them to thrive in the changing public health environment.

4. Student Placement Program

The spring and summer season is a busy time for student placements, as many programs incorporate summer practicums. We currently have a number of students from various programs including fourth year nursing, Master of Public Health, science communication, dietetic internships, human resources, and medicine.

5. Strategic Engagement Unit / Communications

During the week of April 10, various Public Health Sudbury & Districts staff participated in Electronic Brainstorming sessions to contribute to the 2019 – 2024 Strategic Plan for Health Sciences North and Health Sciences North Research Institute. Additionally, nearly 30 staff were engaged on May 1, in an on-site focus group led by HSN/HSNRI to provide a Public Health lens to this same strategic plan.

Respectfully submitted,

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

Public Health Sudbury & Districts

STATEMENT OF REVENUE & EXPENDITURES

For The 3 Periods Ending March 31, 2018

Cost Shared Programs

	Annual Budget	Budget YTD	Current Expenditures YTD	Variance YTD (over)/under	Balance Available
Revenue:					
MOHLTC - General Program	14,687,000	3,671,750	3,671,750	0	11,015,250
MOHLTC - Unorganized Territory	819,400	204,850	204,850	0	614,550
MOHLTC - VBD Education & Surveillance	65,000	16,250	16,250	0	48,750
MOHLTC - SDWS	106,000	26,500	26,500	0	79,500
Municipal Levies	7,064,806	1,766,200	1,766,200	(0)	5,298,606
Municipal Levies - Small Drinking Water Syst	47,222	11,806	11,806	(0)	35,416
Municipal Levies - VBD Education & Surveil	21,646	5,412	5,412	(0)	16,234
Interest Earned	85,000	30,649	35,963	(5,314)	49,037
Total Revenues:	$22,896,074	$5,733,415	$5,738,731	$(5,316)	$17,157,343
Expenditures:					
Corporate Services:					
Corporate Services	4,259,002	1,007,802	958,041	49,761	3,300,961
Print Shop	120,816	30,204	21,736	8,468	99,080
Espanola	119,921	28,700	27,063	1,637	92,858
Manitoulin	128,909	30,786	28,914	1,872	99,995
Chapleau	101,289	23,980	22,301	1,679	78,987
Sudbury East	16,508	4,127	4,219	(92)	12,289
Intake	323,006	69,117	70,900	(1,783)	252,106
Volunteer Services	5,711	1,428	438	990	5,273
Total Corporate Services:	$5,075,161	$1,196,143	$1,133,613	$62,530	$3,941,548
Clinical Services:					
General	966,585	235,642	211,761	23,880	754,823
Clinical Services	1,311,327	287,677	268,099	19,579	1,043,228
Branches	221,693	53,200	52,177	1,024	169,516
Family	618,225	139,098	107,997	31,101	510,228
Risk Reduction	98,842	(2,833)	(12,412)	9,579	111,254
Clinical Preventative Services - Outreach	144,218	33,534	31,384	2,150	112,834
Sexual Health	969,357	215,227	199,771	15,457	769,586
Influenza	0	0	(0)	0	0
Meningittis	0	0	1	(1)	(1)
Dental - Clinic	520,983	120,911	114,507	6,403	406,476
Total Clinical Services:	$4,851,230	$1,082,456	$973,284	$109,172	$3,877,946
Environmental Health:					
General	821,184	170,432	161,518	8,914	659,665
Enviromental	2,440,568	594,685	584,544	10,141	1,856,024
Vector Borne Disease (VBD)	86,667	6,332	4,498	1,834	82,169
Small Drinking Water System	153,222	35,130	32,796	2,335	120,426
Total Environmental Health:	$3,501,640	$806,580	$783,355	$23,225	$2,718,285
Health Promotion:					
General	1,264,305	285,381	271,866	13,514	992,439
School	1,373,553	295,089	288,567	6,522	1,084,986
Healthy Communities & Workplaces	145,513	33,841	32,277	1,564	113,237
Branches - Espanola / Manitoulin	334,250	77,252	81,599	(4,347)	252,651
Nutrition & Physical Activity	1,024,870	217,368	200,144	17,224	824,727
Branches - Chapleau / Sudbury East	386,609	87,026	85,736	1,290	300,873
Injury Prevention	359,817	61,934	52,710	9,224	307,107
Tobacco By-Law	272,400	64,108	64,011	97	208,390
Healthy Growth and Development	1,147,879	230,350	215,341	15,009	932,538
Substance Misuse Prevention	109,172	27,902	28,945	(1,043)	80,227
Mental Health and Addictions	311,438	72,065	68,093	3,972	243,345
Alcohol Misuse	214,980	35,209	22,729	12,480	192,251
Total Health Promotion:	$6,944,788	$1,487,524	$1,412,018	$75,506	$5,532,770
Knowledge and Strategic Services:					
General	1,705,448	442,795	440,000	2,795	1,265,448
Workplace Capacity Development	23,507	5,877	1,549	4,327	21,958
Health Equity Office	145,585	23,140	30,541	(7,401)	115,044
Strategic Engagement	648,715	136,869	137,513	(643)	511,203
Total Knowledge and Strategic Services::	$2,523,255	$608,681	$609,603	$(922)	$1,913,652
Total Expenditures:	$22,896,074	$5,181,384	$4,911,873	$269,511	$17,984,201
Net Surplus/(Deficit)	$0	$552,032	$826,858	$274,826	

Public Health Sudbury & Districts

Cost Shared Programs

STATEMENT OF REVENUE & EXPENDITURES
Summary By Expenditure Category
For The 3 Periods Ending March 31, 2018

	BOH Annual Budget	Budget YTD	Current Expenditures YTD	Variance YTD (over) /under	Budget Available
Revenues & Expenditure Recoveries:					
Funding	23,096,356	5,868,223	5,879,634	(11,412)	17,216,722
Other Revenue/Transfers	855,465	217,170	230,476	(13,306)	624,988
Total Revenues & Expenditure Recoveries:	23,951,821	6,085,393	6,110,111	(24,718)	17,841,711
Expenditures:					
Salaries	15,762,177	3,490,726	3,385,637	105,089	12,376,540
Benefits	4,492,659	1,052,070	1,035,770	16,300	3,456,889
Travel	258,194	49,515	22,271	27,245	235,923
Program Expenses	908,048	261,024	244,947	16,078	663,101
Office Supplies	68,241	17,085	7,796	9,289	60,445
Postage & Courier Services	70,536	17,634	14,793	2,841	55,743
Photocopy Expenses	32,207	8,052	6,462	1,590	25,745
Telephone Expenses	62,306	15,426	13,625	1,801	48,681
Building Maintenance	370,710	105,514	100,438	5,077	270,272
Utilities	208,937	52,234	52,282	(48)	156,655
Rent	263,153	65,788	63,370	2,418	199,783
Insurance	103,774	94,043	92,793	1,250	10,981
Employee Assistance Program (EAP)	34,969	9,000	7,719	1,281	27,250
Memberships	32,289	10,283	5,487	4,795	26,802
Staff Development	234,990	44,094	40,843	3,251	194,147
Books & Subscriptions	11,315	2,574	579	1,994	10,736
Media & Advertising	106,201	25,376	7,012	18,365	99,189
Professional Fees	156,476	46,551	39,104	7,448	117,373
Translation	46,000	10,542	8,464	2,077	37,536
Furniture & Equipment	19,592	12,819	8,561	4,258	11,030
Information Technology	709,047	143,010	125,300	17,710	583,747
Total Expenditures	23,951,821	5,533,361	5,283,253	250,109	18,668,568
Net Surplus (Deficit)	0	552,032	826,858	274,826	

Sudbury & District Health Unit
SUMMARY OF REVENUE & EXPENDITURES
For the Period Ended March 31, 2018

100% Funded Programs

Program	FTE	Annual Budget	Current YTD	Balance Available	% YTD	Program Year End	Expected % YTD
INFOWAY - Immunization Ontario	702	-	25,129	(25,129)	#DIV/0!	*Mar 31/18*	100.0%
MOHLTC Local Model for Indigenous Engagement	703	227,718	175,249	52,469	77.0%	*Mar 31/18*	100.0%
Pre/Postnatal Nurse Practitioner	704	139,000	18,897	120,103	13.6%	*Dec 31*	25.0%
OTF - Getting Ahead and Cirlcles	706	216,800	53,565	163,235	24.7%	*Mar 31/2020*	33.3%
CGS - Local Poverty Reduction Evaluation	707	44,897	10,869	34,028	24.2%	*Nov 30/2019*	50.0%
SFO - Electronic Cigarette Act - New Nov./15 - Base Fndg	722	36,700	4,713	31,987	12.8%	*Dec 31*	25.0%
SFO -TCAN - Prevention	724	97,200	777	96,423	0.8%	*Dec 31*	25.0%
SFO - Tobacco Control Area Network - TCAN	725	285,800	57,759	228,041	20.2%	*Dec 31*	25.0%
SFO - Local Capacity Building: Prevention & Protection	726	259,800	37,594	222,206	14.5%	*Dec 31*	25.0%
SFO - Tobacco Control Coordination	730	100,000	24,006	75,994	24.0%	*Dec 31*	25.0%
SFO - Youth Engagement	732	80,000	18,875	61,125	23.6%	*Dec 31*	25.0%
Infectious Disease Control	735	479,100	111,022	368,078	23.2%	*Dec 31*	25.0%
LHIN - Falls Prevention Project & LHIN Screen	736	107,500	103,878	3,622	96.6%	*Mar 31/18*	100.0%
MOHLTC - Special Nursing Initiative	738	180,500	46,221	134,279	25.6%	*Dec 31*	25.0%
MOHLTC - Northern Fruit and Vegetable Funding	743	156,600	61,798	94,802	39.5%	*Dec 31*	25.0%
Beyond BMI - LDCP	747	150,000	130,321	19,679	86.9%	*"May/16 to May/18*	54.2%
Food Safety - Haines Funding	750	36,500	-	36,500	0.0%	*Dec 31*	25.0%
NE HU Collaborations/Shared Services Exploration	755	39,400	32,401	6,999	82.2%	*Mar 31/18*	100.0%
Triple P Co-Ordination	766	7,339	7,339	-	100.0%	*Dec 31*	25.0%
MOHTLC - Harm Reduction Program	771	150,000	31,716	118,284	21.1%	*Dec 31*	25.0%
CGS - Healthy Kids Bright Bites Project	772	3,624	3,066	558	84.6%	*Dec 31*	25.0%
Healthy Babies Healthy Children	778	1,476,897	320,936	1,155,961	21.7%	*Dec 31*	25.0%
Healthy Smiles Ontario (HSO)	787	612,200	115,416	496,784	18.9%	*Dec 31*	25.0%
Anonymous Testing	788	60,293	60,293	-	100.0%	*Mar 31/18*	100.0%
PHO/LDCP First Nations Engagement	790	108,713	31,261	77,452	28.8%	*May/17 to May/18*	16.7%
MHPS- Diabetes Prevention Program	792	175,000	8,933	166,067	5.1%	*Dec 31*	25.0%
Total		5,231,581	1,466,905	3,764,676			

Peterborough Public Health

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April 23, 2018

The Honourable Jody Wilson-Raybould
Minister of Justice
House of Commons
Ottawa, ON K1A 0A6
Jody.Wilson-Raybould@parl.gc.ca

Dear Ms. Jody Wilson-Raybould,

Re: Repeal of Section 43 of the Criminal Code of Canada

In December 2015, Senator Celine Hervieux-Payette introduced Bill S-206 to the Senate calling for the repeal of Section 43 of the Criminal Code of Canada. Today, Bill S-206 is still only at second reading. At its meeting on March 14th, 2018, the Board of Health for Peterborough Public Health (PPH) endorsed the motion by the Haliburton, Kawartha, Pine Ridge District Health Unit to repeal Section 43, which has been enclosed for your reference. PPH believes that physical punishment is neither appropriate nor effective. The goal of the Ontario Standards for Public Health Programs and Services (2017) Healthy Growth and Development Standard is to achieve optimal maternal, newborn, child and youth and family health. Section 43 of the Criminal Code of Canada justifies physical punishment of children thereby conflicting with the beliefs and mandate of PPH.

There is substantial research demonstrating that physical punishment can cause great harm and is an ineffective method of changing children's behavior. The research has demonstrated that in addition to increases in aggressive behaviour in children physical punishment has been associated with an increase in mental health problems into adulthood, impaired parent–child relationships, poorer cognitive development and academic achievement, delinquent behaviour and criminal behaviour in adulthood.

The repeal of Section 43 would acknowledge the many calls for action from government committees, individual Members of Parliament, children's services providers, professional organizations as well as the Truth and Reconciliation Commission of Canada. It will bring Canada into compliance with the United Nations Convention on the Rights of the Child, a Convention Canada ratified in 1991.

The repeal will also send a clear message that the use of physical punishment is not acceptable in a society that values its children. Children are one of our most vulnerable populations and need to be protected. Therefore, Peterborough Public Health urges you to support the repeal of Section 43 and to advocate for its immediate passage.

Yours in health,

Original signed by

Councillor Henry Clarke
Chair, Board of Health

/ag
Encl.

cc: The Right Hon. Justin Trudeau, Prime Minister of Canada
Local Members of Parliament
Local Members of Provincial Parliament
Local Government Councils
Local Boards of Education
Local Children's Planning Tables
Association of Local Public Health Agencies
Ontario Boards of Health

April 19, 2018

The Honourable Jody Wilson-Raybould
House of Commons
Ottawa, Ontario K1A 0A6

Re: Repeal of Section 43 of the Criminal Code Refresh 2017

On March 23, 2018 at a regular meeting of the Board for the Grey Bruce Health Unit, the Board considered the attached correspondence from Haliburton, Kawartha, Pine Ridge District Health Unit regarding Repeal of Section 43 of the Criminal Code Refresh 2017. The following motion was passed:

GBHU BOH Motion 2018-28

Moved by: Mitch Twolan Seconded by: David Shearman

"THAT, the Board of Health endorse Haliburton, Kawartha, Pine Ridge District Health Unit's resolution in support of the repeal of Section 43 of the *Criminal Code of Canada* that justifies the use of physical punishment of children between the ages of 2 and 12, and FURTHER THAT, the Board of Health indicate it's support by endorsing the *Joint Statement on Physical Punishment of Children and Youth*."

Carried

Sincerely,

Hazel Lynn, MD, FCFP, MHSc
Acting Medical Officer of Health
Grey Bruce Health Unit

Cc: All Ontario Boards of Health

Encl.

Peterborough Public Health

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

May 3, 2018

Ontario Film Review Board
c/o Ontario Film Authority
4950 Yonge Street, Suite 101B
Toronto, ON M2N 6K1
OFRBinfo@ontariofilmauthority.ca

Re: Youth Exposure to Smoking in Movies

Dear Ontario Film Review Board:

Movies are wildly popular with youth, influence youth behaviours, and are largely unregulated when it comes to depicting tobacco products. Due to increased regulations prohibiting the marketing and advertising of commercial tobacco in Ontario, tobacco companies have been forced to seek novel ways to promote their deadly products. Results of monitoring tobacco imagery in films show that smoking in movies has become more prevalent in recent years.

To raise awareness about this issue, Peterborough Public Health has been working with community partners who are concerned about the impact that movies have on the health and well-being of children and teens. As such, we recently collected 127 signatures from local residents who support increased regulations to protect kids and teens from smoking in movies.

The petition calls for the following policy directions:

- require strong anti-smoking ads prior to movies depicting commercial tobacco use;
- ensure films with tobacco imagery are ineligible for government film subsidies;
- eliminate identifying tobacco brands;
- certify no payoffs for displaying tobacco placements in movies; and
- rate all new movies with smoking in them, 18A.

Actors who smoke on screen make smoking tobacco products appear normal and give positive messages about smoking to young movie viewers. Typically movies fail to disclose the health effects related to smoking commercial tobacco. A number of studies have shown that smoking commercial tobacco in movies encourages adolescents to try smoking. The report *Youth Exposure to Tobacco in Movies in Ontario, Canada* concludes that adolescents' exposure to onscreen tobacco will result with an earlier onset of smoking initiation. Furthermore, of the 1,829 top movies released in Ontario from 2004-2016, 91% of these movies were youth rated, and 54% contained tobacco imagery.[1] Eighty-six percent of youth-rated top movies did not include an Ontario Film Review Board (OFRB) "tobacco use" content advisory.

Luk and Schwartz (2017) conclude that "rating new movies with smoking in them '18A' in Ontario, with the sole exceptions being when the tobacco presentation clearly and unambiguously reflects the dangers and consequences of tobacco use or is necessary to represent smoking of real historical figures" will:

- protect 185,000 children and teens aged 0-17 living in Ontario today from being recruited to cigarette smoking by their exposure to onscreen smoking;
- save at least $1.1 billion in healthcare costs attributed to their exposure to onscreen smoking; and
- prevent the premature smoking-related deaths of 59,000 people recruited to smoking by exposure to movies depicting tobacco imagery.[2]

Ontario has pledged to have the lowest smoking rates in the country. By simply changing the ratings for movies with smoking in them, you will be helping achieve this goal and protecting future generations from the leading cause of preventable death and disease in the province.

Yours in health,

Original signed by

Councillor Henry Clarke
Chair, Board of Health

/ag

cc: Association of Local Public Health Agencies
Ontario Boards of Health

[1] Luk, R., & Schwartz, R. (July 2017). Youth Exposure to Tobacco in Movies in Ontario, Canada: 2004-2016. *The Ontario Research Unit.*

[2] Ibid.

Peterborough Public Health

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

May 3, 2018

Hon. Jeff Leal, MPP Peterborough
jleal.mpp.co@liberal.ola.org

Re: Youth Exposure to Smoking in Movies

Dear MPP Leal:

Movies are wildly popular with youth, influence youth behaviours, and are largely unregulated when it comes to depicting tobacco products. Due to increased regulations prohibiting the marketing and advertising of commercial tobacco in Ontario, tobacco companies have been forced to seek novel ways to promote their deadly products. Results of monitoring tobacco imagery in films show that smoking in movies has become more prevalent in recent years.

In an effort to protect youth and limit the tobacco industry's influence on them, the Board of Health for Peterborough Public Health recently endorsed the following policy directions:

- require strong anti-smoking ads prior to movies depicting commercial tobacco use;
- ensure films with tobacco imagery are ineligible for government film subsidies;
- eliminate identifying tobacco brands;
- certify no payoffs for displaying tobacco placements in movies; and
- rate all new movies with smoking in them, 18A.

Luk and Schwartz (2017) conclude that "rating new movies with smoking in them '18A' in Ontario, with the sole exceptions being when the tobacco presentation clearly and unambiguously reflects the dangers and consequences of tobacco use or is necessary to represent smoking of real historical figures" will:

- protect 185,000 children and teens aged 0-17 living in Ontario today from being recruited to cigarette smoking by their exposure to onscreen smoking;
- save at least $1.1 billion in healthcare costs attributed to their exposure to onscreen smoking; and
- prevent the premature smoking-related deaths of 59,000 people recruited to smoking by tobacco imagery in movies.[1]

We were recently encouraged by the updated *Smoke-Free Ontario Act* and subsequent regulations which no doubt will further protect Ontarians where they live work and play from the dangers of commercial tobacco. Your support towards the aforementioned recommendations would be as equally welcome as we know your government is committed to achieving the lowest smoking rates in the country.

We thank you in advance for considering our request for support, and for your commitment to protecting youth from the tobacco industry.

Yours in health,

Original signed by

Councillor Henry Clarke
Chair, Board of Health

/ag

cc: Association of Local Public Health Agencies
Ontario Boards of Health

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[1] Luk, R., & Schwartz, R. (July 2017). Youth Exposure to Tobacco in Movies in Ontario, Canada: 2004-2016. *The Ontario Research Unit.*

Peterborough Public Health

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

May 3, 2018

Laurie Scott, MPP Haliburton-Kawartha Lakes-Brock
laurie.scott@pc.ola.org

Re: Youth Exposure to Smoking in Movies

Dear MPP Scott:

Movies are wildly popular with youth, influence youth behaviours, and are largely unregulated when it comes to depicting tobacco products. Due to increased regulations prohibiting the marketing and advertising of commercial tobacco in Ontario, tobacco companies have been forced to seek novel ways to promote their deadly products. Results of monitoring tobacco imagery in films show that smoking in movies has become more prevalent in recent years.

In an effort to protect youth and limit the tobacco industry's influence on them, the Board of Health for Peterborough Public Health recently endorsed the following policy directions:

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Luk and Schwartz (2017) conclude that "rating new movies with smoking in them '18A' in Ontario, with the sole exceptions being when the tobacco presentation clearly and unambiguously reflects the dangers and consequences of tobacco use or is necessary to represent smoking of real historical figures" will:

- protect 185,000 children and teens aged 0-17 living in Ontario today from being recruited to cigarette smoking by their exposure to onscreen smoking;
- save at least $1.1 billion in healthcare costs attributed to their exposure to onscreen smoking; and
- prevent the premature smoking-related deaths of 59,000 people recruited to smoking by tobacco imagery in movies.[1]

We were recently encouraged by the updated *Smoke-Free Ontario Act* and subsequent regulations which no doubt will further protect Ontarians where they live work and play from the dangers of commercial tobacco. Your support towards the aforementioned recommendations would be equally welcome.

We thank you in advance for considering our request for support, and for your commitment to protecting youth from the tobacco industry.

Yours in health,

Original signed by

Councillor Henry Clarke
Chair, Board of Health

/ag

cc: Association of Local Public Health Agencies
Ontario Boards of Health

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[1] Luk, R., & Schwartz, R. (July 2017). Youth Exposure to Tobacco in Movies in Ontario, Canada: 2004-2016. *The Ontario Research Unit.*

April 19, 2018

Dr. MaryLynn West-Moynes, CEO and President
Georgian College
One Georgian Dr., Room H103
Barrie, ON L4M 3X9

Dear Dr. West-Moynes,

Re: Tobacco and Smoke-Free Campuses

On March 23, 2018 at a regular meeting of the Board for the Grey Bruce Health Unit, the Board considered the attached correspondence from Sudbury and District Health Unit regarding Tobacco and Smoke Free Campuses. The following motion was passed:

GBHU BOH Motion 2018-29

Moved by: David Inglis Seconded by: Stewart Halliday

"THAT, the Board of Health endorse Public Health Sudbury and Districts resolution regarding tobacco and smoke-free campuses, and THAT, the Board of Health urge local post-secondary institutions to enhance existing policies to achieve 100% tobacco and smoke-free campuses, and FURTHER THAT, this motion be forwarded to local post-secondary leadership, the MOHLTC, CMOH, Ministry of Advanced Education and Skills Development, all Ontario Boards of Health and local MP's and MPP's."

Carried

Sincerely,

Hazel Lynn, MD, FCFP, MHSc
Acting Medical Officer of Health
Grey Bruce Health Unit

Cc: Dr. Helena Jaczek, Minister of Health and Long Term Care
Dr. David Williams, CMOH
The Honourable Mitzie Hunter, Minister of Advanced Education and Skills Development
Larry Miller, MP Bruce-Grey-Owen Sound
Benn Lobb, MP Huron-Bruce
Kellie Leitch, MP Simcoe-Grey
Bill Walker, MPP Bruce-Grey-Owen Sound
Lisa Thompson, MPP Huron-Bruce
Jim Wilson, MPP Simcoe-Grey
All Ontario Boards of Health

Encl.

April 19, 2018

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

Dear Minister Jaczek:

Re: Annual Service Plan and 2018 Budget

On March 23, 2018 at a regular meeting of the Board for the Grey Bruce Health Unit, the Board considered the attached correspondence from Haliburton, Kawartha, Pine Ridge District Health Unit regarding their Annual Service Plan and 2018 Budget. The following motion was passed:

GBHU BOH Motion 2018-30

Moved by: Mitch Twolan Seconded by: Arlene Wright

"THAT, the Board of Health endorse Haliburton, Kawartha, Pine Ridge District Health Unit's letter to the Minister of Health and Long-Term Care regarding their Annual Service Plan and 2018 Budget, and THAT, the Board of Health urge the Minister of Health and Long-Term Care to reconsider it's decision to implement a four-year budget freeze for Public Health Units, and FURTHER requests an earlier budget approval that the historic September to November timeframe."

Carried

Sincerely,

Hazel Lynn, MD, FCFP, MHSc
Acting Medical Officer of Health
Grey Bruce Health Unit

Cc: All Ontario Boards of Health

Encl.

April 26, 2018

Hon. Indira Naidoo-Harris
Provincial Minister of Education/
Minister Responsible for Early Years and Child Care
22nd Floor, Mowat Block
900 Bay Street
Toronto, ON M7A 1L7

Dear Minister Naidoo-Harris:

Re: Mandatory Food Literacy Curricula in Ontario Schools

The Kingston, Frontenac, and Lennox & Addington (KFL&A) Board of Health passed the following motion at its April 25, 2018 meeting:

> **THAT the KFL&A Board of Health endorse provincial policy action found in the 2017 Food EPI Canada Report calling for an examination of current school curricula with regards to food literacy, and introduction of food literacy and food skills as a mandatory component of school curricula, and send correspondence to:**
>
> **1) The Honourable Indira Naidoo-Harris, Provincial Minister of Education**
> **2) The Honourable Dr. Helena Jaczek, Provincial Minister of Health and Long-Term Care**
>
> **And FURTHER that a copy of this endorsement be forwarded to:**
>
> **1) Ms. Sophie Kiwala, MPP Kingston and the Islands**
> **2) Mr. Randy Hillier, MPP Lanark-Frontenac-Lennox & Addington**
> **3) Ontario Dietitians in Public Health Dietitians**
> **4) The Association of Local Public Health Agencies**

Food literacy has been in decline over the past few decades and the resultant food deskilling has affected all segments of society, including children and youth. It has led to an increase of pre-prepared, packaged and convenience foods, eating away from home, and a higher consumption of processed foods that are higher in fat, salt and sugar. These foods are linked to a greater risk of diet-related chronic conditions and diseases such as obesity, heart disease and type II diabetes.

At a time when essential food literacy skills are lacking, there is a lack of opportunity to acquire these skills in the school setting. In Ontario, home economics, including food literacy education and training, was removed several decades ago from the Grade 7 and 8 curricula. Over the same time period, there has been a proliferation in processed and ready to consume foods, and marketing of unhealthy food and beverages. While food literacy curriculum is available to students, it is estimated that only one-third of Ontario students who entered Grade 9 from the 2005/06 to 2009/10 school years earned one or more credits in a course that included a food literacy component during their secondary school education.

Recently, a panel of more that 70 non-governmental experts from 44 universities, non-governmental, and professional organizations from across Canada gathered to comprehensively assess Canadian food environment polices compared to international benchmarks of current best practice. In their report *Creating healthier food environments in Canada, Current policies and priority actions*, this group recommended, among other provincial/territorial recommendations, the following policy action:

> Examine current school curricula with regards to food literacy, and introduce food literacy and food skills training as a mandatory component of school curricula. p. 7

Schools provide an opportunity to support students in making healthy choices and in gaining knowledge and food skills that will lead to developing food literacy, which will guide lifelong healthy eating habits. The KFL&A Board of Health urges the Provincial Government to examine the current school curricula with respect to food literacy, and to introduce mandatory food literacy and food skills training curricula.

Yours truly,

Dennis Doyle, Chair
KFL&A Board of Health

Copy to: The Honourable Dr. Helena Jaczek, Provincial Minister of Health and Long-Term Care
Ms. Sophie Kiwala, MPP Kingston and the Islands
Mr. Randy Hillier, MPP Lanark-Frontenac-Lennox & Addington
Ontario Dietitians in Public Health Dietitians
The Association of Local Public Health Agencies
Board of Health members

Ministry of Health and Long-Term Care

Office of the Minister

10th Floor, Hepburn Block
80 Grosvenor Street
Toronto ON M7A 2C4
Tel 416-327-4300
Fax 416-326-1571
www.ontario.ca/health

Ministère de la Santé et des Soins de longue durée

Bureau du ministre

Édifice Hepburn, 10e étage
80, rue Grosvenor
Toronto ON M7A 2C4
Tél 416-327-4300
Téléc 416-326-1571
www.ontario.ca/sante

Ontario

MAY 0 7 2017

2018-00709

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

Dear Mr. Lapierre:

I am pleased to advise you that the Ministry of Health and Long-Term Care will provide the Sudbury and District Health Unit up to $900 additional base funding in the 2018-19 funding year to support meeting the increasing costs associated with delivery of HIV/AIDS programs.

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

Thank you for your dedication and commitment to curbing the spread of HIV in Ontario.

Sincerely,

Helena Jaczek

Dr. Helena Jaczek
Minister

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

Whooping cough more widespread than previously known

New research from Public Health Ontario (PHO) and the Institute for Clinical Evaluative Sciences (ICES) suggests that whooping cough cases in Ontario are happening much more frequently than previously known, reinforcing the importance of up-to-date vaccinations to protect against illness and the spread of disease.

Whooping cough (formally known as pertussis) is a highly contagious respiratory tract infection. In many people, it's characterized by a severe hacking cough followed by an sharp intake of breath that sounds like "whoop." Many people, though, don't develop the whoop; sometimes, a persistent hacking cough is the only sign that someone has the illness. In the case of infants, they may not cough at all; instead, they may struggle to breathe, or they may even temporarily stop breathing. Infants are most at risk for serious complications from whooping cough. Deaths associated with whooping cough are rare. When deaths do occur, however, they are most commonly seen among infants, especially those who are too young to be immunized against the disease.

While whooping cough is required to be reported to public health in Ontario, a new study, published in the May 2 issue of PLOS ONE, suggests that the incidence of illness is significantly under-reported. The researchers compared and cross-referenced three different datasets in Ontario – public health reportable disease surveillance data, public health laboratory data, and OHIP data housed at ICES – and found that the estimated total number of cases among infants was almost double, from 545 recorded cases to an estimated 924 cases. The datasets include the period for 2009 to 2015.

For those aged one year and older, estimated total of whooping cough cases was nearly eight times the number actually reported (12,883 estimated cases vs. 1,665 cases reported to public health).

One of the main drivers of the under-reporting is the variability of physicians recognizing and reporting the illness to public health, note the researchers.

“These numbers clearly show that whooping cough is much more prevalent in the community than we realized, making the risks of people catching and spreading the disease higher,” notes Dr. Natasha Crowcroft, chief of applied immunization research and evaluation at PHO and lead author of the paper. “Whooping cough is a vaccine-preventable disease, and these research findings reinforce the need for people to make sure their immunizations are up-to-date to limit potential infection and spread. This is particularly important for people who care for or are in contact with young infants.”

Ensuring that immunizations are up-to-date are one way to control future outbreaks, says Dr. Crowcroft. In addition, better surveillance data to capture the true incidence of whooping cough in the province can help enable evidence-based decisions when it comes to timing and frequency of immunizations.

Fast facts:

- 12,883 estimated cases of whooping cough vs. 1,665 cases reported to public health from 2009 to 2015 in those aged one year and older.
- PHO provincial surveillance data on whooping cough (which are under-reported, note the researchers):
  - 584 reported cases of whooping cough, 33 reported hospitalizations in 2017;
  - 463 cases in 2016, 30 hospitalizations in 2016;
  - 700 cases in 2015, 36 hospitalizations in 2015; and
  - Nearly 80 per cent of hospitalizations are among children younger than five years old.

-30-

Public Health Ontario is a Crown corporation dedicated to protecting and promoting the health of all Ontarians and reducing inequities in health. Public Health Ontario links public health practitioners, front-line health workers and researchers to the best scientific intelligence and knowledge from around the world. For the latest PHO news, follow us on Twitter: @publichealthON.

For more information, please contact:
Janet Wong
Media Relations Advisor, PHO
media@oahpp.ca
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Page last updated: May 3, 2018

News

April 19, 2018

Oxford County and Elgin St. Thomas announce new health unit board, name and logo

Public health services will continue as they are now when the new health unit takes effect on May 1

The communities of Oxford, Elgin and St. Thomas will be served by a new health unit on May 1, 2018: Southwestern Public Health. The new health unit will merge Elgin St. Thomas Public Health and Oxford County Public Health to form a new organization delivering public health programs and services to approximately 204,000 people in a geography spanning Oxford County, Elgin County and the City of St. Thomas.

A merger between the two health units was put forward in November 2017 as an opportunity to enhance programs and services by pooling resources, allowing Public Health to better respond to the unique needs of their small urban and large rural communities.

On April 11 at their respective meetings, the Board of Health for Elgin St. Thomas Public Health and Oxford County Council approved the municipal appointments to the Board of Health for Oxford Elgin St. Thomas Health Unit, which remains the legal name for the new health unit. Board members are:

Heather Jackson (City of St. Thomas)
Margaret Lupton (Oxford County)
David Marr (County of Elgin)
Larry Martin (Oxford County)
David Mayberry (Oxford County)
Sandra Talbot (Oxford County)
Bernie Wiehle (County of Elgin)
Steve Wookey (City of St. Thomas)

The new board of health becomes effective on May 1, the first day of operation for Southwestern Public Health. While the two organizations will continue to work through the process of integrating their operations beyond May 1 into the rest of 2018, people living in Oxford County, Elgin County and the City of St. Thomas will continue to receive the public health services they have now at the same locations in Woodstock and St. Thomas.

Telephone numbers, email addresses and the website will remain the same on May 1, with new contact information and a new website to be announced in June.

The Transition Governance Committee, which was formed to provide oversight on merger activities until the time that a new board could be legally appointed, is on target for completing all deliverables identified in the committee's terms of reference.

The health units are also introducing today the new logo for Southwestern Public Health. The logo, which emphasizes the "public health" in Southwestern Public Health, was designed to reflect a sense of strength, reaching out, and excitement for the future. It incorporates the names of the three municipal jurisdictions, Oxford, Elgin and St. Thomas. The new logo will begin appearing on public health materials after May 1.

Background

Attachment: Media backgrounder and timeline, "Forging a new path" (April 2018)
Attachment: Southwestern Public Health logo

About Elgin St. Thomas Public Health

Elgin St. Thomas Public Health (ESTPH) works together with its communities to promote and protect the health of people who live, work and play in Elgin County. The health unit delivers a variety of mandatory health programs and services set by the Province of Ontario in the Health Protection and Promotion Act. ESTPH works with its communities to promote wellness, to protect health, to prevent injury, and to advocate for positive change. ESTPH serves a population of just over 90,000 people. For more information about services, visit www.elginhealth.on.ca.

About Oxford County Public Health

Through its programs in prevention, protection and emergency response, Oxford County Public Health works to keep the people in Oxford's communities healthy and safe through programs that promote healthy lifestyles and that aim to prevent illness and disease in the community. Public Health is a service of Oxford County, a partnership-oriented, two-tier municipal government serving approximately 114,000 people across eight municipalities that are "growing stronger together." Learn more at www.oxfordcounty.ca/health

Contacts

Tommasina Conte
Oxford County Public Health
519.539.9800, ext. 3503
tconte@oxfordcounty.ca

Tiffany Terpstra
Elgin St. Thomas Public Health
519.631.9900, ext. 1308
tterpstra@elginhealth.on.ca

HEALTH MATTERS

No one should be at risk of poor health because of their social and economic situations.

Members of Provincial Parliament play an important role in shaping policies that impact all aspects of our lives, including our health. Public Health Sudbury & Districts looks to these leaders to take action in improving opportunities for health by building a sustainable path forward to optimally support the health of all Ontarians.

Public Health
Santé publique
SUDBURY & DISTRICTS

Access to health care and health care system sustainability are seen as the number one issue determining how people will vote. Did you know that investing in health promotion and preventive measures are less costly and keep us out of hospitals and clinics in the first place? Addressing income, social status and supports, education, and literacy are important factors that impact our health.

Public Health Sudbury & Districts encourages that the following issues are prioritized when developing health platforms. These priorities were informed by those prepared by the Association of Local Public Health Agencies[i] and can be found on their website.

Issues and recommendations on key public health priority areas

Opioids

- Ontario has one of the highest prescription rates in Canada for opioids, a class of drugs which includes fentanyl, morphine and OxyContin. Crime and suffering occurs when these medications are misused and sold on the street.
- Drug misuse has serious impacts on our communities. There were 1,053 opioid-related deaths in Ontario from January to October 2017, a 52% increase over the previous year. Further, there were 7,658 emergency department visits related to opioid overdoses, a 72% increase over the previous year.

Key recommendation

Support a proactive, comprehensive and multi-stakeholder plan for opioids that includes education, harm reduction, treatment, and enforcement.

Prescription Coverage for all Ontarians - Universal Pharmacare

- People use prescriptions to get healthy and manage diseases. Increasing costs of consumer goods and housing makes it difficult for families to pay for medication. Right now, people over the age of 65 or under the age of 24, and people utilizing the Ontario Drug Benefit program have basic drug coverage. Everyone else aged 25–64 without workplace benefits has to pay out of their own pocket for prescriptions.
- A universal pharmacare system would provide prescription coverage to people that need it. Universal pharmacare would use bulk purchasing power to reduce the cost of drugs. Costly physician visits and hospitalizations are reduced when people can get the medication they need to stay well.

Key recommendation

Support a universal pharmacare system that promotes health and reduces acute health care costs.

Issues and recommendations on key public health priority areas

Income Security

- Food insecurity – not having enough money to buy food – affects 1 in 8 households in Ontario. When income is too low, people do not have enough money for rent, bills and food. One in 6 children in Ontario lives in households that are food insecure.
- Social assistance rates are not enough – 64% of Ontario households that rely on social assistance do not have enough money for food.
- Incomes are not enough for many working people. Almost 60% of households in Ontario that are food insecure obtain their income from employment, yet they still have difficulty having enough money for food.
- Lacking sufficient money for food takes a serious toll on people's health. Adults in food insecure households are more likely to suffer from chronic conditions such as diabetes, high blood pressure, and anxiety; their children are more likely to suffer from mental health problems and teenagers are at greater risk of depression, social anxiety and suicide. Being food insecure is strongly associated with being a higher user of healthcare.

Key recommendation

Support income security approaches such as a basic income guarantee, a living wage, and social assistance rates that are geared to the real cost of living so that everyone has the money they need for basic needs, including food.

Smoking

- Smoking is responsible for lung and heart diseases and cancers, costing billions in Ontario in direct healthcare costs. This expense is borne by all tax payers, whether they smoke or not. There is growing support in Canada for an endgame – a strategy to create a future that is free from commercial tobacco.
- The modernized Smoke-Free Ontario Strategy was released in 2018 with recommendations aimed at reducing the health burden of tobacco and vapour products in Ontario.
- Recommendations of the strategy are intended to achieve a drastic reduction in tobacco use by 2035 that will produce benefits to health and reduce healthcare costs.

Key recommendation

Support the implementation of the modernized Smoke-Free Ontario Strategy, announced May 2018, to achieve the lowest smoking rates in Canada and support the end game goal by 2035.

Issues and recommendations on key public health priority areas

Cannabis

- Cannabis is expected to be legalized in Ontario beginning July 1, 2018. Individuals aged 19 years and older will have the freedom to buy and use cannabis.
- The brain is still developing until the mid-20's. Frequent cannabis use is related to deficits in learning, impulse control and mental health.[ii] Cannabis has different effects on the developing brain than alcohol and should have a different legal age.

Key recommendation

Support that the legal age to buy cannabis be increased to 21 or include a mitigation strategy if it remains at 19 years of age.

Dental Care for Lower-Income Adults

- One-third of Ontario workers do not have employee health benefits. Many adults cannot afford to see a hygienist or dentist. People who don't have regular dental cleanings, fillings and extractions can end up in the emergency department. This was the case for approximately 60,000 patients in Ontario in 2014, with a cost of $30 million to the health care system.[i]
- Ontario already has programs that extend dental care to children in lower-income families, but many adults still can't afford dental care.

Key recommendation

Support that dental care should be provided for everyone who cannot afford it.

References

[i] https://c.ymcdn.com/sites/alphaweb.site-ym.com/resource/collection/822EC60D-0D03-413E-B590-AFE1AA8620A9/alPHa_Key_Messages_2018_Provincial_Election.pdf

[ii] http://www.cbc.ca/news/canada/ottawa/dental-emergency-report-1.3308355

[iii] Centre for Addiction and Mental Health. Evidence Brief: Canada's Lower-Risk Cannabis Use Guidelines. 2017. http://www.camh.ca/en/research/news_and_publications/reports_and_books/Documents/LRCUG.KT.Professional.15June2017.pdf

APPROVAL OF CONSENT AGENDA

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

Briefing Note

To: René Lapierre, Chair, Board of Health for Public Health Sudbury & Districts

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

Date: May 10, 2018

Re: 2017 Annual Organizational Risk Management Report

☒ For Information ☐ For Discussion ☐ For a Decision

Issue:
Per the Ontario Public Health Standards, the Board of Health shall have a formal risk management framework that identifies, assesses, and addresses risks. The Board of Health shall also provide governance direction to the administration and ensure that they remain informed of risk management activities.

Recommended Action:
That the Board of Health for Public Health Sudbury & Districts receive the 2017 Annual Organizational Risk Management Report.

Background:
In October 2016, the Board of Health approved an organization-wide risk management framework, policy, procedure, and a risk management plan. The risk management plan outlined quarterly reporting timelines to the Senior Management Executive Committee along with a roll-up of all data into an annual report presented to the Board of Health each June.

The 2017 Organizational Risk Management Report includes data collected for all four reporting quarters in 2017. Organizational risks reflect those that were approved by the Board of Health in 2016.

Since the beginning of 2016, Public Health Sudbury & Districts has been working to strengthen risk management practices. The Board of Health engaged with Senior Management to work through a risk management process and, Senior Management continued the work with the Association of Local Public Health Authorities (alPHa) and a Senior Audit Manager from the Treasury Board Secretariat, to adopt and apply a five step risk management process for our organization.

After input from the BOH to identify agency-wide risks, staff finalized a risk management plan and in October 2016, the BOH approved the organizational risk management plan and Risk Management Framework (at the time titled, SDHU Risk Management Plan and Framework).

As part of the Framework reporting requirements, the first annual Risk Management Report (for 2016) was presented to the Board of Health for Public Health Sudbury & Districts in May 2017. This included a list of the identified organizational risks and their respective ratings for likelihood and impact as well as risk status and progress notes from July to December 2016. All risks were reported with "no concerns" and mitigation efforts were ongoing.

The 2017 Annual Risk Management Report follows the same structure as the 2016 report however it includes status and progress data for all of 2017. Organizational risks and ratings have remained the same while risk status has varied throughout the quarters. At the end of 2017, the technology risk relating to network outage has been identified as "attention required" while other risks have been reported as "no concerns".

Financial Implications:
Additional costs may be identified with specific mitigation strategies and will be considered at that time.

Ontario Public Health Standard:
- Public Health Accountability Framework; Common to All Domains; Requirement 4
- Public Health Accountability Framework; Good Governance and Management Practices Domain; Requirement 14h.

Strategic Priority:
Organizational Commitment

Contact:
France Quirion, Director, Corporate Services Division

2017 Annual Organizational Risk Management Report

January – December 2017

2017 Organizational Risk Assessment		
Overall Objective: To identify future events that may impact the achievement of the agency's vision and mission		
Subordinate Objective: To coordinate and align risk mitigation strategies and provide a framework for risk assessment work at different levels within the organization		
Risk Categories		**Rating Scale**
1. Financial Risks		
1.1	The organization may be at risk as budget pressures are expected to increase over the next several years.	L5 I5
1.2	The organization may be at risk of financial forecasting not providing sufficient information for decision making resulting in suboptimal financial management within year.	L4 I4
1.3	The organization may be at risk as internal controls do not ever fully eliminate all potential risks of fraud.	L1 I3
2. Governance / Organizational Risks		
2.1	The organization may be at risk as BoH members, individually or collectively, may not have the required competencies for effective Board Governance.	L4 I5
2.2	The organization may be at risk of not systematically ensuring that the governance implications of changes in statutes, policies, and directions have been considered.	L3 I3
2.3	The organization may be at risk as the appetite for risk culture may not be clearly defined and articulated for staff or Board of Health members.	L1 I2
3. Human Resources		
3.1	The organization may be at risk as a result of an insufficient investment in succession and business continuity planning.	L4 I4
3.2	The organization may be at risk as staff may not have all of the necessary competencies to meet evolving needs.	L4 I4
3.3	The organization may be at risk related to varying levels of staff engagement in the work of the organization.	L2 I3
3.4	The organization may be at risk as some staff work offsite in uncontrolled environments.	L2 I4
4. Knowledge / Information		
4.1	The organization may be at risk due to incomplete/inadequate information to make decisions or plan programs and services.	L3 I3

5. Technology		
5.1	The organization may be at risk of a network outage.	L3 I5
5.2	The organization may be at risk of not having a comprehensive and future oriented information technology plan and planning processes.	L4 I3
6. Legal / Compliance		
6.1	The organization may be at risk of not achieving full compliance with the many and varied obligations imposed by statutes and regulations impacting on governance and management of Public Health Sudbury & Districts.	L2 I2
7. Service Delivery / Operational		
7.1	The organization may be at risk of our service not being perceived as a value add to our clients.	L3 I4
8. Environment		
8.1	The organization may be at risk of natural and anthropogenic disasters or hazards.	L2 I3
9. Political		
9.1	The organization may be at risk of significant disruptions and high opportunity costs related to health system transformation.	L5 I5
10. Stakeholder / Public Perception		
10.1	The organization may be at risk of poorly defined relationships with indigenous communities.	L5 I5
10.2	The organization may be at risk of uncertainty around managing the expectations and obligations of the public, ministries, stakeholders, municipalities and/or the media to prevent disruption of service or criticism of Public Health Sudbury & Districts and a negative public image.	L3 I2
11. Strategic / Policy		
11.1	The organization may be at risk of developing a Strategic Plan that may need to be modified given the great uncertainty with health system transformation.	L3 I2
12. Security Risks		
12.1	The organization may be at risk of threats to network security.	L2 I4
12.2	The organization staff and visitors may be at risk if security systems are offline.	L2 I3
13. Privacy Risks		
13.1	The organization may be at risk as internal controls may not be sufficient to fully eliminate all potential risks of privacy breaches.	L4 I2
14. Equity Risks		
14.1	The organization may be at risk of not effectively leveling up the health status with priority populations.	L5 I5

Organizational Risk Assessment Annual Report

January – December 2017

#	CATEGORY	TOP RISKS (RED)	Status*				Progress Report/Comments
			Q1	Q2	Q3	Q4	
1	FINANCIAL	The organization may be at risk as budget pressures are expected to increase over the next several years.	1	1	1	1	Activities continue to help mitigate risk. The Board of Health (BOH) approved the 2018 Mandatory Cost-Shared budget at the November 2017 meeting. Cost saving strategies continue to be explored and vacancy management processes remain activated.
2	FINANCIAL	The organization may be at risk of financial forecasting not providing sufficient information for decision making resulting in suboptimal financial management within year.	1	1	1	1	Public Health Sudbury & Districts continues to monitor gapped funding resulting from leaves and/or change in programming initiatives. Annual expenditure projections have also been added to the monthly variance analysis report in order to highlight anticipated surpluses/deficits in a timely manner.
3	GOVERNANCE/ ORGANIZATIONAL	The organization may be at risk as BOH members, individually or collectively, may not have the required competencies for effective Board Governance.	1	1	2	1	To mitigate risk, new board members participated in orientation sessions and have been supported by the office of the Medical Officer of Health (MOH). BOH members were also an integral part in the development of the new Strategic Plan and the visual identity refresh. BOH members continue to receive updates on key areas impacting public health and were briefed on financial implications related to the implementation of the new standards.
4	HUMAN RESOURCES	The organization may be at risk as a result of an insufficient investment in succession and business continuity planning.	1	1	1	1	Activities are underway to help mitigate risks. Succession planning has been incorporated in the Leadership Development Strategy and the Workforce Development Framework. An internal policy on succession planning was also developed and approved.

5	HUMAN RESOURCES	The organization may be at risk as staff may not have all of the necessary competencies to meet evolving needs.	1	1	1	1	Ongoing work is being done to help meet evolving needs. Core competencies for Public Health are being integrated into Human Resources (HR) activities and leadership core competencies (LCCs) are being integrated into HR systems. A pilot project for Nursing core competencies (CC) is underway.
6	TECHNOLOGY	The organization may be at risk of a network outage.	1	2	2	2	Attention is required in this area. In 2017, work being performed at an offsite storage facility resulted in a power outage bringing down offsite servers. As a result, a revised notification protocol was developed to ensure proper notification in the future. Work is now underway to complete segregation of the network to prevent future network outages caused by users. Additional options for network monitoring are being explored as well as an external security audit to ensure protection.
7	TECHNOLOGY	The organization may be at risk of not having a comprehensive and future oriented information technology plan and planning processes.	1	1	1	1	To continue risk mitigation, Public Health Sudbury & Districts is exploring the creation of a governance committee which would be responsible for forming a comprehensive business plan for information technology across the organization.
8	SERVICE DELIVERY/ OPERATIONAL	The organization may be at risk of our service not being perceived as a value add to our clients.	1	1	1	1	The organization continues to assess client satisfaction at points of contact and a new client satisfaction survey will be launched in 2018. Brand guidelines, a social media strategy, and a community and stakeholder engagement plan, are in development as part of the refreshed visual identity and will help to increase the public's knowledge and value of public health programs and services.

9	POLITICAL	The organization may be at risk of significant disruptions and high opportunity costs related to health system transformation.	1	1	1	1	The organization continues to stay abreast of various transformation initiatives and contributes to provincial activities to inform system transformation. The organization is continually evaluating priorities to ensure balance between providing leadership to system transformation and minimizing disruption. Northeastern Public Health Units have engaged in an exploratory project to identify collaborative opportunities that would help optimize services while maintaining autonomy of each BOH.
10	STAKEHOLDER & PUBLIC PERCEPTION	The organization may be at risk of poorly defined relationships with Indigenous communities.	1	1	1	1	Activities are underway to help mitigate risk. A Manager of Indigenous Engagement was hired and, an internal steering committee and an external advisory committee were created to support the development of an Indigenous Engagement Strategy. Public Health Sudbury & Districts continues to offer cultural competency and cultural humility training to staff and is committed to making our buildings more welcoming of Indigenous peoples. Our agency also took on a leadership role in the Locally Driven Collaborative Project to develop a model for Indigenous engagement in the Northeast.
11	EQUITY	The organization may be at risk of not effectively leveling up the health status with priority populations.	1	1	1	1	The agency continues to work in the area of poverty reduction and supports partners in health equity work. In collaboration with community partners, Public Health Sudbury & Districts continues to offer the Bridges out of Poverty, Leader Training and Circles programs. All Public Health staff and BOH members have participated training and additional sessions are being offered to community members. The agency also took on a leadership role in support of the Northern Ontario Health Equity Strategy and has established local partnerships to support equity-focused decision-making and to increase awareness of the social determinants of health.

** Status: 1 = No Concerns; 2 = Attention Required; 3 = Concern*

Overview of Public Health Legislative and Regulatory Amendments HPPA, ISPA, SFOA

Roselle Martino + PPHD Directors

April 24, 2018

Ontario

Governing Framework for Public Health Programs and Services

LEGISLATION

- Statutory law and formal authority which establishes the general framework to perform broad public health functions

REGULATIONS

- Specific rules deriving from legislation
- Enable the enforcement of requirements

ONTARIO PUBLIC HEALTH STANDARDS

- Specifies the mandatory health programs and services to be provided by boards of health
- Issued and enforceable under authority of the Health Protection and Promotion Act

Delivery of Public Health Programs and Services

Context for Legislative and Regulatory Amendments

- Provide a congruent legislative and regulatory framework for the modernized Standards, reflecting emerging evidence, advances in technology and practice;
- Strengthen the public health sector and make the delivery of public health programs and services safer, more effective and more efficient;
- Streamline and update requirements for owners and operators of settings who are responsible for complying with the legislation and regulations; and,
- Address feedback gathered over many years to eliminate inconsistencies and redundancies, address gaps, and address other technical and housekeeping issues.

Stakeholder Consultation

Outreach to public health and industry

Public hearings

Regulatory registry

By The Numbers

LEGISLATION

- **1 NEW**
  - *Smoke-Free Ontario Act, 2017*
- **2 AMENDED**
  - *Health Protection and Promotion Act*
  - *Immunization of School Pupils Act*
- **2 REVOKED**
  - *Smoke-Free Ontario Act*
  - *Electronic Cigarettes Act, 2015*

REGULATIONS

- 3 new
- 14 amended
- 7 revoked
- 7 regulations have new and updated provincial offences
- 11 consequential changes made to other regulations

Areas of Change

Disease Prevention and Control

Safe Food and Water

Tobacco, E-Cigarettes and Medical Cannabis

Public Health Responsibilities and Administration

Provincial Offences and Fines

Housekeeping

Disease Prevention and Control

Previously, there were no legislative or regulatory requirements for personal services settings - public health inspectors inspected these settings as part of their requirements under the *Infection Prevention and Control in Personal Services Settings Protocol,* 2016, however, enforcement tools were limited and harsh.

Personal Service Settings

- Under the HPPA, the selling, offering and provision of eye tattooing and implantation of eye jewellery is prohibited unless performed by a regulated health professional.

- New regulation – Reg. 136/18 Personal Service Settings – to maintain the health and safety of patrons and employees of personal service settings, which includes:
  - Prohibiting certain services (e.g. fish pedicures, ear coning);
  - Requirement to give notice prior to commencement, renovation, and offering of additional personal services;
  - Requirement to post inspection results according to inspector requests; and
  - Operator and employee roles and responsibilities.

Disease Prevention and Control (cont'd)

Reportable, communicable and virulent diseases were previously listed in three separate regulations, and reporting of adverse events following immunization (AEFI) was limited and outdated. Surveillance could not be conducted on emerging diseases.

Disease Lists and Disease Reporting

- New regulation – Reg. 135/18 Designation of Diseases – consolidates the three existing regulations that list reportable (now diseases of public health significance), communicable and virulent diseases. It also captures immunizing agents for the purposes of reporting adverse events.
- Under the HPPA, the Minister of Health and Long-Term Care may order time-limited reporting of emerging diseases, where health care providers and entities would be required to report certain information.
- Information collected for certain diseases under Reg. 569 Reports have been modernized.

Disease Prevention and Control (cont'd)

Requirements that protected against diseases spread from animals and insects to humans were limited in scope and out of date.

Rabies Immunization

- Replace the former patchwork approach to animal rabies immunization requirements based on health unit opt-ins with a single, consistent provincial approach.

- Require veterinarians to issue more detailed rabies immunization information certificates.

Disease Prevention and Control (cont'd)

Rabies, Avian Influenza, Novel Influenza Viruses and Echinococcus multilocularis

- Public health inspectors, in addition to medical officers of health, now have the authority to confine potentially rabid animals.
- New veterinary reporting requirements for animal cases of avian and novel influenza viruses, as well as animal cases of Echinococcus multilocularis infection.

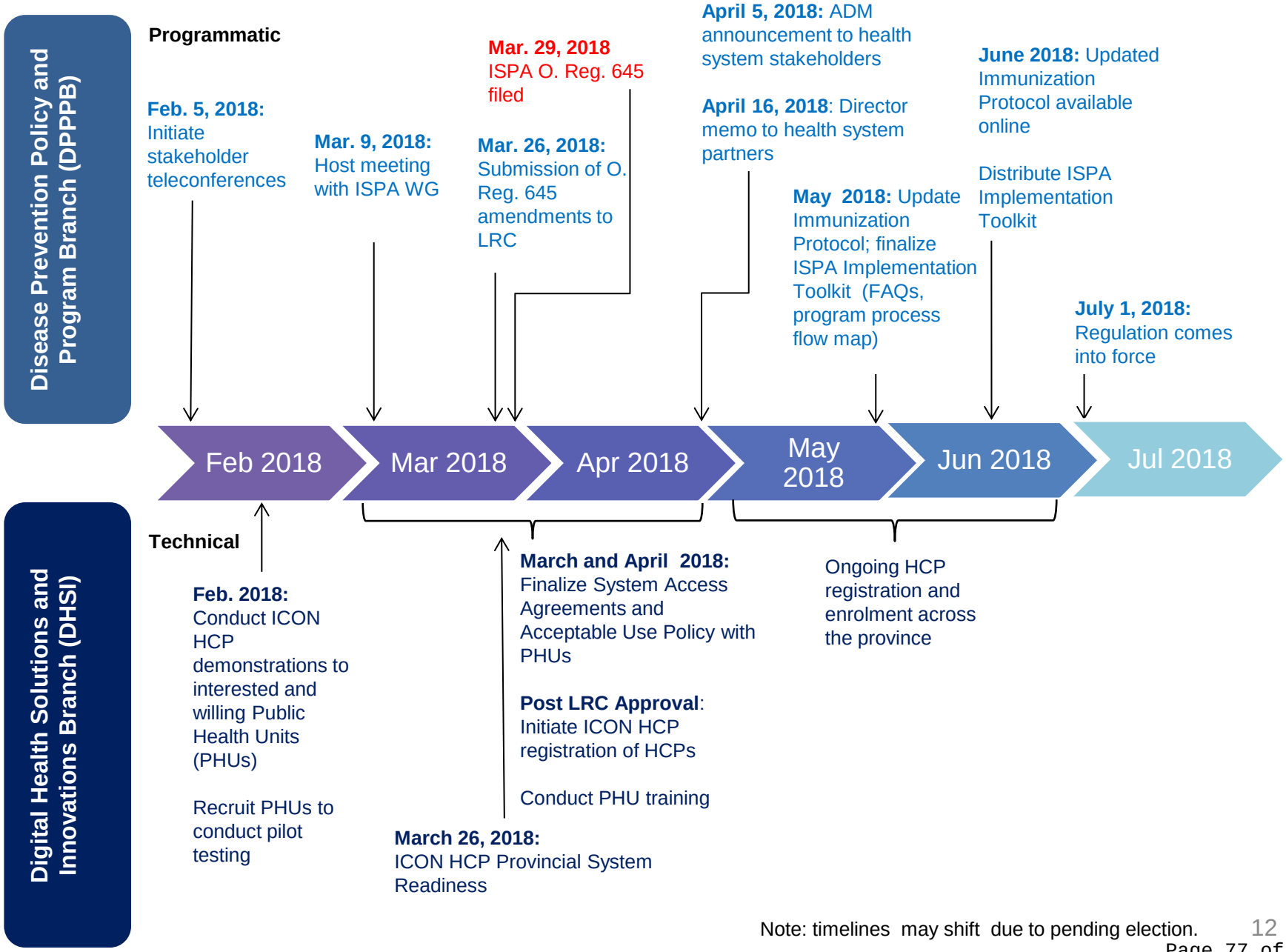
Disease Prevention and Control (cont'd)

In the past, parent reporting of immunizations has been resource-intensive for public health units and information was often out of date.

Immunization of School Pupils

- Changes made to the Immunization of School Pupils Act (ISPA) require health care providers who administer immunizing agents to provide information directly to the local medical officer of health.
- Reg. 645 under the ISPA was amended to include specific information, timelines and mechanisms are prescribed for health care providers to follow when reporting.

Key Implementation Milestones: ISPA O. Reg. 645



Note: timelines may shift due to pending election.

Safe Food and Water

Food, recreational water and camp regulations were outdated, resulting in unnecessary burden for operators and inadequate enforcement measures for public health inspectors.

Public Pools, Public Spas and Other Recreational Water Settings

- Public pool and spa requirements modernized and consolidated under a single regulation – Reg. 565 Public Pools.
- New minimum requirements introduced for operators of spray/splash pads, wading pools and water slide receiving basins.

Safe Food and Water (cont'd)

Food Premises

- Significant modernization of the food premises requirements to streamline requirements, reduce burden, and address new evidence made under a new regulation – Reg. 493/17 Food Premises.
- In the HPPA, the definition of food premise was clarified to support application of the definition in home-based food premises.

Safe Food and Water (cont'd)

Recreational Camps and Camps in Unorganized Territories

- Significant changes made to both regulations in order to streamline requirements and make the regulatory framework more user-friendly.
- Previous regulations will be revoked and replaced with two new regulations – Reg. 502/17 Camps in Unorganized Territory and 503/17 Recreational Camps.

Tobacco, E-Cigarettes and Medical Cannabis

In recent years, the smoking rate has plateaued. The current smoking landscape is also evolving with the greater use of new technologies (e.g. e-cigarettes and heat-not-burn) and inhaled products.

Smoke-Free and Vapour-Free Spaces

- The regulation to the SFOA, 2017 will expand restrictions on where the smoking of tobacco, the use of e-cigarettes and the smoking and vaping of medical cannabis is prohibited.

Vapour Products

- The SFOA, 2017 will restrict where vapour products can be used (e.g., e-cigarettes, heat-not-burn). Places of use for vapour products will be the same as places of use for tobacco.

Tobacco, E-Cigarettes and Medical Cannabis (cont'd)

Medical Cannabis

- The SFOA, 2017 will restrict where medical cannabis can be smoked or vaped. Places of use for medical cannabis will be the same as places of use for tobacco.

Stronger Display and Promotion Restrictions

- The SFOA, 2017 will strengthen display and promotion restrictions relating to tobacco and vapour products to reduce the visibility of tobacco, tobacco product accessories, vapour products, and vapour product accessories.

New and Emerging Products

- E-cigarettes and "heat not burn" products are new and emerging products. The evidence concerning their potential health effects and implications is inconclusive and in its early stages.

Public Health Responsibilities and Administration

Acting Medical Officer of Health Appointments

- Boards of Health are not required to submit requests seeking Minister and CMOH approval of acting MOH appointments.

Board of Health Mergers

- At the request of the respective boards of health, legislative and regulatory changes were made to permit voluntary mergers of:
    - Elgin-St. Thomas Health Unit with the Oxford County Health Unit as of May 1, 2018, and
    - Huron County Health Unit with the Perth District Health Unit as of January 1, 2020.

Staff Qualifications

- Qualifications for public health staff positions are included in the Qualifications for Public Health Professionals Protocol, 2018.
- Qualifications for the medical officer of health, associate medical officer of health, and public health nurse remain specified in legislation (HPPA) and regulation (Reg. 566).

Provincial Offences and Fines

Regulation 950 under the *Provincial Offences Act* prescribes the offences ("short form wording") for which public health inspectors can issue tickets. Changes were required to align with modernization of several public health regulations.

New offences under:

- Regulation 565 – Public Pools
- Regulation 136/18 – Personal Service Settings

Updated offences under:

- Regulation 493/17 – Food Premises
- Regulation 502/17 – Camps in Unorganized Territory
- Regulation 503/17 – Recreational Camps
- Regulation 567 – Rabies Immunization
- New Regulation under the SFOA, 2017

The ministry is preparing a submission to the Chief Justice of the Ontario Court of Justice to establish fine amounts ("set fines") for the above changes.

Housekeeping Changes

Numerous changes were made to the HPPA and a number of its regulations to eliminate inconsistencies, update terminology, and make other technical and housekeeping changes.

For example:

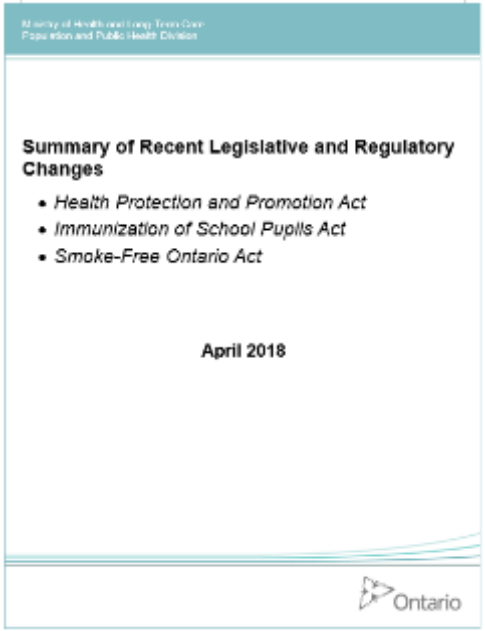
- Updating terminology:
  - Replacing “reportable disease” with “disease of public health significance”
  - Replacing “guideline” with “public health standard”

- Removing outdated references:
  - Transitional Small Drinking Water Systems regulation and legislative references are revoked
  - Part X (Transition) was revoked as it is outdated

Implementation Supports

- Compendium Document – Summary of Recent Public Health Legislative and Regulatory Changes:
  - *Health Protection and Promotion Act*
  - *Immunization of School Pupils Act*
  - *Smoke-Free Ontario Act, 2017*

- Coordinated Training and Education Plan



Ministry of Health and Long-Term Care
Population and Public Health Division

Summary of Recent Legislative and Regulatory Changes

- *Health Protection and Promotion Act*
- *Immunization of School Pupils Act*
- *Smoke-Free Ontario Act, 2017*

April 2018

Ontario

Table of Contents

I. LEGISLATIVE CHANGES – Health Protection and Promotion Act (HPPA)

Royal Assent December 12, 2017

Item	Description of Change	Effective Date
Recreational Water	• Add regulation-making authority to regulate recreational water settings not currently covered under the HPPA (e.g., splash pads, spray pads, water slide receiving basins, wading pools).	May 1, 2018
Personal Service Settings	• Add regulation-making authority to regulate personal service settings (e.g., barbering, hairdressing, body piercing, and nail services).	May 1, 2018
Eye Tattooing	• Prohibit the sale, offering and provision of scleral tattooing and implantation of eye jewelry.	May 1, 2018
Modernized Standards	• Update language to align with the modernized public health standards.	May 1, 2018
Food Premise Definition	• Revise the definition of a food premise to clarify that the HPPA applies to the part of the home that is used to operate the business and not the dwelling that is actually used as a home.	May 1, 2018
Emerging Disease Reporting	• Permit the Minister to order time-limited reporting, as necessary, by health care providers and health care entities (e.g. health care professionals, laboratories) of emerging diseases (e.g. Zika) that do not require collection of personal information or personal health information.	May 1, 2018
Health Unit Merger	• Remove references to the County of Oxford wherever it appears to allow for the merger of Oxford County and Elgin-St. Thomas Health Units by regulation.	May 1, 2018
Diseases of Public Health Significance	• Replace the term reportable disease with disease of public health significance wherever it appears in the HPPA.	May 1, 2018

Item	Description of Change	Effective Date
Adverse Events After Immunization	• Broaden the list of immunization agents to include vaccines administered against any disease specified in the HPPA or the regulations which has expanded to all diseases for which there is an immunizing agent authorized for use in humans by Health Canada; and • Allow the addition by regulation of health care professionals to the list of those who must report if they are authorized to administer vaccines.	May 1, 2018
• Provide the same protection to the associate medical officer of health as is provided to the medical officer of health in the event of dismissal.		May 1, 2018
• Replace “shall appoint” with “may appoint” to minimize confusion about the Minister’s discretion to appoint assessors.		May 1, 2018
• Update language to ensure consistency with the French version of HPPA.		May 1, 2018
• Add Public Health Ontario as a recipient of disease reports, in addition to the Ministry of Health and Long-Term Care (MOHLTC).		May 1, 2018
• Repeal the requirement that the Associate Chief Medical Officer of Health must be a physician of at least five years standing in order to hold the position.		May 1, 2018
• Repeal the requirement that the Chief Medical Officer of Health and Minister must approve acting medical officer of health appointments that extend beyond six months.		May 1, 2018
• Repeal legislative reference to the transitional small drinking water regulation.		May 1, 2018
• Repeal regulation-making authority for food vending machines.		May 1, 2018
• Repeal Part X of the HPPA (Transition).		May 1, 2018

II. LEGISLATIVE CHANGES – Immunization of School Pupils Act (ISPA)

Royal Assent May 30, 2017

Item	Change Description	Effective Date
	• Require health care providers to report to their local medical officer of health the record(s) of immunizations administered to children that protect against the nine designated diseases in the ISPA.	July 1, 2018

III. LEGISLATIVE CHANGES – Smoke-Free Ontario Act, 2017 (SFOA)

Royal Assent December 12, 2017

Item	Change Description	Effective Date
Definitions	• Define key terms used in the Act, including "tobacco product", "vapour product", "electronic cigarette", "medical cannabis", "promote", "enclosed workplace" and "enclosed public place."	July 1, 2018
Application	• Clarify the scope of the legislation by specifying that the Act applies to tobacco, vapour products, medical cannabis, and prescribed products or substances.	July 1, 2018
Sale and Supply	• Prohibit the sale or supply of a tobacco product, a vapour product, or a prescribed product or substance to a person who is less than 19 years old, or to a person who appears to be less than 25 years old without asking for ID.	July 1, 2018

Item	Change Description	Effective Date
Display	• Regulate the display and promotion of tobacco products, tobacco product accessories, vapour products and prescribed products or substances in certain places. • Prohibit the display of tobacco products, branded tobacco product accessories, vapour products, or a prescribed product or substance in any place where those products are sold or offered for sale, if the display would permit a consumer to view or handle the product prior to purchase. • Prohibit the promotion of tobacco products, tobacco product accessories, vapour products and prescribed products or substances in or at any place where those products are sold or offered for sale. • Exempt certain signs and documents prescribed by regulation from the ban on promotion.	July 1, 2018
Places of Entertainment	• Prohibit the promotion of tobacco products, vapour products and prescribed products or substances at places of entertainment.	July 1, 2018
Sale in Prohibited Places	• Prohibit the sale of tobacco products, vapour products and prescribed products or substances in certain places (e.g., public hospitals, long-term care homes, pharmacies, post-secondary campuses, public and private schools).	July 1, 2018
Signs in Retail Stores	• Require the owner of a retail business that sells tobacco products, vapour products or prescribed products or substances to post signs in accordance with any regulations.	July 1, 2018
Packaging	• Prohibit the sale of tobacco products, vapour products and prescribed products or substances that are not packaged in accordance with the regulations.	July 1, 2018

Item	Change Description	Effective Date
Flavoured Products	• Prohibit the sale of flavoured tobacco products (except those that have been prescribed by regulation as exempt), as well as flavoured vapour products and flavoured prescribed products or substances that have been described by regulation as prohibited for sale.	July 1, 2018
Vending Machines	• Prohibit the selling or dispensing of tobacco products, vapour products or prescribed products or substances in a vending machine that may be operated or accessed by consumers.	July 1, 2018
Reports	• Require wholesalers and distributors of tobacco products, vapour products or a prescribed product or substance to submit reports to the Minister of Health and Long-Term Care in accordance with the regulations.	July 1, 2018
Prohibitions on Smoking, Use, etc.	• Prohibit the smoking of tobacco, the use of electronic cigarettes (vaping), the smoking and vaping of medical cannabis, and the consumption of a prescribed product or substance in the certain places (e.g., enclosed public places, enclosed workplaces, public and private schools and their surrounding grounds).	July 1, 2018

Item	Change Description	Effective Date
Exemptions	• Exempt certain enclosed workplaces from smoking and vaping restrictions. • Exempt the smoking of tobacco and the smoking or vaping of medical cannabis in controlled areas inside certain places (e.g., long-term care homes) and under certain conditions. • Exempt the smoking of tobacco and the smoking or vaping of medical cannabis in designated guest rooms in hotels, motels and inns, if certain requirements are met. • Exempt the smoking of tobacco, the use of an electronic cigarette, and the smoking or vaping of medical cannabis in scientific research and testing facilities. • Exempt the smoking or vaping of medical cannabis in hospices that meet certain requirements.	July 1, 2018
Employer and Proprietor Obligations	• Require employers and proprietors of places where smoking and vaping are prohibited to ensure compliance with and give notice of the prohibition to employees or the public, post and maintain signs regarding the prohibition, ensure that a person who refuses to comply with the prohibition does not remain in the place or area.	July 1, 2018
Protection for Home Health-Care Workers	• Permit a home health-care worker to request that a person not smoke tobacco, use an electronic cigarette, smoke or vape medical cannabis or consume a prescribed product or substance in his or her presence while he or she is providing health-care services. • Permit the worker to leave the person's home, subject to certain conditions and procedures, if the person refuses to comply.	July 1, 2018
Motor Vehicles	• Prohibit the smoking of tobacco and the use of an electronic cigarette in a motor vehicle while another person under 16 is present, and prohibits the smoking and vaping of medical cannabis in any motor vehicle.	July 1, 2018

Item	Change Description	Effective Date
Conflict with Other Legislation	• Provide that if there was a conflict between the Act and the provision in another Act, regulation or by-law relating to smoking or vaping, then the provision that is more restrictive of smoking or vaping would apply.	July 1, 2018
Traditional Use of Tobacco by Indigenous Persons	• Outline exemptions and protections to acknowledge the traditional use of tobacco for Indigenous cultural and spiritual purposes. • Exempt the supply and smoking or holding of lit tobacco in certain circumstances. • Require the operator of a certain places (e.g., public hospital, long-term care home) to accommodate the use of tobacco for traditional Indigenous cultural or spiritual purposes, at the request of an Indigenous resident.	July 1, 2018
Inspectors (Enforcement)	• Provide for the appointment of inspectors and the exercise of inspection powers for purposes of assessing compliance with and enforcing the Act, including the power to seize.	July 1, 2018
Offences (Enforcement)	• Provide that every person who contravenes certain provisions in the Act is guilty of an offence and on conviction to certain maximum fines.	July 1, 2018
Automatic Prohibition, Tobacco Sales Offences	• Require the Minister of Health and Long-Term Care to issue a notice of prohibition against the owner or occupier of a place where certain tobacco sales offences under the Act or the Tobacco Tax Act were repeatedly committed, and resulted in convictions against a business owner.	July 1, 2018

Item	Change Description	Effective Date
Automatic Prohibition, Signs	• Require the owner or occupier of a place subject to an automatic prohibition to post signs in accordance with the regulations. If the owner or occupier failed to post signs, then an inspector would be able to enter the place and post the signs.	July 1, 2018
LGIC Regulatory Making Authority	• Provide the LGIC with the power to make certain regulations under the Act.	July 1, 2018
Binding the Crown; Consequential Amendments; Repeal, Commencement and Short Title	• Provide that the Crown is bound by the Act. • Make consequential amendments to other Ontario statutes (Human Rights Code, Provincial Offences Act and Tobacco Tax Act) to reflect the repeal of the Smoke-Free Ontario Act (SFOA, 2016) and/or the Electronic Cigarettes Act, 2015 (ECA, 2015) under section 29, and the enactment of the Act. • Repeal the SFOA, 2006 and ECA, 2015.	July 1, 2018

IV. REGULATORY CHANGES – Health Protection and Promotion Act (HPPA)

Finalized December 2017

Item	Change Description	Effective Date
***Health Protection and Promotion Act* (HPPA)**		
Reg. 199/03 – Control of West Nile Virus	• Permit medical officers of health the flexibility to respond to West Nile virus as determined locally.	January 1, 2018
Revoke Reg. 562 – Food Premises and replace with Reg. 493/17 – Food Premises	• Update and add new requirements for food premises.	July 1, 2018
Revoke Reg. 568 – Recreational Camps and replace with Reg. 503/17 – Recreational Camps	• Update and add new requirements for recreational camps.	July 1, 2018
Revoke Reg. 554 – Camps in Unorganized Territory and replace with Reg. 502/17 – Camps in Unorganized Territory	• Update and add new requirements for camps in unorganized territories.	July 1, 2018
Reg. 557 – Communicable Diseases – General	• Update and modernize requirements for the disposal of corpses infected with a serious disease with updated disposal processes and terminology. • Provide authority for public health inspectors, in addition to medical officers of health, to confine potentially rabid animals. • Add veterinary reporting requirements for animal cases of avian and novel influenza viruses, as well as animal cases of Echinococcus multilocularis infection. • General updates to terminology and outdated references.	January 1, 2018

Item	Change Description	Effective Date
Reg. 567 – Rabies Immunization	• Require veterinarians to issue more detailed rabies immunization information. • Add a requirement for animal owners to produce a rabies vaccination certificate or exemption at the request of a medical officer of health or public health inspector. • Extend current animal rabies immunization requirements to all health units.	July 1, 2018
Reg. 566 – Qualifications of Boards of Health Staff	• Remove qualification requirements for public health staff positions other than the medical officer of health, associate medical officer of health and public health nurses. • Under the modernized public health standards, there is a requirement for boards of health to employ qualified health professionals and the qualifications for these positions are specified.	January 1, 2018
Reg. 569 – Reports	• Include Public Health Ontario, in addition to the Ministry, as receiving infectious disease reports from medical officers of health. • Allow the medical officer of health to obtain additional information from laboratories required to report under section 29 of the HPPA. • Add a new Hepatitis C case definition and included reporting requirements for laboratories. • Update existing diseases to better align with the reportable and communicable disease lists. • Include additional reporting requirements with respect to adverse events following immunization. • Other updates to the reporting requirements for reportable diseases to support current public health practice for case and contact management.	January 1, 2018

Item	Change Description	Effective Date
Revoke Reg. 428/05 – Public Spas and consolidate pool and spa requirements into Reg. 565 – Public Pools.	• Streamline reporting requirements for pools and spas by having all requirements located in one regulation and remove redundancies found between the two sets of regulation. • Include new requirements for operators of these settings.	July 1, 2018
Revoke Reg. 318/08 – Transitional – Small Drinking Water Systems	• Repeal the regulation as it is was no longer required and is replaced by Regulation 319/08 which applies to all small drinking water systems in Ontario.	January 1, 2018
Regulation 319/08 – Small Drinking Water Systems	• Consequential changes to update the definition of “food service establishment.”	July 1, 2018
Safe Drinking Water Act, 2002		
Reg. 170/03 – Drinking Water Systems	• Consequential changes to update the definitions of “children’s camp” and “food service establishment”.	July 1, 2018
Reg. 248/03 – Drinking Water Testing Services	• Consequential changes to update references to the Small Drinking Water Systems regulation.	January 1, 2018
Reg. 128/04 – Certification of Drinking Water System Operators and Water Quality Analysts	• Consequential changes to update references to the Small Drinking Water Systems regulation.	January 1, 2018
Food Safety and Quality Act, 2001		
Reg. 31/05 - Meat	• Consequential changes to update references to HPPA regulations (Food Premises and Small Drinking Water Systems).	January 1, 2018 July 1, 2018
Reg. 119/11 – Produce, Honey and Maple Products	• Consequential changes to update reference to the Food Premises regulation.	July 1, 2018

V. REGULATORY CHANGES – Health Protection and Promotion Act (HPPA), Immunization of School Pupils Act (ISPA), Provincial Offences Act (POA)

Finalized March 2018

Item	Change Description	Effective Date
Health Protection and Promotion Act (HPPA)		
Reg. 553 - Areas Comprising Health Units	• Changes to reflect the voluntary public health unit mergers as requested by the respective boards of health; ○ Elgin-St. Thomas Health Unit with the Oxford County Health Unit; and ○ Huron County Health Unit with the Perth District Health Unit	May 1, 2018 (Elgin St. Thomas with Oxford County) January 1, 2020 (Huron County with Perth District)
Reg. 559 - Designation of Municipal Members of Boards of Health	• Changes to reflect the voluntary public health unit mergers as requested by the respective boards of health; ○ Elgin-St. Thomas Health Unit with the Oxford County Health Unit; and ○ Huron County Health Unit with the Perth District Health Unit	May 1, 2018 (Elgin St. Thomas with Oxford County) January 1, 2020 (Huron County with Perth District)
Reg. 557 - Communicable Diseases – General (Eyes of New-Born)	• Permit parents to opt out of the mandatory antibiotic treatment in the eyes of newborns upon request on certain conditions.	January 1, 2019
Reg. 565 - Public Pools	• Introduce minimum requirements for currently unregulated water facilities (spray/splash pad, wading pool, waterslide receiving basin).	July 1, 2018
Reg. 567 – Rabies Immunization	• Consequential changes to reflect changes to the names of health units as a result of requested public health unit mergers.	May 1, 2018

Item	Change Description	Effective Date
Reg. 569 - Reports	• Consequential changes to align with changes made to the list of designated diseases. • Consequential changes to reflect changes to the names of health units as a result of requested public health unit mergers.	May 1, 2018
Reg. 570 - School Health Programs and Services	• A new child vision screening requirement added to the School Health Programs and Services regulation to reflect new child vision screening requirement in the modernized standards.	July 1, 2018
Revoke Reg. 95/03 - Specification of Virulent Diseases	• Revoke existing disease list regulations (Specification of Reportable, Communicable and Virulent) and replace with one regulation – Designation of Diseases, for streamlining purposes.	May 1, 2018
Revoke Reg. 558/91 - Specification of Communicable Diseases	• Revoke existing disease list regulations (Specification of Reportable, Communicable and Virulent) and replace with one regulation – Designation of Diseases, for streamlining purposes.	May 1, 2018
Revoke Reg. 559/91 - Specification of Reportable Diseases	• Revoke existing disease list regulations (Specification of Reportable, Communicable and Virulent) and replace with one regulation – Designation of Diseases, for streamlining purposes.	May 1, 2018
Reg. 135/18 - Designation of Diseases (new regulation)	• New regulation lists the diseases of public health significance, communicable, and virulent diseases; and, includes immunizing agents (as defined by HPPA s. 38).	May 1, 2018

Item	Change Description	Effective Date
Reg. 136/18 - Personal Service Settings (new regulation)	• Include requirements to regulate personal service settings (e.g. tattoo parlours, nail salons, barber shops).	July 1, 2018
Immunization of School Pupils Act (ISPA)		
Reg. 645 - General	• Prescribe the information, timelines, and mechanisms of record transmission for health care providers to report administered vaccines under the ISPA to their local medical officer of health.	July 1, 2018
Provincial Offences Act (POA)		
Reg. 950	• Changes to Regulation 950 stipulate short form wording for offences associated with new HPPA changes. • Short form wording added and updated for personal services settings, public pools, food premises, camps and rabies immunization.	July 1, 2018
Regulatory Modernization Act (RMA)		
Reg. 75/08	• Consequential changes made to various HPPA regulations referenced under the RMA given their designated status.	July 1, 2018
Laboratory and Specimen Collection Centre Licensing Act		
Reg. 682	• Consequential changes made to reflect the term “disease of public health significance.”	May 1, 2018
Long-Term Care Homes Act, 2007		
Reg. 79/10	• Consequential changes made to reflect the term “disease of public health significance.”	May 1, 2018

VI. REGULATORY CHANGES – Smoke-Free Ontario Act, 2017 (SFOA)

Finalized April 2018

Item	Change Description	Effective Date
Identification and Sale and Supply to Minors	• Prescribe forms of identification to verify a customer's age. • Include a limited exemption that allows persons under 19 to obtain a vapour product for medical cannabis purposes. The medical cannabis user could obtain the vapour product / e-cigarette device / e-substance (as applicable) from a parent, guardian or caregiver, or a person authorized to sell/distribute medical cannabis under applicable federal law.	July 1, 2018
Signs and Informational Documents	• Permit any person who sells tobacco or vapour products to post informational signs and make product informational documents (i.e., catalogues) available for viewing if the prescribed conditions are met.	July 1, 2018
Packaging Requirements	• Prescribe packaging requirements for tobacco and vapour products.	July 1, 2018
Prohibition on Sales	• Prescribe additional places where the sale of tobacco and vapour products is prohibited (e.g., private hospitals).	July 1, 2018
Places of Use	• Prescribe additional places where the smoking of tobacco, the use of e-cigarettes and the smoking and vaping of medical cannabis is prohibited (e.g., restaurant and bar patios and the public areas within 9 metres of the patio, children's playgrounds, the grounds and public areas within 20 metres from the perimeter of the grounds of a community recreational facility and elementary and secondary schools).	July 1, 2018

Signs	• Describe signs that must be posted by:
	  ○ Retailers of tobacco and vapour products;
	  ○ Owners or occupants of a retail location subject to an automatic prohibition; and,
	• Employers and proprietors of smoke and vape-free places.
		July 1, 2018

Item	Change Description	Effective Date
Display and Promotion	• Outline exemptions that allow certain businesses (e.g., specialty vape stores) to display tobacco products, branded tobacco product accessories, and/or vapour products, and promote such products, if certain conditions are met. These businesses are: o Tobacconists o Specialty Vape Stores o The Ontario Cannabis Retailer o Duty free tobacco retailers o Manufacturers • Describe additional conditions that the businesses noted above must meet including minors not being permitted into the business, the place of business must be located in a building and that the products displayed inside the business and any promotional material cannot be visible from outside the place at any time.	July 1, 2018
Exemptions for Places of Use	• Designate certain facilities (e.g., specific veteran facilities) that may construct and operate a controlled room for tobacco smoking or medical cannabis smoking or vaping. • Prescribe private hospitals and independent health facilities as health care facilities that must accommodate the indoor use of tobacco for traditional Indigenous spiritual and cultural purposes, at the request of an Indigenous resident of the facility. • Expand the exemptions for the smoking of tobacco and the smoking and vaping of medical cannabis in designated guest rooms of hotels, motels and inns, and in controlled rooms of residential care facilities, designated veterans' facilities and designated psychiatric facilities, to include all e-cigarette use. • Expand the exemptions for the smoking and vaping of medical cannabis in residential hospices to include all e-cigarette use. • Exempt the use of an e-cigarette by an actor in a stage production, if certain conditions are met.	July 1, 2018

Item	Change Description	Effective Date
Controlled Areas	• Prescribe structural, ventilation, maintenance and signage requirements for facilities with controlled rooms.	July 1, 2018
Flavoured Tobacco	• Define “flavouring agent” to mean one or more artificial or natural ingredients contained in any of the component parts of a tobacco product, as a constituent or an additive, that impart a distinguishing aroma or flavour other than tobacco either before or during the consumption of the tobacco product, including aromas or flavours of herbs and spices. • Exempt certain tobacco products from the sales ban.	July 1, 2018
Test or Demonstration Exemptions for E-Cigarettes	• Allow retailers operating under the display exemption to activate an e-cigarette for the purposes of testing a vapour product or demonstrating to a customer how to operate a vapour product, provided that no vapour is inhaled or exhaled from the product.	July 1, 2018
Evidentiary Presumptions for Medical Cannabis	• Prescribe rules of evidence for proving in a prosecution that a substance is medical cannabis.	July 1, 2018
Procedure for Employees	• Describe the process that an employee may follow when he or she complains of retaliation.	July 1, 2018
Home Health-Care Workers	• Establish the procedure that applies when a home health-care worker has exercised their right to request that a person not smoke tobacco, use an e-cigarette or smoke or vape medical cannabis, and left the home.	July 1, 2018

Ministry of Health and Long-Term Care

Office of the Minister

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Ministère de la Santé et des Soins de longue durée

Bureau du ministre

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Ontario

iApprove-2018-00620

MAY 0 7 2018

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

Dear Mr. Lapierre:

I am pleased to advise you that the Ministry of Health and Long-Term Care will provide the Board of Health for the Sudbury and District Health Unit up to $440,700 in additional base funding and up to $362,400 in one-time funding for the 2018-19 funding year to support the provision of public health programs and services in your community.

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

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

Yours sincerely,

Helena Jaczek

Dr. Helena Jaczek
Minister

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

Public Health
Santé publique
SUDBURY & DISTRICTS

May 8, 2018

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

Dear Minister:

I am writing on behalf of the Board of Health for Public Health Sudbury & Districts to express our sincere gratitude for your letter dated May 7, 2018, announcing Ministry funding for 2018 – 2019.

Both the funding and the timing of your announcement are tremendously appreciated and will facilitate our continued planning for and delivery of public health programs and services to meet local community needs.

We would also like to take this opportunity to acknowledge the tireless dedication of you and your Ministry staff in supporting Ontario's public health system.

Sincerely,

René Lapierre
Chair
Board of Health for Public Health Sudbury & Districts

cc: Board of Health
Glenn Thibeault, Member of Provincial Parliament, Sudbury
France Gélinas, Member of Provincial Parliament, Nickel Belt
Michael Mantha, Member of Provincial Parliament, Algoma-Manitoulin

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Financial Statements of

BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Year ended December 31, 2017

KPMG LLP
Claridge Executive Centre
144 Pine Street
Sudbury Ontario P3C 1X3
Canada
Telephone (705) 675-8500
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INDEPENDENT AUDITORS' REPORT

To the Board Members of the Board of Health for the Sudbury & District Health Unit, Members of Council, Inhabitants and Ratepayers of the Participating Municipalities of the Board of Health for the Sudbury & District Health Unit

We have audited the accompanying financial statements of the Board of Health for the Sudbury & District Health Unit (operating as Public Health Sudbury & Districts), which comprise the statement of financial position as at December 31, 2017, the statements of operations and accumulated surplus, changes in net financial assets and cash flows for the year then ended, and notes, comprising a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian public sector accounting standards, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosure in the financial statements. The procedures selected depend on our judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, we consider internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, these financial statements present fairly, in all material respects, the financial position of the Board of Health for the Sudbury & District Health Unit (operating as Public Health Sudbury & Districts) as at December 31, 2017 and its results of operations, changes in net financial assets and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

Chartered Professional Accountants, Licensed Public Accountants

Sudbury, Canada
May 7, 2018

BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Statement of Financial Position

December 31, 2017, with comparative information for 2016

	2017	2016
Financial assets		
Cash and cash equivalents	$ 12,942,452	$ 11,739,356
Accounts receivable	788,684	766,122
Receivable from the Province of Ontario	365,035	212,664
	14,096,171	12,718,142
Financial liabilities		
Accounts payable and accrued liabilities	1,289,696	1,226,887
Deferred revenue	368,364	318,310
Payable to the Province of Ontario	693,999	394,264
Employee benefit obligations (note 2)	2,756,279	2,806,905
	5,108,338	4,746,366
Net financial assets	8,987,833	7,971,776
Non-financial assets:		
Tangible capital assets (note 3)	5,374,612	5,469,350
Prepaid expenses	436,033	284,598
	5,810,645	5,753,948
Commitments and contingencies (note 4)		
Accumulated surplus (note 5)	$ 14,798,478	$ 13,725,724

See accompanying notes to financial statements.

On behalf of the Board:

_____ Board Member

_____ Board Member

BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Statement of Operations and Accumulated Surplus

Year ended December 31, 2017, with comparative information for 2016

	Budget 2017	Total 2017	Total 2016
Revenue (note 9):			
Provincial grants	$ 20,244,954	$ 20,400,575	$ 19,944,345
Per capita revenue from municipalities (note 7)	7,012,166	7,012,166	6,886,526
Other:			
Plumbing inspections and licenses	287,000	315,214	267,040
Interest	85,000	107,550	80,276
Other	1,091,022	893,009	854,973
	28,720,142	28,728,514	28,033,160
Expenses (note 9):			
Salaries and wages	19,047,453	18,114,089	18,010,623
Benefits (note 6)	5,143,483	4,968,815	4,879,420
Administration (note 8)	1,896,608	1,787,038	1,919,805
Supplies and materials	1,575,337	1,365,790	1,058,761
Amortization of tangible capital assets (note 3)	-	658,989	699,482
Small operational equipment	614,110	416,411	377,117
Transportation	443,151	344,628	336,632
	28,720,142	27,655,760	27,281,840
Annual surplus	-	1,072,754	751,320
Accumulated surplus, beginning of year	13,725,724	13,725,724	12,974,404
Accumulated surplus, end of year	$ 13,725,724	$ 14,798,478	$ 13,725,724

See accompanying notes to financial statements.

BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Statement of Changes in Net Financial Assets

Year ended December 31, 2017, with comparative information for 2016

	2017	2016
Annual surplus	$ 1,072,754	$ 751,320
Purchase of tangible capital assets	(564,251)	(462,871)
Amortization of tangible capital assets	658,989	699,482
Change in prepaid expenses	(151,435)	(35,965)
Change in net financial assets	1,016,057	951,966
Net financial assets, beginning of year	7,971,776	7,019,810
Net financial assets, end of year	$ 8,987,833	$ 7,971,776

See accompanying notes to financial statements.

BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Statement of Cash Flows

Year ended December 31, 2017, with comparative information for 2016

	2017	2016
Cash provided by (used in):		
Cash flows from operating activities:		
Annual surplus	$ 1,072,754	$ 751,320
Adjustments for:		
Amortization of capital assets	658,989	699,482
Employee benefit obligations	(50,626)	23,640
	1,681,117	1,474,442
Changes in non-cash working capital:		
Accounts receivable	(22,562)	(426,755)
Receivable from the Province of Ontario	(152,371)	(77,175)
Accounts payable and accrued liabilities	62,809	298,487
Deferred revenue	50,054	7,660
Payable to the Province of Ontario	299,735	31,191
Prepaid expenses	(151,435)	(35,965)
	1,767,347	1,271,885
Cash flows from investing activity:		
Purchase of tangible capital assets	(564,251)	(462,871)
Increase in cash	1,203,096	809,014
Cash and cash equivalents, beginning of year	11,739,356	10,930,342
Cash and cash equivalents, end of year	$ 12,942,452	$ 11,739,356

See accompanying notes to financial statements.

The Board of Health for the Sudbury & District Health Unit, (operating as Public Health Sudbury & Districts), (the "Health Unit") was established in 1956, and is a progressive, accredited public health agency committed to improving health and reducing social inequities in health through evidence informed practice. The Health Unit is funded through a combination of Ministry grants and through levies that are paid by the municipalities to whom the Health Unit provides public health services. The Health Unit works locally with individuals, families and community and partner agencies to promote and protect health and to prevent disease. Public health programs and services are geared toward people of all ages and delivered in a variety of settings including workplaces, daycare and educational settings, homes, health-care settings and community spaces.

The Health Unit is a not-for-profit public health agency and is therefore exempt from income taxes under the Income Tax Act (Canada).

1. Summary of significant accounting policies:

These financial statements are prepared by management in accordance with Canadian public sector accounting standards established by the Public Sector Accounting Board. The principal accounting policies applied in the preparation of these financial statements are set out below.

(a) Basis of accounting:

The financial statements are prepared using the accrual basis of accounting.

The accrual basis of accounting recognizes revenues as they are earned. Expenses are recognized as they are incurred and measurable as a result of receipt of goods or services and the creation of a legal obligation to pay.

(b) Cash and cash equivalents:

Cash and cash equivalents include guaranteed investment certificates that are readily convertible into known amounts of cash and subject to insignificant risk of change in value.

Guaranteed investment certificates amounted to $2,223,397 as at December 31, 2017 (2016 - $2,204,349) and these can be redeemed for cash on demand.

(c) Employee benefit obligations:

The Health Unit accounts for its participation in the Ontario Municipal Employee Retirement Fund (OMERS), a multi-employer public sector pension fund, as a defined contribution plan.

Vacation and other compensated absence entitlements are accrued for as entitlements are earned.

Sick leave benefits are accrued when they are vested.

1. Summary of significant accounting policies (continued):

(c) Employee benefit obligations (continued):

Other post-employment benefits are accrued in accordance with the projected benefit method pro-rated on service and management's best estimate of salary escalation and retirement ages of employees. The discount rate used to determine the accrued benefit obligation was determined with reference to the Health Unit's cost of borrowing at the measurement date taking into account cash flows that match the timing and amount of expected benefit payments.

Actuarial gains (losses) on the accrued benefit obligation arise from the difference between actual and expected experiences and from changes in actuarial assumptions used to determine the accrued benefit obligation. These gains (losses) are amortized over the average remaining service period of active employees.

(d) Non-financial assets:

Tangible capital assets and prepaid expenses are accounted for as non-financial assets by the Health Unit. Non-financial assets are not available to discharge liabilities and are held for use in the provision of services. They have useful lives extending beyond the current year and are not intended for sale in the ordinary course of operations.

(e) Tangible capital assets:

Tangible capital assets are recorded at cost, and include amounts that are directly related to the acquisition of the assets. The Health Unit provides for amortization using the straight-line method designed to amortize the cost, less any residual value, of the tangible capital assets over their estimated useful lives. The annual amortization periods are as follows:

Asset	Basis	Rate
Buildings	Straight-line	2.5%
Parking lot resurfacing	Straight-line	10%
Computer hardware	Straight-line	30%
Leasehold improvements	Straight-line	10%
Website design	Straight-line	20%
Furniture and equipment	Straight-line	10%
Equipment – vaccine refrigerators	Straight-line	20%
Computer software	Straight-line	100%

(f) Prepaid expenses:

Prepaid expenses are charged to expenses over the periods expected to benefit from them.

1. Summary of significant accounting policies (continued):

(g) Accumulated surplus:

Certain amounts, as approved by the Board of Directors, are set aside in accumulated surplus for future operating and capital purposes. Transfers to/from funds and reserves are an adjustment to the respective fund when approved.

The accumulated surplus consists of the following surplus accounts:

- Invested in tangible capital assets:

  This represents the net book value of the tangible capital assets the Health Unit has on hand.

- Unfunded employee benefit obligations:

  This represents the unfunded future employee benefit obligations comprised of the accumulated sick leave benefits, other post-employment benefits and vacation pay and other compensated absences.

The accumulated surplus consists of the following reserves:

- Working capital reserve:

  This reserve is not restricted and is utilized for the operating activities of the Health Unit.

- Public health initiatives:

  This reserve is restricted and can only be used for public health initiatives.

- Corporate contingencies:

  This reserve is restricted and can only be used for corporate contingencies.

- Facility and equipment repairs and maintenance:

  This reserve is restricted and can only be used for facility and equipment repairs and maintenance.

- Sick leave and vacation:

  This reserve is restricted and can only be used for future sick leave and vacation obligations.

- Research and development:

  This reserve is restricted and can only be used for research and development activities.

1. Summary of significant accounting policies (continued):

(h) Revenue recognition:

Revenue from government grants and from municipalities is recognized in the period in which the events giving rise to the government transfer have occurred as long as: the transfer is authorized; the eligibility criteria, if any, have been met except when and to the extent that the transfer gives rise to an obligation that meets the definition of a liability for the recipient government; and the amount can reasonably be estimated. Funding received under a funding arrangement, which relates to a subsequent fiscal period and the unexpended portions of contributions received for specific purposes, is reflected as deferred revenue in the year of receipt and is recognized as revenue in the period in which all the recognition criteria have been met. Other revenues including certain user fees, rents and interest are recorded on the accrual basis, when earned and when the amounts can be reasonably estimated and collection is reasonably assured.

(i) Budget figures:

Budget figures have been provided for comparison purposes and have been derived from the budget approved by the Board of Directors. The budget figures are unaudited.

(j) Use of estimates:

The preparation of financial statements in conformity with Canadian public sector accounting standards requires management to make estimates and assumptions that affect the reported amounts of certain assets and liabilities at the date of the financial statements and the reported amounts of certain revenues and expenses during the reporting period. By their nature, these estimates are subject to measurement uncertainty. The effect of changes in such estimates on the financial statements in future periods could be significant. Accounts specifically affected by estimates in these financial statements are allowance for doubtful accounts, employee benefit obligations and the estimated useful lives and residual values of tangible capital assets.

2. Employee benefit obligations:

An actuarial estimate of future liabilities has been completed using the most recent actuarial valuation dated December 31, 2014 and forms the basis for the estimated liability reported in these financial statements.

		2017	2016
Accumulated sick leave benefits	$	811,633	827,203
Other post-employment benefits		1,105,032	1,043,409
		1,916,665	1,870,612
Vacation pay and other compensated absence		839,614	936,293
	$	2,756,279	2,806,905

The significant actuarial assumptions adopted in measuring the Health Unit's accumulated sick leave benefits and other post-employment benefits are as follows:

	2017	2016
Discount	4.50%	4.50%
Health-care trend rate:		
Initial	5.10%	5.10%
Ultimate	4.00%	4.00%
Salary escalation factor	3.00%	3.00%

The Health Unit has established reserves in the amount of $675,447 (2016 - $675,447) to mitigate the future impact of these obligations.

The accrued benefit obligations as at December 31, 2017 are $1,774,363 (2016 - $1,711,172). Total benefit plan related expenses were $175,067 (2016 - $165,564) and were comprised of current service costs of $115,505 (2016 - $108,364), interest of $76,699 (2016 - $74,337) and amortization of actuarial loss of $17,137 (2016 - $17,137). Benefits paid during the year were $129,013 (2016 - $138,399). The net unamortized actuarial gain of $142,302 (2016 - $159,439) will be amortized over the expected average remaining service period.

3. Tangible capital assets:

Cost:

		Land	Building	Leasehold Improvements	Computer Hardware	Computer Software	Website Design	Furniture and Equipment	Parking Lot Resurfacing	Total
Balance, January 1, 2017	$	26,939	7,068,782	396,739	1,650,697	325,876	69,845	2,189,717	242,596	11,971,191
Additions		-	-	-	342,738	31,703	-	189,810	-	564,251
Balance, December 31, 2017	$	26,939	7,068,782	396,739	1,993,435	357,579	69,845	2,379,527	242,596	12,535,442

Accumulated amortization:

		Land	Building	Leasehold Improvements	Computer Hardware	Computer Software	Website Design	Furniture and Equipment	Parking Lot Resurfacing	Total
Balance, January 1, 2017	$	-	2,578,903	373,866	1,189,864	325,876	48,892	1,906,530	77,910	6,501,841
Amortization		-	176,720	20,794	307,752	31,703	13,969	83,791	24,260	658,989
Balance, December 31, 2017	$	-	2,755,623	394,660	1,497,616	357,579	62,861	1,990,321	102,170	7,160,830

Net book value

		Land	Building	Leasehold Improvements	Computer Hardware	Computer Software	Website Design	Furniture and Equipment	Parking Lot Resurfacing	Total
At December 31, 2016	$	26,939	4,489,879	22,873	460,833	-	20,953	283,187	164,686	5,469,350
At December 31, 2017		26,939	4,313,159	2,079	495,819	-	6,984	389,206	140,426	5,374,612

3. Tangible capital assets (continued):

Cost:

		Land	Building	Leasehold Improvements	Computer Hardware	Computer Software	Website Design	Furniture and Equipment	Parking Lot Resurfacing	Total
Balance, January 1, 2016	$	26,939	6,982,035	391,330	1,362,483	278,364	69,845	2,154,728	242,596	11,508,320
Additions		-	86,747	5,409	288,214	47,512	-	34,989	-	462,871
Balance, December 31, 2016	$	26,939	7,068,782	396,739	1,650,697	325,876	69,845	2,189,717	242,596	11,971,191

Accumulated amortization:

		Land	Building	Leasehold Improvements	Computer Hardware	Computer Software	Website Design	Furniture and Equipment	Parking Lot Resurfacing	Total
Balance, January 1, 2016	$	-	2,403,267	325,530	877,169	278,364	34,923	1,829,456	53,650	5,802,359
Amortization		-	175,636	48,336	312,695	47,512	13,969	77,074	24,260	699,482
Balance, December 31, 2016	$	-	2,578,903	373,866	1,189,864	325,876	48,892	1,906,530	77,910	6,501,841

Net book value

		Land	Building	Leasehold Improvements	Computer Hardware	Computer Software	Website Design	Furniture and Equipment	Parking Lot Resurfacing	Total
At December 31, 2015	$	26,939	4,578,768	65,800	485,314	-	34,922	325,272	188,946	5,705,961
At December 31, 2016		26,939	4,489,879	22,873	460,833	-	20,953	283,187	164,686	5,469,350

4. Commitments and contingencies:

(a) Line of credit:

The Health Unit has available an operating line of credit of $500,000 (2016 - $500,000). There is no balance outstanding on the line of credit at year end (2016 - $Nil).

(b) Lease commitment:

The Health Unit enters into operating leases in the ordinary course of business, primarily for lease of premises and equipment. Payments for these leases are contractual obligations as scheduled per each agreement. Commitments for minimum lease payments in relation to non-cancellable operating leases at December 31, 2017 are as follows:

No later than one year	$ 214,351
Later than one year and no later than 5 years	881,022
Later than five years	537,986
	$ 1,633,359

(c) Contingencies:

The Health Unit is involved in certain legal matters and litigation, the outcomes of which are not presently determinable. The loss, if any, from these contingencies will be accounted for in the periods in which the matters are resolved. Management is of the opinion that these matters are mitigated by adequate insurance coverage.

5. Accumulated surplus:

The accumulated surplus consists of individual fund surplus accounts and reserves as follows:

		Balance, Beginning of Year	Annual Surplus (Deficit)	Purchase of Tangible Capital Assets	Balance, End of Year
Invested in tangible capital assets	$	5,469,350	(658,989)	564,251	5,374,612
Unfunded employee benefit obligation		(2,806,905)	50,626	-	(2,756,279)
Working capital reserve		5,449,406	1,681,117	(564,251)	6,566,272
Public health initiatives		1,521,119	-	-	1,521,119
Corporate contingencies		500,000	-	-	500,000
Facility and equipment repairs and maintenance		2,860,447	-	-	2,860,447
Sick leave and vacation		675,447	-	-	675,447
Research and development		56,860	-	-	56,860
	$	13,725,724	1,072,754	-	14,798,478

6. Pension agreements:

The Health Unit makes contributions to OMERS, which is a multi-employer plan, on behalf of its members. The plan is a defined contribution plan, which specifies the amount of the retirement benefit to be received by the employees based on the length of service and rates of pay.

The amount contributed to OMERS for 2017 was $1,804,726 (2016 - $1,772,422) for current service and is included within benefits expense on the statement of operations and accumulated surplus.

7. Per capita revenue from municipalities:

	2017	2016
City of Greater Sudbury	$ 6,028,855	5,917,249
Township of Espanola	186,317	183,388
Township of Sables and Spanish River	115,564	114,247
Municipality of French River	101,540	98,822
Municipality of Markstay-Warren	99,156	96,825
Township of Northeastern Manitioulin & The Islands	90,671	91,315
Township of Chapleau	82,958	83,120
Township of Central Manitoulin	73,702	72,515
Municipality of St. Charles	48,809	47,379
Township of Assiginack	32,260	31,471
Town of Gore Bay	31,488	32,504
Township of Baldwin	21,671	21,073
Township of Billings (and part of Allan)	21,531	21,142
Township of Gordon (and part of Allan)	18,656	18,180
Township of Nairn & Hyman	17,114	16,734
Municipality of Killarney	14,940	14,393
Township of Tehkummah	15,430	14,875
Township of Burpee	11,504	11,294
	$ 7,012,166	6,886,526

8. Administration expenses:

		Budget 2017	2017	2016
Building maintenance	$	358,854	368,421	400,024
Rent		257,464	260,600	255,776
Professional fees		354,107	262,116	297,379
Utilities		205,097	210,248	202,485
Telephone		198,032	205,660	199,233
Staff education		163,844	194,580	187,699
Advertising		136,905	92,461	192,030
Liability insurance		103,774	97,417	91,232
Postage		72,729	56,636	49,127
Memberships and subscriptions		41,802	35,653	42,438
Strategic planning		4,000	3,246	2,382
	$	1,896,608	1,787,038	1,919,805

9. Revenues and expenses by funding sources:

	OLHA	UIIP	Men C	HPV	Unorganized Territories	CNO	Enhanced Safe Water	SDWS	VBD	Diabetes Prevention	E-Cigarette Act: Protection & Enforcement	Enhanced Safe Food	Harm Reduction Enhancement	HSO	IC-PHN
Revenue:															
Provincial grants	$ 14,687,000	11,095	17,867	24,166	-	121,500	16,200	106,000	58,139	122,982	24,154	36,500	30,950	554,160	90,100
Provincial grants - one-time	10	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Unorganized territories	-	-	-	-	826,000	-	-	-	-	-	-	-	-	-	-
Municipalities	6,943,298	-	-	-	-	-	-	47,222	21,646	-	-	-	-	-	-
Plumbing and inspections	315,214	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Interest	107,550	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other	486,052	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	22,539,124	11,095	17,867	24,166	826,000	121,500	16,200	153,222	79,785	122,982	24,154	36,500	30,950	554,160	90,100
Expenses:															
Salaries and wages	14,040,581	9,474	16,144	21,855	487,479	95,444	12,796	135,713	32,018	68,078	16,148	-	23,948	388,166	71,718
Benefits	3,978,242	930	1,617	2,184	138,726	26,056	3,404	36,033	2,843	14,668	3,954	-	4,473	106,864	18,382
Transportation	104,813	31	-	-	118,258	-	-	2,439	5,265	2,192	1,928	-	-	8,717	-
Administration (note 8)	1,590,556	-	-	-	12,277	-	-	-	1,376	29,299	-	85	-	11,105	-
Supplies and materials	696,545	660	106	127	69,260	-	-	-	36,017	8,745	2,124	5,186	2,529	39,308	-
Small operational equipment	377,947	-	-	-	-	-	-	-	-	-	-	31,229	-	-	-
Amortization of tangible capital assets	658,989	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	21,447,673	11,095	17,867	24,166	826,000	121,500	16,200	174,185	77,519	122,982	24,154	36,500	30,950	554,160	90,100
Annual surplus (deficit)	$ 1,091,451	-	-	-	-	-	-	(20,963)	2,266	-	-	-	-	-	-

OLHA - MOHLTC Mandatory Cost-Share including Unorganized Territories
UIIP - Universal Influenza Immunization Program
Men. C - Meningococcal Vaccine Program
HPV - Human Pipilloma Virus
CNO - Chief Nursing Officer
SDWS - Small Drinking Water Systems
VBD - Vector-Borne Diseases
HSO - Healthy Smiles Ontario
IC-PHN - Infection Prevention and Control Nurses Initiative
MOH/AMOH - Ministry of Health/Associate Medical Officer of Health
MCYS - Ministry Children and Youth Services
SFO - Smoke Free Ontario
NFVP-FNOHAP - Northern Fruit & Vegetable Program: Ontario First Nations Health Action Plan

9. Revenues and expenses by funding sources (continued):

									2016-17 One-time Funding					
	Infectious Diseases Control	MOH/ AMOH	Needle Exchange	Northern Fruit & Vegetable	SDoH Nurses Initiatives	SFO Grouping	MCYS	HIV-Aids Anonymous Testing	FN: Local Models Indigenous Engagement	Panorama	PHI Practicum	Electronic Cigarettes Act: TCAN	SFO Enforcement Tablet Upgrade	Generator
Revenue:														
Provincial grants	$ 389,000	89,586	71,100	111,503	180,500	757,462	1,615,897	69,260	-	-	-	-	-	-
Provincial grants - one-time	-	-	-	-	-	-	-	-	85,303	38,076	7,657	23,699	4,722	47,953
Unorganized territories	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Municipalities	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Plumbing and inspections	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Interest	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	389,000	89,586	71,100	111,503	180,500	757,462	1,615,897	69,260	85,303	38,076	7,657	23,699	4,722	47,953
Expenses:														
Salaries and wages	306,436	78,059	-	43,663	140,117	419,019	1,241,999	53,611	41,010	31,186	6,989	3,500		
Benefits	76,184	11,527	-	9,188	40,383	117,075	304,231	7,088	8,531	6,890	668	1,000		
Transportation	1,000	-	-	2,743	-	21,985	47,386	-	2,475	-	-	-	-	
Administration (note 8)	850	-	-	1,365	-	20,867	5,234	150	6,349			16,281		47,953
Supplies and materials	4,530	-	71,100	54,544	-	178,516	15,847	8,411	26,938	-	-	2,918	-	-
Small operational equipment	-	-	-	-	-	-	1,200	-	-	-	-	-	4,722	-
Amortization of tangible capital assets	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	389,000	89,586	71,100	111,503	180,500	757,462	1,615,897	69,260	85,303	38,076	7,657	23,699	4,722	47,953
Annual surplus	$ -	-	-	-	-	-	-	-	-	-	-	-	-	-

OLHA - MOHLTC Mandatory Cost-Share including Unorganized Territories
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MCYS - Ministry Children and Youth Services
SFO - Smoke Free Ontario
NFVP-FNOHAP - Northern Fruit & Vegetable Program: Ontario First Nations Health Action Plan

9. Revenues and expenses by funding sources (continued):

	2017-18 One-time Funding							
	HPV Program	Indigenous Communities	NFVP - FNOHAP	Panorama - Immunization Solution	PHI Practicum	SFO Expanded Smoking Cessation	Non-Ministry	Total
Revenue:								
Provincial grants	$ -	-	-	-	-	-	-	19,185,121
Provincial grants - one-time	6,531	137,615	10,400	13,806	404	2,982	10,296	389,454
Unorganized territories	-	-	-	-	-	-	-	826,000
Municipalities	-	-	-	-	-	-	-	7,012,166
Plumbing and inspections	-	-	-	-	-	-	-	315,214
Interest	-	-	-	-	-	-	-	107,550
Other	-	-	-	-	-	-	406,957	893,009
	6,531	137,615	10,400	13,806	404	2,982	417,253	28,728,514
Expenses:								
Salaries and wages	5,493	104,369	-	12,574	368	-	206,134	18,114,089
Benefits	1,038	11,675	-	1,232	36	-	33,693	4,968,815
Transportation	-	3,252	-	-	-	-	22,144	344,628
Administration (note 8)	-	1,682	-	-	-	-	41,609	1,787,038
Supplies and materials	-	16,637	10,400	-	-	2,982	112,360	1,365,790
Small operational equipment	-	-	-	-	-	-	1,313	416,411
Amortization of tangible capital assets	-	-	-	-	-	-	-	658,989
	6,531	137,615	10,400	13,806	404	2,982	417,253	27,655,760
Annual surplus	$ -	-	-	-	-	-	-	1,072,754

OLHA - MOHLTC Mandatory Cost-Share including Unorganized Territories
UIIP - Universal Influenza Immunization Program
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MCYS - Ministry Children and Youth Services
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NFVP-FNOHAP - Northern Fruit & Vegetable Program: Ontario First Nations Health Action Plan

10. Comparative information:

The 2016 comparative information has been reclassified, where applicable, to conform to the presentation used in the current year. The changes do not affect prior year earnings.

ADOPTION OF THE 2017 AUDITED FINANCIAL STATEMENTS

MOTION:

WHEREAS at its May 7, 2018, meeting, the Board Finance Standing Committee reviewed the 2017 audited financial statements and recommended them to the Board for the Board's approval;

THEREFORE BE IT RESOLVED THAT the 2017 audited financial statements be approved as distributed.

Ministry of Health and Long-Term Care

Office of the Minister

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Tel. 416 327-4300
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Ministère de la Santé et des Soins de longue durée

Bureau du ministre

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Ontario

May 3, 2018

Dear Colleagues,

Tobacco use remains Ontario's leading cause of preventable disease and premature death. It claims 16,000 lives each year — that is 44 lives every day — and costs the province $2.25 billion annually in direct health care costs.

Our government is committed to the people of Ontario to achieve the lowest smoking rate in Canada. We have supported more Ontarians in quitting tobacco use, protected people from exposure to second-hand smoke, encouraged youth and young adults to never start, and continued to address the changing landscape of new and emerging products.

Ontario has made great strides in reducing tobacco use and the associated health risks through investments in programs, policies and public education. Prior to the enactment of the Smoke-Free Ontario Act (SFOA) in 2006, Ontario had very few restrictions on where people could smoke tobacco. Since then, Ontario has created 100 per cent smoke-free enclosed public places and workplaces province-wide, including shopping malls, office buildings, factories, restaurants and bars. We are proud of the achievements made with our partners to reduce Ontario's smoking rate to 16 per cent in 2016.

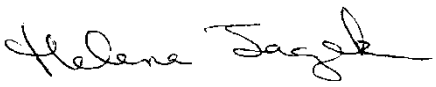
However, we have more work to do. We know that some communities experience the burden of tobacco disproportionately higher than other communities. We know that smoking rates are seven and three times higher, respectively, for on-reserve (30 per cent) and off-reserve (14 per cent) First Nation youth than in non-Indigenous youth (4 per cent) of the same age. We as a government are committed to working with Indigenous communities in a separate process to address the adverse effects of commercial tobacco.

I am pleased to launch the Smoke-Free Ontario (SFO) Strategy, the government's plan of action to further reduce the burden of tobacco addiction. Our vision is that within one generation, Ontario will be free of the epidemic of disease, death and other harms caused by tobacco, and the potential harms caused by smoking and vaping of other substances. We acknowledge that more needs to be done to reach our goal of reducing the smoking prevalence rate to 10 per cent by 2023. We know that new and emerging products may hinder the achievements Ontario has already made. That is why the government's SFO Strategy not only addresses tobacco, but also vapour products such as e-cigarettes and heat-not-burn products, and the smoking and vaping of medical cannabis. All of these products will be regulated under the Smoke-Free Ontario Act, 2017 (SFOA, 2017).

The Smoke-Free Ontario Strategy will create the right conditions for success and will include the development of a comprehensive evaluation plan to measure progress. We will continue to work with our health-care partners on our evolving strategy, including the members of the Executive Steering Committee, to implement recommendations from their report.

Working together, our new SFO Strategy will enable opportunities to reduce the harm of tobacco use and result in a healthier tomorrow for generations of Ontarians.

Sincerely,



Dr. Helena Jaczek,
Minister of Health and Long-Term Care

SMOKE-FREE ONTARIO

The Next Chapter - 2018

For a Healthier Ontario

TABLE OF CONTENTS

THE TOBACCO BURDEN

TOBACCO USE IS THE LEADING CAUSE OF PREVENTABLE DEATH AND DISEASE IN ONTARIO

Every day tobacco kills more Ontarians than alcohol, illicit substances, accidents, suicide and homicides combined. People who use tobacco are more likely to go to the hospital and stay longer. They are also likely to die younger. Tobacco products contain nicotine, which is a substance that makes them highly addictive.

Tobacco can be used in various ways, but smoking remains the most common method. Cigarette smoke contains more than 7,000 chemicals. It impacts almost every organ of the body, contributing to chronic diseases such as cancers, heart and lung diseases, and other diseases. Even people who do not smoke are affected by the health harms of tobacco through exposure to second-hand and/or third-hand smoke.

TOBACCO USE COSTS ONTARIO BILLIONS OF DOLLARS EACH YEAR

Over two billion dollars a year is spent by Ontario to treat and care for people with smoking-related health concerns. The provincial economy loses over five billion dollars a year in lost productivity or missed days of work because of smoking-related health issues. The overall costs of tobacco to society are even higher given how litter and smoke from tobacco affects the environment.

ONTARIO'S PROGRESS

The percentage of people who smoke in Ontario has decreased over the years. The provincial smoking rate is the third lowest in all of Canada with roughly one in five Ontarians who smoke. Over the past decade, Ontario has worked hard to reduce tobacco use in the province and has established itself as both a national and international leader in tobacco control. In 2005, the government created Smoke-Free Ontario encompassing Ontario's actions and investments in tobacco control, and combining evidence-based approaches to prevent children and young people from starting to smoke, helping Ontarians quit smoking and protecting Ontarians from exposure to second-hand smoke. Ontario's previous efforts, in partnership with Public Health Units, non-governmental organizations, health professionals and institutions, have provided people with the programs and services to live smoke-free.

Some key achievements of the programs and services that Ontario, together with its partners, has been able to deliver include helping people who smoke access:

- Counselling and supports in hospitals and community health care settings (e.g., family health teams, community health centres, etc.) to help quit smoking
- Phone counselling and online resources to help quit smoking
- No-cost nicotine replacement therapy in combination with counselling

THE SMOKE-FREE ONTARIO ACT

For over a decade, Ontario has been putting policies in place to reduce tobacco use in Ontario and these policies have provided the legislative force needed to further protect the health of Ontarians. The *Smoke-Free Ontario Act (SFOA)*, which came into force in 2006, is an example of ground-breaking legislation that helps to reduce access to tobacco products and to protect workers and the public from the hazards of second-hand smoke. The SFOA imposes strict controls on the sale of tobacco to young people, restricts the display and promotion of tobacco at point-of-sale, and prohibits smoking in enclosed workplaces and enclosed public places, as well as other designated places.

ONTARIO'S KEY TOBACCO CONTROL MILESTONES

2006

- Created *Smoke-Free Ontario Act (SFOA)* legislation to protect Ontarians from second-hand smoke
- Prohibited smoking in enclosed workplaces and enclosed public places

2009

- Protected children from exposure to second-hand smoke in motor vehicles

2010

- Prohibited the sale of most flavoured cigarillos and required that they be sold in packages of 20 or more

2015

- Prohibited smoking on patios, playgrounds and sports fields
- Created *Electronic Cigarettes Act (ECA)* legislation to regulate vapour products

2016

- Protected children from flavoured tobacco products
- Doubled the maximum fines for youth-related offences
- Prohibited indoor use of tobacco in waterpipe bars and restaurants
- Expanded outdoor smoke-free spaces (hospitals, psychiatric facilities, buildings owned by Province)

2017

- Prohibited the sale of menthol and clove-flavoured tobacco products

2018

- Implemented 100 per cent smoke-free hospitals
- Enacted *Smoke-Free Ontario Act (SFOA), 2017* to protect people from second-hand smoke and vapour
- Developed Smoke-Free Ontario Strategy

SMOKING RATES HAVE DECREASED IN ONTARIO FROM 24.5% IN 2000 TO 16% IN 2016

Note: Smoking data is from Statistics Canada's Canadian Community Health Survey (CCHS). In 2014, CCHS redesigned its data collection methodology; therefore, 2016 data is not directly comparable to previous years.

THE IMPERATIVE

Combatting tobacco use remains a significant challenge in Ontario. Despite widespread public knowledge about the harms of tobacco, and the significant investments in tobacco control by Ontario and its partners, the smoking rate has plateaued in recent years. Approximately two million Ontarians currently smoke and some groups — such as rural, LGBTQ and Indigenous communities, Northern Ontario residents and people of low socio-economic status — continue to have higher smoking rates than the provincial average. This speaks to complex underlying drivers making the issue challenging to solve.

Most people who smoke want to quit. Over a million Ontarians intend to quit each year, but only a small number of them are successful. Nicotine is highly addictive and it can take up to 30 quit attempts to be successful.

Ontario is committed to having the lowest smoking prevalence rate in Canada, but Ontarians face a number of barriers. Current challenges include gaps in service among a number of existing programs and services. In addition, there are gaps in existing e-cigarettes legislation and a lack of controls to protect Ontarians from the potentially harmful effects of second-hand smoke and vapour from medical cannabis.

A CHANGING LANDSCAPE IN ONTARIO: NEW AND EMERGING PRODUCTS

Electronic cigarettes (also called e-cigarettes) have become widely available and are growing in popularity, especially among youth and young adults. E-cigarettes are battery-operated devices that heat an internal fluid, generating a vapour that the user inhales. Evidence on the risks and benefits of e-cigarettes is still emerging. The risks of exposure to e-cigarettes' second-hand vapour are uncertain at this time. As a result, Ontario will continue to take a precautionary approach on the sale, supply, display, promotion and use of e-cigarettes.

MEDICAL CANNABIS

Unlike recreational cannabis, medical cannabis is used for its therapeutic benefits. Therefore, it will continue to be treated differently from recreational cannabis, which is addressed under the *Cannabis Act, 2017*. A primary concern of the government is to protect everyone from the potentially harmful effects of medical cannabis second-hand smoke and vapour.

SMOKE-FREE ONTARIO STRATEGY: ROADMAP TO SUCCESS

MOVING FORWARD

The Ontario government has developed a strategy to address the harms of tobacco smoke and vapour in a coordinated and comprehensive way. The Smoke-Free Ontario (SFO) Strategy will build on many of the existing programs, services and policies and add to this force through new strategic investments. The SFO Strategy will leverage efforts across the three strategic priorities of tobacco control (cessation, prevention, and protection) to address:

- gaps in current tobacco control infrastructure
- accessibility of tobacco products and vapour products
- demand for tobacco created by addiction, social acceptability and other factors
- potential health risks of new and emerging tobacco and vapour products, including e-cigarettes and heat-not-burn products
- minimizing exposure to second-hand smoke and vapour from tobacco, vapour products and medical cannabis

Across each strategic priority, the goal is to influence change at three different levels to ensure integration and comprehensiveness:

- individual and community-level (e.g., at-risk populations)
- program and service-level
- system-level (e.g., policy, legislation and regulations)

INDIVIDUALS

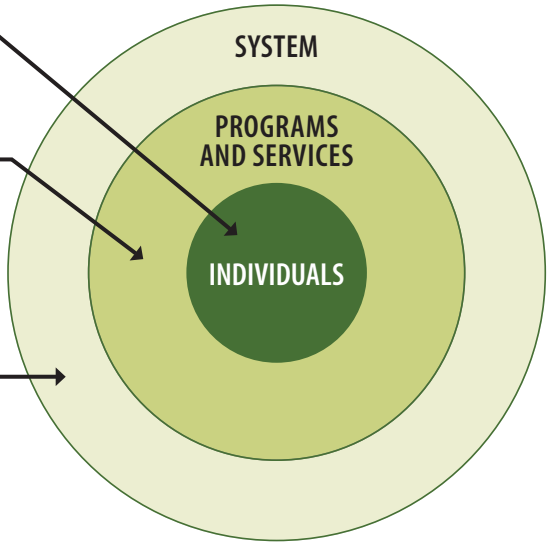
- TOBACCO USERS, FAMILY AND FRIENDS
- YOUTH AND YOUNG ADULTS
- INDIGENOUS AND OTHER PRIORITY POPULATIONS

PROGRAMS AND SERVICES

- INTEGRATED SMOKING CESSATION DELIVERY SYSTEM
- PREVENTION PROGRAMMING IN SCHOOLS, WORKPLACES AND COMMUNITY SETTINGS
- PUBLIC EDUCATION AND OUTREACH

SYSTEM

- LEGISLATIVE AND REGULATORY FRAMEWORK TO PROTECT AND PROMOTE THE HEALTH OF THE PEOPLE OF ONTARIO (*SMOKE-FREE ONTARIO ACT, 2017*)
- SURVEILLANCE AND MONITORING SYSTEM
- RESEARCH AND EVALUATION



Helping people who use tobacco to quit requires leadership across the country. Through the SFO Strategy, Ontario will continue to work collaboratively with provincial, federal and territorial partners to reach priority populations, and both develop and implement tobacco control solutions that meet the needs of Ontarians.

Ontario has a vision: that within one generation, Ontario will be free of the epidemic of disease, death and other harms caused by tobacco, and the potential harms caused by smoking and vaping of other substances.

To achieve this, Ontario's goals are to:

- Reduce the proportion of people who smoke in Ontario to 10 per cent by 2023
- Reduce exposure to the harmful effects of tobacco and the potentially harmful effects of other inhaled substances and emerging products (including medical cannabis)
- Reduce smoking-related health and social costs
- Reduce the number of smoking-related deaths by 5,000 each year

To meet these goals, the SFO Strategy focuses on the three strategic priorities of tobacco control: cessation, prevention and protection. The SFO Strategy sets out to:

- Increase the number of people who successfully quit using tobacco
- Prevent the initial and increased use of tobacco and vapour products
- Implement policies that reduce exposure to second-hand smoke and vapour; and explore opportunities to reduce the sale, supply and demand for tobacco and vapour products

STRATEGIC PRIORITIES

CESSATION

Goal

Increase the number of people who successfully quit using tobacco by 80,000 each year.

Approach

Individual: Motivate people who use tobacco to quit and increase their awareness of the cessation supports available.

Programs and Services: Create an integrated smoking cessation delivery system that increases the reach, access and availability of cessation aids and meets the needs of people who use tobacco in Ontario.

System: Create supportive environments through tax, pricing and smoke-free policies to motivate people who use tobacco to quit.

ACTIONS

1 ONTARIO WILL PROVIDE ACCESS TO QUALITY CESSATION SERVICES THROUGH ONE WINDOW

The government will implement an integrated smoking cessation delivery system, which will serve as a coordinated system of services to support people throughout their journey to quitting, eliminate duplication and effectively use resources.

The integrated delivery system will ensure coordination among health care, community and population-based services, and provide systematic referrals to ensure seamless services, supports and follow up for people who use tobacco and want to quit. The government will help people who are looking to quit access treatment efficiently and effectively. This includes:

- an easily recognized brand for all cessation services
- an online cessation hub
- 24/7 provincial quitline with wrap-around services (by telephone and online)

2 ONTARIO WILL ENSURE EVIDENCE-BASED SMOKING CESSATION SERVICES ARE IMPLEMENTED IN PUBLIC HOSPITALS AND IN COMMUNITY SETTINGS

Smoking cessation is a critical element of chronic disease management. Therefore, the government is leveraging its network of health system partners so that people who use tobacco are offered high-quality support with smoking cessation. A systematic approach to cessation services will be used across the continuum of care including prevention, primary care, acute care, rehabilitation, chronic care, home care and palliative care to ensure access is universal. Working with health care providers and community partners, the government will ensure evidence-based smoking cessation services in public hospitals and communities across the province to create an integrated smoking cessation delivery system.

SFO STRATEGY IN ACTION:

The Ottawa Model for Smoking Cessation (OMSC) is achieving organizational change in cessation within various clinical settings by changing practices within hospitals, primary care and mental health facilities, and embedding evidence-based cessation services into care pathways and other related patient care processes.

3 ONTARIO WILL ENSURE PEOPLE RECEIVE CONSISTENT, HIGH-QUALITY CESSATION SERVICES

People who smoke often need supports to successfully quit. To assist these people, the government will work with partners to develop and implement quality guidelines for health service providers to ensure that smoking cessation services are part of routine health care. A standardized approach to cessation in health care settings will ensure that all Ontarians receive consistent and effective care. The government, with its partners, will ensure that cessation service providers receive evidence-based training so that services that help achieve smoking quits are accessible to all Ontarians.

SFO STRATEGY IN ACTION:
The Centre for Addiction and Mental Health (CAMH)

Smoking Treatment for Ontario Patients (STOP) study, now a program, started in 2006. Since then, it has been building partnerships with other Smoke-Free Ontario-funded organizations, and engaging and helping over 100,000 people who smoke make a quit attempt. STOP has been implemented in Ontario's Family Health Teams, Community Health Centres, Aboriginal Health Access Centres, Public Health Units, Addiction Agencies and other health sectors, ensuring people who use tobacco have access to tobacco dependence treatment including no-cost nicotine replacement therapy.

4 ONTARIO WILL INCREASE ACCESS TO CESSATION AIDS

To help Ontarians quit smoking, the government is increasing access to no-cost nicotine replacement therapy (NRT). The government will work with delivery partners and health care providers across the province to reach more people who use tobacco by providing access to smoking cessation interventions including enhanced access to NRT in combination with counselling support. In a phased approach, the government will increase access to no-cost NRT in public hospitals and communities as part of a cessation system, and to Ontarians who are interested in quitting smoking.

5 ONTARIO WILL OFFER MORE INTENSIVE SUPPORTS FOR PRIORITY POPULATIONS

It is important that the right supports are provided to populations with high smoking rates. Populations at higher risk for tobacco use may require tailored and more intensive supports.

Indigenous communities, particularly First Nations living on-reserve, are an example of a priority population experiencing higher prevalence rates for commercial tobacco use. The government is committed to working with Indigenous communities to improve access to culturally appropriate cessation services. The government will also work with community service providers to reach other priority populations at the local level (e.g., new immigrants, rural communities). In addition, the government will maintain its focus on supporting equitable access to cessation programs by continuing to partner with organizations and agencies in the community to deliver cessation services in French.

EXAMPLE PRIORITY POPULATIONS

- Indigenous Peoples
- people with chronic diseases or a number of serious health problems
- people with mental health and addiction issues
- people who work in the industrial and service sectors
- young adults
- people who are at high risk of poor health outcomes from smoking (e.g., people in hospital) and people whose smoking will have a negative impact on their own or others' health (e.g., pre and postnatal women)
- cancer patients

> **"ONTARIO IS COMMITTED TO ITS GOAL OF HAVING THE LOWEST SMOKING RATE IN CANADA...TOBACCO TAXES ARE CRITICAL IN SUPPORTING PROVINCIAL HEALTH OBJECTIVES, SMOKING CESSATION AND PREVENTION."**
>
> **2018 ONTARIO BUDGET**

6 ONTARIO WILL INSPIRE PEOPLE TO QUIT

Public education on the health harms and the benefits of quitting can help increase the attempts to quit by people who use tobacco. The government will run targeted public education campaigns to inform Ontarians about better access to smoking cessation support and services, and will also continue to run a cessation campaign indicating that setbacks are a natural part of the quitting journey. Reframing failure this way can have a positive impact on quit intentions and attitudes towards quitting, and help motivate smokers to quit.

7 ONTARIO WILL EXPLORE INCREASING THE TOBACCO TAX RATE

Through the Ontario 2018 Budget, the government increased tobacco taxes by $4 a carton of cigarettes and will again in 2019. This will bring Ontario's rate closer to the national average.

Research shows that a 10 per cent increase in total tobacco price would result in an approximate four (4) per cent reduction in cigarette demand. Tobacco tax increases will help support smoking cessation efforts under the SFO Strategy by motivating smokers to quit.

STRATEGIC PRIORITIES

PREVENTION

Goal

Prevent the initial and increased use of tobacco and vapour products such that no more than 10,000 people start smoking each year.

Approach

Individual: Develop actionable knowledge, skills and resiliency in youth and young adults so they can be smoke- and vapour-free.

Programs and Services: Partner on initiatives targeting youth and young adults in schools, workplaces and community settings to reduce social exposure to the use of tobacco and vapour products.

System: Implement a cohesive approach to reducing access and social exposure to tobacco and vapour products by building supportive environments through tax, pricing and other policies.

ACTIONS

1 ONTARIO WILL FOCUS ON THOSE MOST AT RISK WITH TAILORED SUPPORT

Ontario will align with the federal government's tobacco control strategy to place an emphasis on reaching specific high-risk populations. Those at greater risk for starting to use tobacco include Indigenous youth and young adults, and those transitioning into post-secondary education, or into the workforce. Peer pressure and elevated mental health stressors as well as risks at different life stages can also increase people's risk of using tobacco. The government will work with Public Health Units (PHUs) to reduce tobacco use at the local level. In addition, the government will provide guidance, resources and support to help PHUs implement effective prevention interventions with priority populations in their communities. The government will work with Indigenous communities to develop and implement culturally appropriate prevention interventions to reduce uptake of commercial tobacco, while respecting traditional practices.

SFO STRATEGY IN ACTION:

The ministry partners with Aboriginal Health Access Centres (AHAC) to provide culturally appropriate health promotion and chronic disease prevention initiatives in schools and in community organizations that focus on tobacco prevention, tobacco cessation and other chronic disease risk factors.

The Ontario Federation of Indigenous Friendship Centres delivers smoking prevention and cessation supports through the Urban Aboriginal Healthy Living Program.

The Aboriginal Tobacco Program (ATP) delivers tailored campaigns and workshops to Indigenous communities on commercial tobacco prevention, cessation and protection to reduce the high smoking rates. The ATP builds capacity towards Tobacco-Wise communities that are empowered to make the necessary changes to protect their well-being and that of their friends and community.

2 ONTARIO WILL RAISE AWARENESS OF PREVENTION

The government will run targeted public education campaigns to inform Ontarians about new vaping and smoking rules as part of efforts to prevent youth and young adults from taking up smoking and vaping. The government will also continue to work with community partners to educate youth and young adults in schools so they can remain smoke- and vapour-free. Ontario will support communication efforts that raise awareness on tobacco as a risk factor for serious diseases. In addition, Ontario will work with partners to educate Ontarians and significantly impact the burden of tobacco through prevention. This approach will align with the federal government's effort to promote healthy living and prevent chronic disease caused by risk factors such as tobacco.

3 ONTARIO WILL KEEP OUR YOUTH AND YOUNG ADULTS SAFE FROM TOBACCO AND VAPOUR PRODUCTS

The accessibility of tobacco products and vapour products influences youth and young adults' attitudes towards the use of these products and their susceptibility to smoking.

Ontario is strengthening the laws with respect to how tobacco and vapour products can be displayed and promoted in stores. The new law prohibits branded accessories (e.g., lighters) from being displayed in all stores. The new law also restricts specialty tobacco and vapour product stores from displaying products that are visible to the public from outside the store and prohibits anyone less than 19 years of age from entering these stores. By prohibiting the sale of tobacco products and e-cigarettes to anyone less than 19 years of age and by limiting exposure to these products, the government is helping to discourage youth and young adults from starting to use tobacco and vapour products.

DID YOU KNOW?

Evidence shows that almost 90 per cent of adults who ever smoked daily (aged 30–39) reported trying their first cigarette by the time they were 18 years old — and nearly two-thirds of them began smoking daily by this age.

STRATEGIC PRIORITIES

PROTECTION

Goal

Implement policies that reduce exposure to second-hand smoke and vapour.

Approach

Individual: Protect people from exposure to second-hand smoke and vapour.

Programs and Services: Build training capacity for tobacco inspectors and enforcement managers, as well as enforcement of an expanded legislative and regulatory framework.

System: Create and support adoption of smoke- and vapour-free environments to protect people from the harmful effects of tobacco smoke and the potentially harmful effects of vapour.

ACTIONS

1 ONTARIO WILL CLOSE THE GAPS ON TOBACCO AND VAPOUR PRODUCT LAWS

The market landscape of new and emerging tobacco and vapour products continues to evolve rapidly. Ontario is responding by strengthening existing smoking and vaping laws to protect people from exposure to tobacco smoke and vapour products. The new *Smoke-Free Ontario Act, 2017* (SFOA, 2017), which will come into force July 1, 2018, will replace both the previous *Smoke-Free Ontario Act* (SFOA) and the *Electronic Cigarettes Act, 2015* (ECA) with a single legislative framework. A single law will make it clearer for both the public and retailers to understand and comply with Ontario's rules related to the sale, supply, display, promotion and use of tobacco and vapour products. The new Act also regulates the smoking and vaping of medical cannabis and will provide clarity to medical cannabis users on where they can smoke and vape their medical cannabis.

The SFOA, 2017 also provides additional flexibility to add other products or substances in the future that will be subject to the Act's restrictions on the sale, supply, display, promotion and use.

2 ONTARIO WILL CREATE MORE SMOKE- AND VAPOUR-FREE SPACES

Prohibiting the smoking of tobacco in more outdoor areas can help people who smoke to smoke less. It can also prompt people to consider quitting, and if they have quit, or are trying to quit, this can help them stay on track by reducing visual cues for smoking. It also protects other Ontarians from exposure to second-hand smoke.

Under the new law, the use of an e-cigarette and the smoking and vaping of medical cannabis would be prohibited in the same places where the smoking of tobacco is currently prohibited. The law also expands smoke- and vapour-free areas around outdoor restaurants and bar patios, and areas around schools and children and youth recreational facilities.

3 ONTARIO WILL GIVE OUR FRONT-LINE PARTNERS THE TOOLS THEY NEED

Ontario will continue to align with the federal government's efforts to combat the unregulated tobacco market. Ontario will also leverage partnerships with tobacco authorities at all levels to implement activities, including policy and surveillance interventions, to monitor and reduce the availability of unregulated tobacco.

To optimize oversight of unregulated tobacco in retail locations, Ontario will collaborate across all levels of government on joint inspections and enforcement. This cooperative approach will leverage existing resources and enhance coordination and effectiveness of inspection activities to address non-compliance under both the *Tobacco Tax Act* and the *Smoke-Free Ontario Act, 2017* (SFOA, 2017).

In addition, the government will continue to support provincial and federal policies to regulate the manufacturing, sale, labelling and promotion of tobacco products to reduce the health consequences of tobacco use. The government will enhance Public Health Unit front-line compliance and enforcement knowledge and expertise by aligning training for inspectors and enforcement managers with common foundational training delivered across Ontario's regulatory and compliance ministries, agencies and other authorities. This model supports a modern compliance approach by providing the Public Health Units' tobacco inspectorate with greater access to resources, knowledge and expertise, training and best practices from across organizations.

POTENTIAL FUTURE CONSIDERATIONS

Even as this report is being written, new evidence on tobacco and vapour products is emerging. As the SFO Strategy is being implemented, the government will continue to work with scientific experts, as well as tobacco control and health service partners, to monitor the evidence, and to identify opportunities to implement effective initiatives to impact the burden of tobacco.

1 ONTARIO WILL EXPLORE WAYS TO REDUCE THE AVAILABILITY OF TOBACCO PRODUCTS

Evidence shows that when tobacco is harder to obtain, fewer people start smoking. Distancing points of sale of tobacco from where children and youth congregate, and other priority locations, make these products less available to priority populations.

The government will explore options to reduce the availability of tobacco products sold at retail locations in the province (e.g., retail density and zoning restrictions).

2 ONTARIO WILL EXPLORE OPPORTUNITIES TO FURTHER EXPAND SMOKE- AND VAPOUR-FREE POLICIES

When people are exposed to others using tobacco or vapour products it not only has health impacts from second-hand smoke or vapour, but it creates the impression that the use of tobacco and vapour products is common and socially acceptable. Limiting exposure to second-hand smoke and vapour and changing perceived norms on smoking can reduce the demand for these products.

The government will work with community partners to explore additional policies to create more smoke- and vapour-free public spaces and reduce social cues to smoking and vaping (e.g., smoke and vapour-free post-secondary campuses, outdoor workplace smoking policies).

3 ONTARIO WILL EXPLORE MEASURES TO INCREASE TRANSPARENCY

The government will explore approaches to increase transparency and disclosure of industry practices to ensure health tobacco policies are created in the best interest of Ontarians.

ENABLING SUCCESS

The government believes that activities that extend across all areas of focus are critical to helping the SFO Strategy achieve its goals.

ONTARIO WILL PRIORITIZE A RESEARCH AND EVIDENCE-BASED APPROACH

Ontario will align itself with the federal government's evidence-based approach, by utilizing data from a variety of sources including surveillance, research and evaluation. Ontario is committed to supporting evidence that contributes to effective tobacco control by developing a coordinated research agenda that is responsive to emerging issues and relevant to the government, its partners and communities.

The province wants to get the most out of investments that make a difference in people's lives. The government is committed to funding programs based on evidence, and will encourage partners to work together towards implementing interventions that work and have a positive impact.

SFO STRATEGY IN ACTION:

The government invests in tobacco control research as part of the **Health System Research Fund (HSRF)**. A number of tobacco research projects on various topics to inform tobacco policy, program development and strategic planning going forward are currently being funded.

ONTARIO WILL BUILD CAPACITY IN THE COMMUNITY

The government will help strengthen the ability of the public health system by providing leadership to build competency in the field. Community development through training and public education and awareness will be supported.

TRACKING OUR PROGRESS

ONTARIO WILL TRACK PROGRESS AND REPORT BACK ON SUCCESS

To ensure that the SFO Strategy is meeting its goals, the government will look at the current state and assess the gaps to achieving its target (reducing the proportion of people who smoke to 10 per cent). Ontario will work with partners to build a comprehensive data backbone to provide a clearer picture of the impacts being made. It will work with partners to organize all the important indicators from different sources into a coordinated system and plan how best to measure progress.

The government will work with internal and external partners to find new measures to strengthen the database, and enhance existing internal data collection systems to monitor trends and address gaps and needs.

SFO STRATEGY IN ACTION:

The Tobacco Inspection System (TIS) is a data collection system that is currently used to collect inspection data for compliance with the SFOA and ECA. Building off TIS and developing system enhancements will provide a platform for standardized reporting and monitoring of key performance indicators.

Ontario will track population health measures related to smoking and vaping that are available, including:

- exposure to second-hand smoke and vapour
- locations of second-hand smoke exposure
- smoking-related deaths in non-smokers
- smoking and vaping use
- smoking-related mortality

- Quitting rates across the province and by different groups of people (e.g., different age groups, priority populations)
- Quit attempts across the province and by different groups of people (e.g., different age groups, priority populations)

To ensure transparency and accountability, the government will report on progress annually and provide context for the data to support evidence-based public health decisions.

ONTARIO WILL EVALUATE THE SFO STRATEGY'S PERFORMANCE AND LOOK FOR WAYS TO IMPROVE OUTCOMES

The government is committed to evaluating the SFO Strategy's programs and policies to allow for continual improvements, insight and information sharing, and to identify what is working and making a positive difference.

In an ever-changing environment, new opportunities will arise and Ontario may also face unexpected challenges. Regular and meaningful evaluations of the SFO Strategy's activities will be key to uncovering opportunities and identifying successful investments.

The government will develop an evaluation plan that focuses on actionable measures of the SFO Strategy's programs and services such as:

- Who is being reached?
- Are the programs, services and policies doing what they are intended to do?
- Are we meeting the needs of both people who use tobacco and stakeholders?

CONCLUSION

The Smoke-Free Ontario Strategy reflects the government's commitment to reducing the burden of tobacco and vapour products in Ontario and moves the province one step closer to ending the epidemic of tobacco-related disease. The strategy continues to build on Ontario's momentum and enables Ontarians to live smoke- and vapour-free. The Smoke-Free Ontario Strategy is poised for success because of its ability to address both tobacco and vapour products in a coordinated way as well as its flexibility in addressing new products. Ontario will continue to leverage local and national partnerships to take on a complex and ever-changing issue with determination and confidence.

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alPHa
Association of Local PUBLIC HEALTH Agencies

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

alPHa Sections:

Boards of Health Section

Council of Ontario Medical Officers of Health (COMOH)

Affiliate Organizations:

Association of Ontario Public Health Business Administrators

Association of Public Health Epidemiologists in Ontario

Association of Supervisors of Public Health Inspectors of Ontario

Health Promotion Ontario

Ontario Association of Public Health Dentistry

Ontario Association of Public Health Nursing Leaders

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May 3, 2018

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

Dear Minister Jaczek,

Re: Smoke-Free Ontario Strategy

On behalf of members of the Association of Local Public Health Agencies (alPHa) and its Council of Ontario Medical Officers of Health, Boards of Health and Affiliate organizations, I am writing to express our congratulations on the launch of the Smoke-Free Ontario (SFO) Strategy, and to express our strong support for it.

Ontario has shown commendable leadership in reducing tobacco use and its associated burdens of mortality and disease since the passage of the Smoke-Free Ontario Act in 2006. The release of a long-term strategy with specific actionable commitments and outcome targets – a first for the province – only serves to underscore the dedication to building on past success and making further strides towards the elimination of Ontario's leading cause of preventable disease and premature death.

alPHa has passed several tobacco-related resolutions over the years, the latest of which is *A17-5, Committing to a Tobacco Endgame in Canada* (attached). We shared this resolution with your Ministry in support of the innovative, comprehensive and evidence-based recommendations of the Executive Steering Committee for the Modernization of Smoke-Free Ontario, and we are delighted that these recommendations are reflected in the SFO Strategy.

We are also pleased that the Strategy includes specific references to targeting priority populations, acknowledges the related challenges posed by legal cannabis and vaping, and makes statements of willingness to explore innovative measures and opportunities to support the strategic goals in the future.

Our members are eager to continue to play their key roles in achieving a Smoke-Free Ontario and are sincerely grateful for this unequivocal commitment from your Government.

Yours sincerely,

Carmen McGregor,
alPHa President

COPY: Dr. David Williams, Chief Medical Officer of Health
Roselle Martino, Assistant Deputy Minister, Health and Long-Term Care, Population and Public Health Division

alPHa RESOLUTION A17-5

TITLE: **Committing to a Tobacco Endgame in Canada**

SPONSOR: **Simcoe Muskoka District Health Unit**

WHEREAS tobacco use remains the leading cause of preventable death and disease in Canada; and

WHEREAS the direct and indirect financial costs of tobacco smoking are substantial and were estimated as $18.7 billion in 2013; and

WHEREAS 18.1% of adolescents and adults, or 5.4 million Canadians, were still smokers in 2014; and

WHEREAS under the status quo, and even with the implementation of all MPOWER measures under the World Health Organization Framework Convention on Tobacco Control, Ontario research has estimated that smoking-related deaths will continue to increase beyond 2030, while smoking rates will decline by less than half in the same period; and

WHEREAS a tobacco endgame shifts the focus from tobacco "control" to envision a future that is free from commercial tobacco, and is a strategic process to implement measures that gradually decrease smoking prevalence, demand and supply to extremely low levels; and

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

WHEREAS a Steering Committee for Canada's Tobacco Endgame was convened in 2015 and identified an endgame goal of less than 5% tobacco prevalence by 2035; and

WHEREAS a summit on A Tobacco Endgame for Canada in 2016 brought together experts from broad sectors and published a Background Paper with evidence-based and innovative recommendations for tobacco endgame measures in Canada; and

WHEREAS the Federal Tobacco Control Strategy is scheduled for renewal after March 31, 2017;

WHEREAS the federal government's consultation paper Seizing the Opportunity: the Future of Tobacco Control in Canada proposed a number of endgame strategies including being committed to a target of less than 5% tobacco use by 2035;

WHEREAS the provincial Smoke Free Ontario Strategy is also presently under review; and

WHEREAS it is the position of alPHa that Governments of Canada, Ontario and Canadian municipalities must act immediately to minimize the use of tobacco products and their related health impacts;

NOW THEREFORE BE IT RESOLVED that the Association of Local Public Health Agencies write to the federal Minister of Health supporting the federal government's proposal to commit to a target of less than 5% tobacco use by 2035;

AND FURTHER that the Association of Local Public Health Agencies recommend that the federal government's approaches include those identified at the 2016 summit, A Tobacco Endgame for Canada;

AND FURTHER that the Association of Local Public Health Agencies write to the Ontario Minister of Health to recommend that the Smoke Free Ontario Strategy be aligned with the proposed tobacco endgame in Canada;

AND FURTHER that copies be sent to the Chief Public Health Officer of Canada, and the Chief Medical Officer of Health of Ontario.

ACTION FROM CONFERENCE: **Resolution CARRIED**

MODERNIZATION OF THE SMOKE-FREE ONTARIO STRATEGY 2018

MOTION:

WHEREAS smoking remains the single greatest cause of preventable disease and premature death in the province and currently kills about 13,000 Ontarians each year; and

WHEREAS on May 3, 2018 the Ministry of Health and Long-Term Care released the modernized Smoke-Free Ontario Strategy, Smoke-Free Ontario the Next Chapter-2018 for a Healthier Ontario, a plan of action to further reduce the burden of tobacco and vapour products and reduce the smoking prevalence rate to 10 per cent by 2023; and

WHEREAS the modernized Smoke-Free Ontario Strategy builds on many of the existing programs, services and policies and continues to leverage efforts across the three strategic priorities of tobacco control (cessation, prevention, and protection); and,

WHEREAS Public Health Sudbury & Districts Board of Health has a longstanding history of proactive and effective action to prevent tobacco use and promote tobacco use cessation (e.g. resolutions #47-17, #03-17, #21-16, #55-15, #62-14, #57-14, #23-14, #32-05, #44-04, #25-03, #93A-98);

THEREFORE BE IT RESOLVED THAT Public Health Sudbury & Districts Board of Health congratulate the Provincial government on the modernization of the Smoke-Free Ontario Strategy in the "Smoke-Free Ontario the Next Chapter-2018 for a Healthier Ontario"; and

FURTHER THAT the Board advocate that appropriate resources for timely implementation be dedicated by the provincial government as soon as possible; and

FURTHER that the Board share this motion with the Association of Local Public Health Agencies, boards of health, the Chief Medical Officer of Health, the Assistant Deputy Minister, and local municipalities.

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: _____