



Board of Health for the Sudbury & District Health Unit

Meeting # 05-18

Thursday, June 21, 2018

1:30 p.m.

Rainbow Lodge, Birch Island

Board of Health for the Sudbury & District Health Unit, June 21, 2018

Board of Health Meeting #05-18

1.0 CALL TO ORDER

2.0 ROLL CALL

3.0 REVIEW OF AGENDA / DECLARATIONS OF CONFLICT OF INTEREST

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4.0 DELEGATION / PRESENTATION

i) Accountability Monitoring Plan
Dr. Penny Sutcliffe, Medical Officer of Health and Chief
Executive Officer

5.0 CONSENT AGENDA

i) Minutes of Previous Meeting

a. Fourth Meeting – May 17, 2018

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ii) Business Arising From Minutes

iii) Report of Standing Committees

a. Board of Health Executive Committee Unapproved
Minutes dated May 17, 2018

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

a. MOH/CEO Report, June 2018

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Financial Statements ending April 30, 2018

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v) Correspondence

a. Provincial Public Health Funding Approvals

Letter from the President of the Association of Local
Public Health Agencies to the Minister of Health and
Long-Term Care dated May 14, 2018

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b. Canada's Tobacco Strategy

Letter from the President of the Association of Local Public Health Agencies to the Federal Minister of Health dated June 5, 2018	Page 44
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vi) Items of Information

a) Public Health Agency of Canada, Sport, Physical Activity and Recreation Minister Release re Pan-Canadian Policy to Increase Physical Activity and Reduce Sedentary Living dated May 31, 2018	Page 46
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b) Health Canada News Release re New Tobacco and Vaping Products Legislation Receives Royal Assent dated May 28, 2018	Page 48
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c) Health Canada News Release re Government of Canada Marks World No Tobacco Day with Launch Of Canada's Tobacco Strategy dated May 31, 2018	Page 51
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d) Perth District Health Unit News Release re Huron, Perth Health Units to Proceed with Amalgamation dated May 10, 2018	Page 54
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e) Globe and Mail article re Will we be prepared for "Disease X" the next pandemic? dated May 28, 2018	Page 56
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6.0 NEW BUSINESS

i) Addressing Anti-Racism for Improved Health Equity

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ii) Board Manual Review

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iii) 2018 alPHa Conference / Annual General Meeting (AGM)

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iv) Accountability Monitoring Plan

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9.0 ADJOURNMENT

MOTION: Adjournment

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AGENDA – FIFTH MEETING
BOARD OF HEALTH
PUBLIC HEALTH SUDBURY & DISTRICTS
RAINBOW LODGE, BIRCH ISLAND
THURSDAY, JUNE 21, 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) Accountability Monitoring Plan**
 - Dr. Penny Sutcliffe, Medical Officer of Health and Chief Executive Officer
- 5. CONSENT AGENDA**
 - i) Minutes of Previous Meeting**
 - a. Fourth Meeting – May 17, 2018
 - ii) Business Arising From Minutes**
 - iii) Report of Standing Committees**
 - a. Board of Health Executive Committee Unapproved Minutes dates May 17, 2018
 - iv) Report of the Medical Officer of Health / Chief Executive Officer**
 - a. MOH/CEO Report, June 2018
 - v) Correspondence**
 - a. Provincial Public Health Funding Approvals
 - Letter from the President of the Association of Local Public Health Agencies to the Minister of Health and Long-Term Care dated May 14, 2018
 - b. Canada's Tobacco Strategy
 - Letter from the President of the Association of Local Public Health Agencies to the Federal Minister of Health dated June 5, 2018
 - vi) Items of Information**
 - a. Public Health Agency of Canada, Sport, Physical Activity and Recreation Minister Release re Pan-Canadian Policy to Increase Physical Activity and Reduce Sedentary Living May 31, 2018
 - b. Health Canada News Release re New Tobacco and May 28, 2018

- Vaping Products Legislation Receives Royal Assent
- c. Health Canada News Release re Government of Canada Marks World No Tobacco Day with Launch Of Canada's Tobacco Strategy May 31, 2018
 - d. Perth District Health Unit News Release re Huron, Perth Health Units to Proceed with Amalgamation May 10, 2018
 - e. Globe and Mail Article Will we be prepared for 'Disease X' – the next pandemic? May 28, 2018

APPROVAL OF CONSENT AGENDA

MOTION:

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

6. NEW BUSINESS

- i) **Addressing Anti-Racism for Improved Health Equity**
 - Briefing Note from the Medical Officer of Health and Chief Executive Officer dated June 14, 2018

ADDRESSING ANTI-RACISM FOR IMPROVED HEALTH EQUITY

MOTION:

WHEREAS the Board of Health is committed to ensuring all people in Sudbury and districts, including Indigenous people, have equal opportunities for health; and

WHEREAS systemic racism is a significant, modifiable and unjust barrier to health opportunities; and

WHEREAS in 2017 Ontario established the Anti-Racism Directorate and launched a 3-Year Anti-Racism Strategic Plan, [A Better Way Forward](#), that describes important pillars for comprehensive action on racism;

THEREFORE BE IT RESOLVED THAT the Board of Health declare its commitment to anti-racism and direct the Medical Officer of Health to engage in a collaborative process to develop an Anti-Racism Action Plan informed by the provincial strategic plan; and

FURTHER THAT the Public Health Sudbury & Districts Anti-Racism Action Plan be presented to the Board of Health for approval within one year of this date.

ii) Board of Health Manual Review

- Briefing Note from the Medical Officer of Health and Chief Executive Officer dated June 14, 2018

BOARD OF HEALTH MANUAL

MOTION:

THAT the Board of Health, having reviewed the proposed revisions within the Board of Health Manual, rescind Board [motion 02-17](#), and approve the Manual as presented on this date.

iii) 2018 alPha Conference / Annual General Meeting (AGM)

- alPha Conference Program-at-a-Glance
- alPha Board of Health Section Agenda, June 12, 2018
- Summary of Resolutions Considered at the June 2018 alPha AGM

iv) Accountability Monitoring Plan

- Public Health Sudbury & District's Accountability Monitoring Plan

2018–2022 ACCOUNTABILITY MONITORING PLAN

MOTION:

WHEREAS Board of Health motion #02-18 endorsed the 2018–2022 Strategic Plan and Visual Identity and directed the Medical Officer of Health to operationalize the Strategic Plan and develop a monitoring process for the Board's approval; and

WHEREAS an accountability monitoring plan has been developed that integrates provincially required measures and local performance indicators all important to achieving the Board's strategic priorities and vision of healthier communities for all;

THEREFORE BE IT RESOLVED THAT the Board of Health approve the Public Health Sudbury & Districts Accountability Monitoring Plan 2018–2022; and

FURTHER THAT the Board of Health endorse the establishment of a Joint Board of Health/Staff Accountability Working Group for 2018–2022 for the purpose of guiding the reporting of the Accountability Monitoring Plan to the full Board of Health.

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 of Health meeting:

9. ADJOURNMENT

ADJOURNMENT

MOTION:

THAT we do now adjourn. Time:

MINUTES – 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.

BOARD MEMBERS PRESENT

Maigan Bailey	René Lapierre	Mark Signoretti
Janet Bradley	Thoma Miedema	Nicole Sykes
James Crispo	Paul Myre	Carolyn Thain
Jeffery Huska	Ken Noland	
Robert Kirwan	Rita Pilon	

BOARD MEMBERS REGRETS

Monica Loftus

STAFF MEMBERS PRESENT

Nicole Frappier	Dr. Penny Sutcliffe
Stacey Laforest	Renée St. Onge
Rachel Quesnel	Dr. Ariella Zbar
France Quirion	

R. LAPIERRE PRESIDING

1. CALL TO ORDER

The meeting was called to order at 1:21 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) **Increasing Awareness About Health Equity Through Meaningful Partnerships in Education**
 - Dana Wilson, Manager, Health Equity
 - Geneviève Projean, Public Health Nurse

Dr. Sutcliffe provided introductions and the staff were welcomed to speak about the Public Health Sudbury & Districts' work on health equity as it relates to our health equity communications plan and our recent partnerships with the education sector.

The Board was reminded of the factors that influence health and the importance of work on social determinants of health and health equity. Based on local findings, we are focusing on public education, health communications, and social marketing to further raise awareness that money and education are important factors that influence health outcomes.

One innovative initiative is a student lesson plan developed in partnership with Laurentian University's Faculty of Education and recently being implemented with the Rainbow District School Board. The aim is to raise awareness among students and adult influencers about the social determinants of health and encourage students to identify possible actions or solutions in their communities that can promote health equity.

It was concluded that this is one example the importance of meaningful intersectoral partnerships and collaboration and also of Public Health Sudbury & Districts' work to try to shift perspectives among key target groups.

Questions were entertained and the presenters thanked.

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

It was observed that the MOH/CEO report format is excellent and content is relevant and concise for the Board.

Board members received a print copy of the Health Matters Election Primer at the meeting.

18-18 APPROVAL OF CONSENT AGENDA

MOVED BY SYKES – THAIN: THAT the Board of Health approve the consent agenda as distributed.

CARRIED

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

The 2017 Annual Organizational Risk Management Report is shared for the Board's information.

It was recapped that, following the identification of agency-wide risks, the Board approved an organization-wide risk management framework, policy, procedure, and a risk management plan. The plan involves quarterly reports to the Senior Management Executive Committee and an annual report to the Board of Health in June.

The 2017 Annual Risk Management Report is the first annual report to report on a full year's information and follows the same structure as the 2016 report. Organizational risks and ratings have remained the same as 2016 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".

Per the review cycle, another thorough review of the agency-wide risks will take place with the Board in the fall of 2019. The Senior Management Executive Committee will continue to monitor and review the risks, identify risk mitigation strategies, and will bring forward any significant changes to the board.

Questions were entertained.

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

Dr. Sutcliffe presented an overview of the provincial legislative and regulatory changes outlined in the overview and summary documents attached to today's agenda.

A landscape overview was provided to the Board regarding the following which characterize significant changes for the provincial Public Health system and operations:

- Patients First
 - Overview was provided of what transpired from Patients First Discussion Paper in 2015 to the *Patients First Act*, 2016 which resulted in *Local Health System Integration Act* and *Health Protection and Promotion Act* amendments.

- Ontario Public Health Standards (OPHS) Modernization
 - The Ministry hosted a session focused on the Implementation Work Plan for the Ontario Public Health Standards (OPHS) and related initiatives for all Medical Officers of Health on April 24.
 - The number of MOHTLC requirements have been reduced to 90 from 148 with new areas such as mental health and indigenous engagement.
- Legislative and Regulatory Changes
 - The MOHLTC staff recognize there are many significant changes all at once.
- Accountability Framework
 - The MOHLTC's accountability framework includes an annual accountability reporting cycle. Standardized reporting templates have yet to be developed by MOHLTC.
- Provincial Implementation
 - The province will be implementing work streams which will include field and MOHLTC personnel to ensure the OPHS get implemented. Public Health Sudbury & Districts staff will contribute to ensure local and northern voices are heard at the provincial table.
- Mapping of PHSD to Transformation Landscape
 - Provincial committee work
 - Population Health Indicators to support Public Health – LHIN Collaboration Project Committee and Accountability Implementation Task Force
 - Attention to programs and processes
 - Mental health, Indigenous engagement, SFOA, school health, vision, ISPA, etc.
 - Annual Service Plan and Budget Submission, Program Planning processes, CQI, NE LHIN engagement, NE PHU collaborations project, etc.
- Funding and Sustainability
 - FTE reductions as a result of the Public Health Funding Formula and zero percent growth in mandatory base funding
 - Five year financial projection based zero percent funding shows an accumulating deficit

This update has been shared with management to ensure they had a good understanding of the system changes taking place provincially even if not all areas affect their respective program areas every day.

This broader context is an important consideration when the Board is thinking strategically about the future locally. Dr. Sutcliffe noted that if there are particular points to unpack at a future Board meeting, this can be done.

Questions were entertained.

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
- Thank You Letter from the Board Chair to the Minister of Health and Long-Term Care dated May 8, 2018

Further to the Minister's letter shared at the last Board meeting with unspecific language regarding funding, we have received our provincial grant letter for 2018 confirming 3% provincial increase in base funding for cost-shared programs and \$162,100 in one-time funding. This is the earliest we recall ever receiving our provincial funding letter from the Ministry. The Board Chair's thank you letter is shared with the Board for information.

Dr. Sutcliffe noted that the Board had approved an additional \$2.5 million in the annual service plan submission to capture the total costs of implementation the OPHS. The province has funded \$440,000 of this for which PHSD will make the best use through its the delivery of programs and services. Management is looking at how to best spend these additional funds while keeping an eye to the future given the anticipated ongoing fiscal constraints.

iv) 2017 Audited Financial Statements

- Sudbury & District Health Unit Audited Financial Statements for 2017

Board of Health Finance Standing Committee Chair, Carolyn Thain, reported that the Finance Standing Committee met on May 7, 2018, and reviewed the 2017 draft audited financial statements. KPMG auditors joined the meeting via teleconference to review the audit processes and present the auditors findings report.

The auditors did not identify material misstatement, illegal acts or fraud, and no internal control issues. The Health Unit finished the year in a good position. C. Thain noted that management's proactive and strategic contingency measures such as staffing vacancies have yielded positive outcomes in these uncertain times.

Based on the auditor's report, the financial statements present fairly, in all material respects, the financial position of Public Health Sudbury & Districts as of December 31, 2017. The opinion is subject to the Boards approval.

F. Quirion and her team were thanked for their great work with the 2017 audit. Dr. Sutcliffe and her team were also acknowledged for their management financial planning.

19-18 ADOPTION OF THE 2017 AUDITED FINANCIAL STATEMENTS

MOVED BY HUSKA – CRISPO: 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.

CARRIED

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

The attached correspondence and proposed motion support the importance of the issue of tobacco use and in future, of cannabis use and recognized the high provincial smoking prevalence rate, and in particular, in northern Ontario.

The Board agreed to a friendly amendment given statistics have been updated in March to 16,000.

Comments and questions were entertained. It was suggested that the cover letter accompanying the motion be explicit about the additional costs to implementation and enforcement responsibilities of local boards of health. It was also noted that there were differences between the Ontario Strategy and the Federal Government's initiatives to date.

20-18 MODERNIZATION OF THE SMOKE-FREE ONTARIO STRATEGY 2018

Moved by CRISPO – MYRE: WHEREAS smoking remains the single greatest cause of preventable disease and premature death in the province and currently kills about ~~13,000~~ 16,000 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.

CARRIED WITH FRIENDLY AMENDMENT

7. ADDENDUM

None.

8. ANNOUNCEMENTS / ENQUIRIES

Board members are encouraged to complete 30 minutes of physical activity before May 31 for the Board of Health to participate in the first Association of Local Public Health Agencies (alPHA) fitness challenge for Board members. Further details are included in today’s MOH report. Dr. Sutcliffe shared that Public Health Sudbury & Districts staff’s participated in the annual provincial health unit challenge on May 10 and it was announced by alPHA today that we were one of four health units to achieve 100% participation.

The Board of Health education workshop scheduled for the morning of June 21 will be held offsite at a location approximately 1.5 hours west of Sudbury. Details will be shared

once the location is confirmed; however, Board members are asked to block the full day on June 21st in their calendars.

The Board Chair participated in the Public Health Sudbury & Districts' 2018 Staff Day and shared his observation regarding the half-day event which included the staff recognition, volunteer recognition, and a guest speaker from the Ottawa Public Health regarding social media. The Board Chair congratulated the MOH and staff for yet another successful Annual Staff Day.

Board members were thanked for arriving early for a Board group photo today.

9. ADJOURNMENT

21-18 ADJOURNMENT

MOVED BY KIRWAN – PILON: THAT we do now adjourn. Time: 2:27 p.m.

CARRIED

(Chair)

(Secretary)

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

THURSDAY, MAY 17, 2018

3 P.M. TO 4 P.M.

UPSTREAM, PUBLIC HEALTH SUDBURY & DISTRICTS

MEMBERS: Jeff Huska
Ken Noland

René Lapierre
Nicole Sykes

Paul Myre

STAFF: Rachel Quesnel

France Quirion

Dr. Penny Sutcliffe

R. QUESNEL PRESIDING

1. CALL TO ORDER

The meeting was called to order at 3 p.m.

2. ROLL CALL

3. REVIEW OF AGENDA / DECLARATION OF CONFLICT OF INTEREST

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

4. ELECTION OF BOARD EXECUTIVE COMMITTEE CHAIR FOR 2018

Nominations were held for the position of Board Executive Committee Chair. Jeffery Huska was nominated and nominations were closed. J. Huska accepted his nomination and the following was announced:

THAT the Board of Health Executive Committee appoint Jeffery Huska as the Board Executive Committee Chair for 2018.

4. APPROVAL OF BOARD EXECUTIVE COMMITTEE MEETING NOTES

4.1 Board Executive Committee Meeting Notes dated November 30, 2017

01-18 APPROVAL OF BOARD EXECUTIVE COMMITTEE MEETING NOTES

Moved by Myre – Noland: THAT the meeting notes of the Board of Health Executive Committee meeting of November 30, 2017, be approved as distributed.

CARRIED

5. NEW BUSINESS

IN CAMERA

02-18 IN CAMERA

Moved by Sykes – Myre: THAT this Board of Health Executive Committee goes in camera. Time: 2:40 p.m.

CARRIED

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

RISE & REPORT

03-18 IN CAMERA

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

CARRIED

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

04-18 APPROVAL OF BOARD EXECUTIVE COMMITTEE MEETING NOTES

Moved by Sykes – Lapierre: THAT this Board of Health Executive Committee approve the meeting notes of the June 14, 2017, in-camera meeting and that these remain confidential and restricted from public disclosure in accordance with exemptions provided in the Municipal Freedom of Information and Protection of Privacy Act.

CARRIED

6. ADJOURNMENT

05-18 ADJOURNMENT

Moved by Myre –Noland: THAT we do now adjourn. Time: 3:06 p.m.

CARRIED

(Chair)

(Secretary)

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

Words for thought

It Saves Lives. It Can Save Money. So Why Aren't We Spending More on Public Health?

Funding for health campaigns is surprisingly low when you consider they're often so valuable that they pay for themselves.

Not only have many public health interventions in the United States been hugely successful, but they've also saved more money than they've cost...

Why Is Funding So Low? For all its benefits, spending on public health is surprisingly low. The private sector can't make money on it. That leaves the public sector, which is subject to political forces on spending and taxes, and is more focused on projects that might have more obvious and immediate benefits like, say, job creation through building a highway.

Also, some public health investments effectively tell people what to do (avoid sugar, for example). That's often viewed as paternalistic or bossy. And yet Americans spend relatively little money in that domain and far more on medical care that returns less value for its costs. Instead of continually complaining about how much is being spent on health care with little to show for it, maybe we should direct more of that money to public health...

This is made more surprising by the fact that public health investments are often so valuable that they pay for themselves. There's no reason not to make them. In contrast, very few medical interventions pay for themselves; we typically hope that they are at least cost-effective, not that they save more than they cost.

Source: Excerpted from Carroll A.E. and Frakt A. May 28, 2018.
New York Times.

<https://www.nytimes.com/2018/05/28/upshot/it-saves-lives-it-can-save-money-so-why-arent-we-spending-more-on-public-health.html?hp&action=click&pgtype=Homepage&clickSource=story-heading&module=second-column-region®ion=top-news&WT.nav=top-news>

Accessed on June 13, 2018

Chair and Members of the Board,

Welcome to the last Board of Health meeting before our summer hiatus.

With the recent provincial election, local public health will be working with new government leadership. It will be important for public health to reinvigorate its relationships with provincial partners and ensure that the often-behind-the-scenes work of public health is well understood. One way to accomplish this is through studies that demonstrate the return on investment (ROI) of public health. Our provincial association, alPHa, will be exploring ways of studying and sharing ROI. Another way will be to continue to deliver on excellence in public health practice that meets local needs and ensure that this is widely communicated. At Public Health Sudbury & Districts we will be using social media to greater advantage to share our work, including promoting informative tools such as our video, [Public Health: an investment in our community's health is an investment in you.](#)

I wish everyone a safe and rejuvenating summer and I look forward to seeing you in September!

General Report

1. Board Reminders

Thursday, June 21, 2018, at *Rainbow Lodge*:

- ✓ Board of Health Educational Workshop from 10 a.m. until 12 p.m. followed by lunch
- ✓ Board of Health meeting at 1:30 p.m.

There are no regular Board of Health meetings during the summer. The date of the next regular Board of Health meeting, following the June 21, 2018, meeting, will be Thursday, September 20, 2018, at 1:30 p.m. in the Boardroom, at 1300 Paris Street.

2. Local and Provincial Meetings

Dr. Zbar and I attended the annual Canadian Public Health Association's Annual Conference, *Public Health 2018*, from May 28 to 31, in Montreal. The annual conference is a national forum where public health professionals, researchers, policy-makers, academics, students and trainees come together to strengthen efforts to improve health and well-being, to share the latest research and information, to promote best practices and to advocate for public health issues and policies grounded in research.

On June 1, 2018, I attended my first meeting on the "Conseil d'orientation du Centre de collaboration nationale sur les politiques publiques et la santé (CCNPPS)" in Montreal. The mandate of the Advisory Council is to guide and support the National Collaborating Centre for

Healthy Public Policy's management in its choices of strategic orientations and in the development of the centre's program of activities.

On June 5, 2018, we participated in a City of Greater Sudbury emergency management table-top exercise. The purpose of the exercise was to test emergency response plans in response to a scenario involving a tailings dam failure. Public Health Sudbury & Districts participated in the exercise as a member of the Community Control Group with a focus on public health protection.

I continue to hold regular teleconferences with Dr. Catton, Medical Officer of Health at the Porcupine Health Unit as her College of Physician and Surgeons of Ontario supervisor as she completes her College of Physicians and Surgeons of Ontario requirements for change in scope of practice.

Along with Board of Health member J. Crispo, and Associate Medical Officer of Health Dr. A. Zbar, I attended the aPHa Annual General Meeting and Conference on June 10 to 12. This event is a separate agenda item, permitting a timely verbal update to Board of Health members.

My term as Chair of the Council of Medical Officers of Health (COMOH) ended in June. I will continue for another year to participate on the COMOH Executive as Past Chair and on the aPHa Board.

I, along with Public Health Sudbury & Districts staff, will participate in the City of Greater Sudbury's World Café Population Health community meeting on June 20. The purpose of the meeting is to collectively identify action associated with each of the population health priorities for Greater Sudbury.

3. MOH/CEO Performance Map

Board of Health and Senior Management Executive Committee members completed an electronic survey for the 2018 MOH/CEO annual performance appraisal. Results were tabled at the May 17, 2018, Board Executive Committee meeting and subsequently discussed between the MOH/CEO and the Board Chair per Board policy and procedure.

4. Financial Report

The April year-to-date mandatory cost-shared financial statements report a positive variance of \$283,942 for the period ending April 30, 2018. Gapped salaries and benefits account for \$119,752 or 42%, with operating expenses and other revenue accounting for \$164,190 or 58% 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, approved and processed, and are reflected within the April 2018 financial reports in the amount of \$88,709, which consists of the following:

- Staffing – in year back-fill of vacancies (\$75,344)
- Programming and research – related to Ontario Public Health Standards (\$13,365)

5. Quarterly Compliance Report

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

The agency has paid all payable remittances for employee income tax deductions and Canada Pension Plan and Employment Insurance premiums, as required by law to May 18, 2018 on May 18, 2018. The Employer Health Tax has been paid as required by law, to April 30, 2018, with a cheque dated May 15, 2018. Workplace Safety and Insurance Board premiums have also been paid, as required by law, to April 30, 2018, with a cheque dated May 31, 2018. There are no outstanding issues regarding compliance with the Occupational Health & Safety Act, Ontario Human Rights Code, or Employment Standards Act.

6. Public Health Sudbury & Districts 2017 Annual Report

In accordance with the public reporting requirements in the *Ontario Public Health Standards (2018)*, the 2017 Annual Report for Public Health Sudbury & Districts is being published. The report highlights our agency's efforts toward developing a new Strategic Plan and a refreshed visual identity, and focuses attention on key initiatives such as Indigenous engagement, oral health screening, food safety, public health research, and harm reduction. Both electronic and paper copies of the report will be provided at the June 21, 2018, Board of Health meeting. In addition, the report will be available in both English and French, will be posted online and shared through our social media channels. The online version includes video messages from the Board of Health Chair and the Medical Officer of Health/CEO.

7. Public Health Champion

I have had discussions with the Senior Management Executive Committee about the evolution of the Public Health Champion Award for future years. Developmental work is underway and a proposal will be brought to the Board of Health for consideration in the fall.

The following are divisional program highlights, including the twice yearly Corporate Services update:

Corporate Services

1. Accounting

The Accounting team completed another successful financial year which concluded with the presentation of the Auditor's report and Audited Financial Statements to the Board of Health Finance Committee members. The 2017 Annual Reconciliation Report was completed and submitted to the Ministry without incident.

New to this timeframe is the Ministry's annual funding announcement. The early announcement represents a milestone which is truly appreciated by the organization as we operationalize the base funding increase and make the most of the one-time funding received.

Info:HR software was launched successfully to all staff in late December 2017. We continue to upgrade the system to realize the most effective use of the robust application. The goal is to streamline many of our current manual practices resulting in increased time management and timely alerts for mandatory training requirements.

With the launch of the new Strategic Plan, we also launch a new name and refreshed identity. The name has now been registered with the Province of Ontario and work is being completed to inform all businesses that work with us of the change (i.e. WSIB, RCA, RBC).

2. Facilities

Over this period, both the Manager of Facilities and the General Maintenance Technician left the organization. Temporary measures were put in place to support the facilities needs of the organization while we explored the service delivery model. A Request for Proposal was issued for Facility Management Services in March. A proponent has been selected and we are currently in the contract negotiation phase. Should we be able to secure a contract, the Facility Management firm would assume responsibility starting August 7, 2018.

All systems and equipment have been maintained as per CSA standards and legislative requirements. The Fire Safety Plan has been reviewed and Facilities Policies and Procedures have been reviewed and updated where needed.

Various painting projects were completed and improvements to electrical and heating controls were put in place.

3. Human Resources

Health and Safety: We continue to work diligently to maintain our compliance with the Occupational Health & Safety Act and our organizational health and safety policies and procedures. Regular and recurring activities include Joint Health and Safety Committee (JHSC) meetings, training and communication on the Internal Responsibility System, WHMIS, fire safety, first aid, emergency preparedness and workplace violence and harassment.

The Psychological Health and Wellness Committee (PHWC) is progressing through the activities as outlined in the recently developed logic model and five-year activity plan. The PHWC strategy is to support and address psychological health and safety and to protect and promote the mental health of our workers.

The PHWC partnered with the JHSC to celebrate North American Occupational Safety and Health Week and Mental Health Week May 7 to 13, and hosted a staff gathering. During this week the committees shared messages to increase awareness for employee health and safety (mental and physical).

Accessibility for Ontarians with Disabilities Act (AODA): Public Health Sudbury & Districts continues to meet the requirements of the AODA. The Accessibility Plan and agency policies are available to the public on our website. Over the past several months short articles have been posted for staff to raise awareness of human rights and AODA, and to work to reduce stigma surrounding persons who have disabilities. The internal site for AODA is under review and will be refreshed in the coming months. This site is meant to provide tools and resources to assist staff in achieving the agency's goal to go beyond AODA legislation and to continually look to improve the accessibility of our programs and services to the public as well as for our staff.

Privacy: Staff continue to receive privacy and access to information training during orientation. The Privacy Officer and the Manager of Information Technology have been working with program areas that have health information in their custody and control to further review auditing of health record databases. This work will ensure that health information is being protected from unauthorized use/access as required by the new Health Information Protection Act (HIPA) which became law in May 2016.

The agency has updated its policies to align with the new requirements under Personal Health Information Protection Act which includes mandatory breach reporting to the Information and Privacy Commissioner of Ontario commencing January 1, 2018.

Access to Information Requests: Formal information requests from the public in recent years are noted in the table below. These requests may be impacted as we increase the availability of information posted to our website.

Year	# of requests
2015	15
2016	9
2017	12
2018	2 to date

Labour Relations: Public Health Sudbury & Districts will be bargaining with its CUPE bargaining unit for a new collective agreement which expired March 31, 2018. Dates have been scheduled to commence in June.

4. Information Services

Records Management/SharePoint Project: Over this period, work continued with the Records and Information Management Officer contract position. A staff survey was conducted to assess staff's level of comfort with SharePoint features and a training plan was developed using the feedback received. The goal is to upskill our workforce in higher level functions thereby increasing self-sufficiency. All in-person training is recorded and made available to the staff members.

IT Infrastructure: The replacement Storage Area Network (SAN) has been physically installed for the 1300 Paris Street server room as the current SAN is end of life as of June 30, 2018. Dell will be assisting in configuration of the replication of data between the SAN located at 1300 Paris Street and the offsite DASH (Sudbury Hydro substation downtown) location allowing for more functionality between sites in emergency response situations.

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

IT Projects: IT supported a variety of software projects including:

- launching of the new inspections and enforcement site <https://checkbeforeyougo.phsd.ca>
- implementation of the new Public Health Sudbury & Districts identity including web domain and email addresses
- launching of the new Info:HR system to replace Ascentis

In addition, the video and audio system in the Emergency Management Room was replaced and Dell Unite was introduced which allows users to present their screens remotely and simultaneously.

Malwarebytes, our anti-malware and anti-ransomware software, was moved to the cloud to eliminate on-site hardware.

IT has been testing a network monitoring tool for the past 30 days and it is ready for purchase. This tool allows IT staff to see issues with servers, services and hardware before they happen and can send out alerts via SMS.

5. Volunteer Resources

Over the last six months, two new volunteer roles have been created in our Volunteer Resources program. These roles are the Ally and the Child-Minding volunteers. The Ally supports the Circles program and contributes to community poverty reduction efforts by assisting Leaders (program participants) in moving towards achieving financial sustainability. The Child-Minding volunteer role also supports the Circles program by supporting certified Early Childhood Educators in caring for the children of program participants (Leaders) and program volunteers (Allies).

With the creation of the new roles, the number of active volunteers has increased from 61 to 74 and from January to March 2018 volunteers contributed a total of 162 hours of service to the organization.

Additionally, to celebrate the work of our volunteers, all volunteers were presented with certificates of recognition. Four volunteers also joined staff at the annual staff day event and were recognized there.

6. Quality & Monitoring

Organizational Standards: In December 2017, compliance with the Public Health Organizational Standards was reviewed as part of the 2017 Performance Monitoring Annual Report. All of the standards met or exceeded expectations.

With the release of the 2018 Ontario Public Health Standards, the organizational standards have been replaced by organizational requirements as part of the Public Health Accountability Framework. Monitoring and reporting for these organizational requirements is intended to be incorporated into the 2018-2022 Accountability Monitoring Plan.

Continuous Quality Improvement: Provincially, Public Health Sudbury & Districts continues to participate in the locally driven collaborative project (LDGP) called Strengthening Continuous Quality Improvement (CQI) in Ontario's Public Health Units. Our organization serves as co-applicant on the project and the Quality & Monitoring Specialist is the co-chair of the Knowledge Exchange Working Group.

At the organizational level, a time-limited Continuous Quality Improvement Working Group was developed to assist the Quality and Monitoring Specialist with the development of an organizational quality improvement plan. The working group is currently assessing existing quality improvement initiatives and reviewing best practices to help inform the development of the plan.

Lean: The Annual Lean Report (2017-2018) was presented to Senior Management Executive Committee and Management Forum in May 2018.

Since April 2017, five lean reviews have been completed, four new lean projects have been identified, and six projects are ongoing. Lean reviews continue to be part of the organization's continuous quality improvement work and will be incorporated in the organizational continuous quality improvement plan.

Risk Management: The 2017 Risk Management Annual Report was shared with the Board of Health in May 2018. Agency-wide risks continue to be monitored on a quarterly basis and are presented to the Senior Management Executive Committee.

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

The next Risk Management Annual Report will be shared with the Board in May 2019. A comprehensive review of the identified risks will be also be conducted in 2019.

Clinical Services

1. Control of Infectious Diseases

Influenza: There was no influenza activity for the month of May.

Respiratory Outbreaks: Staff continue to attend quarterly meetings with long-term care facilities (LTC) and hospitals to provide support and consultation on infection prevention and control. There are currently two LTC facilities experiencing respiratory infection outbreaks.

Vaccine Preventable Disease: Staff have completed reviews of more than 26,000 immunization records of local school-aged children up to 18 years of age to ensure compliance with, as well as enforcement of, the *Immunization of School Pupils Act* (ISPA). This included all 102 schools in the area and is complete as of May 30, 2018. In addition to schools, the team is reviewing immunization records of daycare registrants from 70 daycares as per the *Childcare and Early Years Act*. This review is expected to be completed by July 2018.

Panorama: Starting July 1, 2018, healthcare providers in Ontario 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.

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

Staff provided teaching on healthy sexuality and safe practices to community agencies during the month of May.

Needle Exchange Program (NEP): During the month of April, there were 1,667 visits to access harm reduction supplies from NEP sites including outreach services.

On May 28, the Rainbow Centre site started distributing Naloxone as part of the overdose prevention program.

Environmental Health

1. Disclosure

In response to Board of Health Motions 36-15 and 02-17, the expanded proactive *Check Before You Go!* disclosure website was officially launched on May 14, 2018, and promoted to the public via traditional and social media. Staff have now begun work towards meeting new disclosure requirements outlined within the 2018 *Ontario Public Health Standards*.

2. Control of Infectious Diseases

During the month of May, nine sporadic enteric cases and one infection control complaint were investigated. Three enteric outbreaks were declared in institutions. The causative organisms for these outbreaks were not identified.

3. Food Safety

Staff investigated a suspected foodborne illness outbreak linked with a local food premises. The food premises was ordered closed pending Public Health Sudbury & Districts' investigation and has since been allowed to reopen. The investigation involved on-site inspections, submission of food and biological samples, and the interview of approximately 130 attendees across three public health unit jurisdictions with support from Algoma Public Health, Thunder Bay District Health Unit, and Public Health Ontario. The causative organism for the outbreak was confirmed to be norovirus.

Public health inspectors issued two closure orders to two additional food premises during the month of May due to unrelated events.

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

Through Food Handler Training and Certification Program sessions offered in May, 97 individuals were certified as food handlers.

4. Health Hazard

In May, 22 health hazard complaints were received and investigated. Two of these complaints involved marginalized populations. One order was issued to a landlord as a result of water being disconnected to a residential building.

5. Part VIII Ontario Building Code

During the month of May, 40 sewage system permits, 28 renovation applications, and one consent application were received.

6. Rabies Prevention and Control

Forty-eight rabies-related investigations were carried out in the month of May. Four specimens were submitted to the Canadian Food Inspection Agency Rabies Laboratory for analysis, and were subsequently reported as negative.

7. Safe Water

During May, 41 residents were contacted regarding adverse private drinking water samples. Public health inspectors investigated seven regulated adverse water sample results, as well as drinking water lead exceedances at one local school.

Two boil water orders, and one drinking water order were issued. Furthermore one boil water order, and one drinking water order were rescinded. One small drinking water system was ordered closed due to the presence of E. coli in the water supply.

8. Tobacco Enforcement

In May, tobacco enforcement officers charged one individual for smoking in an enclosed workplace vehicle and one retail employee for selling tobacco to a person who is less than 19 years of age.

Health Promotion

1. Early Detection of Cancer

For the 8th consecutive year, Public Health Sudbury & Districts partnered with local dermatologist, Dr. Lyne Giroux and her staff to host a free skin cancer screening clinic. Ninety-five (95) participants were screened.

2. Family Health

The Brain Architecture game was presented to child care and social service providers in the City of Greater Sudbury to increase awareness and understanding of early brain development. The activity helps professionals understand the effects of positive, tolerable and toxic life experiences, as well as the profound impact that community supports play in building a brain.

The Brain Architect game creates a foundation that will be built upon, as the City of Greater Sudbury has partnered with our agency to present the Early Developmental Instrument (EDI) to child care and social service staff. Presentations have been offered throughout the month of May to discuss the purpose of the instrument, local neighbourhood stats, and reflections on how to adapt programming to meet community needs.

Public health nurses (PHNs) from the Family Health team presented information about Post-Partum Mood Disorder and the importance of attachment and bonding to Teen Moms at Better Beginnings Better Futures.

A Triple P (Positive Parenting Program) Group teen series was led by two PHNs with seven clients in attendance. In Espanola, Triple P Group (0-12) was co-facilitated delivery with a partner from Our Children Our Future Partner.

Three breastfeeding support groups were held.

3. Indigenous Engagement

On May 29, management from Public Health Sudbury & Districts spoke to the early learnings and next steps for the Indigenous Engagement Strategy at the Spring Sudbury & Manitoulin Districts Indigenous Diabetes Prevention Program Advisory Committee meeting.

The external Indigenous Engagement Strategy Advisory Committee held their third meeting on Friday, June 8 to review the progress to date on the development of the Indigenous Engagement Strategy for Public Health Sudbury & Districts. Meeting discussions touched on:

- additional information to augment the Territorial Acknowledgment Protocol
- a graphic depicting steps in the strategy’s development, as well as an information brochure about public health
- an update concerning the three Public Health Planning Roundtables held in Timmins (March 26), on Manitoulin Island with Mnaamodzawin Health Services and member First Nations and Noojmowin Teg Health Centre (May 14 - morning), and with M’Chigeeng Health Services and Wiikwemkoong Health Centre (May 14- afternoon). These Roundtable workshops are intended to gather additional community input to inform the strategy
- “early learnings” emerging from the abovementioned roundtables and other information gathering activities to date

A name in both English and Anishnaabemowin was also proposed and a suggestion was put forward to seek an Indigenous artist’s depiction of the pathways and other strategy graphics.

In terms of next steps, the fourth and final Public Health Planning Roundtable will be held on Friday, June 15 at the Shkagamik-kwe Health Centre. This will complete the community engagement steps in developing the Indigenous Engagement Strategy. Drafting the written strategy can then begin.

The Board will engage in an education and training opportunity on the development of the Indigenous Engagement Strategy for Public Health Sudbury & Districts and to seek the Board’s reflection on key steps in the plan’s development.

4. Injury Prevention

Road Safety: On May 23, 2018, a PHN hosted a car seat inspection clinic and 23 child restraint systems were inspected and installed. During the inspection clinic, PHNs provide parents/legal guardians with information related to car seat safety and other programs and services offered by our agency.

Public Health Sudbury & Districts, in partnership with the Sudbury Road Safety Committee, applied for the Road Safety Challenge 2018 grant through the Ministry of Transportation and was successful in receiving \$750. The purpose of this challenge is to raise awareness of road safety issues at the local level through activities that address local and provincial concerns. Communities are challenged to help reduce collision-related deaths and injuries. This challenge also provides an opportunity for public agencies to form partnerships and alliances with community groups to raise awareness of road safety issues.

A PHN from the Manitoulin district office hosted presentations for Grade 7 and 8 students in five Manitoulin Island schools on road safety.

Fall Prevention Stay On Your Feet (SOYF): The PHNs on the Falls Prevention team, in partnership with the SOYF Sudbury Manitoulin Falls Prevention Coalition continue to work on raising awareness of the importance of physical activity among the older adult population in order to prevent falls. The physical activity testimonial videos were released every two weeks on social media. During the month of May, two videos were released and viewed more than 15 thousand times, received more than 35 positive reactions and were shared by 14 others.

5. Mental Health and Addictions

Naloxone: We have signed 11 memorandums of understanding with partner agencies. We have trained 10 of those agencies to distribute naloxone kits. In our own agency over 20 PHNs, on the Sexual Health team and School Health team, have been trained to do the same. We have also trained the office assistants in several offices (the districts included) on the administration of naloxone, in case of an on site client emergency as a result of an overdose due to opioids. The program has undergone a number of changes, most notably, the Ministry has indicated that Public Health Sudbury & Districts is now able to train urgent care centres, hospitals with emergency departments and the St. John's Ambulance, if requested.

Mental Health Promotion (MHP): In April, we held a full day Mental Health Promotion Strategy Workshop, inviting Pascale Mantoura, Research Officer from the National Collaborating Centre for Healthy Public Policy. This day brought together members of our teams across the agency to discuss how mental health promotion should roll out at Public Health Sudbury & Districts. As data collection from each team is completed, we were also able to share what team members across the agency have said about their work in MHP. We have written a review of what we have done so far, and have presented it to the Systems Priority Action Table on Mental Health and Addictions at the end of May.

The team is also working in the area of youth life promotion and suicide risk prevention. We have attended a number of local meetings to plan a summit to be held in the fall. We have introduced the "Suicide Safe Communities" as a potential framework for summit, which provides 10 pillars to organize your community to become "suicide safer." These pillars include Mental Health and Wellness Promotion, Suicide Bereavement and Training. The team was highly receptive of this framework and it will be used to organize the summit in September.

6. Prevention of Substance Misuse

Alcohol Use/Misuse Prevention: On May 4, 2018, a PHN participated at the Safe Grad event focusing on impaired driving, in partnership with Action Sudbury. This event took place at the Lockerby Legion Hall and approximately 100 grade 12 students from all four school boards were present. The PHN presented on the harms associated with alcohol use/misuse including the effects on the brain, violence, injuries, impaired judgement and the link between alcohol and cancer. The "Youth and Alcohol" handout from CAMH was also presented and distributed to

students as a resource. Messages around resiliency were provided, encouraging students to have goals, follow their passion, know their supports and use their strengths as they transition to post-secondary.

7. Physical Activity, Sedentary Behaviour and Sleep

The French River Public Library received funds through a grant from the Ontario Sport and Recreation Communities Fund (OSRCF). Public Health Sudbury & Districts will be supporting physical literacy promotion and skill building with volunteers, as well as the promotion of Exercise is Medicine.

A new Healthy Sleep Working Group has been created under the Ontario Society of Physical Activity Promoters in Public Health (OSPAPPH). Other public health units involved include Timiskaming Health Unit, Lambton Public Health, Porcupine Health Unit, Thunder Bay District Health Unit, and the Region of York Public Health. A Public Health Nurse at Public Health Sudbury & Districts is the Chair for this new sleep working group. The group has had four meetings to finalize the terms of reference and discuss current directions/purpose of the group. The workgroup supports the implementation of healthy sleep behaviours in all communities across the province.

8. School Health

A School Health team Public Health Dietitian collaborated with a Public Health Inspector to facilitate a six-week food literacy and food handler training workshop at an alternate school. Students participated in this hands-on workshop and developed new food and nutrition knowledge, healthy eating practices, food preparation skills and confidence, and understanding of food safety. At the end of the sessions, the group prepared and shared a healthy meal together. Students found the workshop helpful for learning from each other about their stories around food, discovering their meaning of eating well, and sharing community-based resources for health eating promotion.

PHNs from the School Health team have been actively facilitating multiple professional development and community engagement sessions to administrative staff, teaching staff, parents and caregivers from local French and English schools boards on “Growth Mindset” – a key to improving students’ well-being and success. All the adult influencers participated in interactive activities and discussions about accessing their own mindset and explored ways for building resiliency in children and youth so that they have the resources to thrive. They also explored the positive impacts that neuroplasticity, brain development, mental health promotion and resiliency have on achieving optimal health. These sessions supported and empowered adult influencers with the health promoting knowledge and skills needed to create healthy school environments that promote child and youth healthy development.

9. Tobacco Control

North East Tobacco Control Area Network (NE TCAN): From May 4-6, 2018, the NE TCAN hosted a young person summit titled “North East Indigenous Summit” with Indigenous young people and adult allies from across the five northeast public health unit regions and communities. The weekend was facilitated by Perry McLeod-Shabogesic from the Shkagamik-Kwe Health Centre, Laurie McLeod and the Youth Development Specialist with the NE TCAN. The weekend focused on further strengthening the teachings on sacred tobacco and its importance in the Indigenous culture and the uses of other traditional medicines. The aim was to provide knowledge and understanding for young people to be advocates within their local communities to address the industrialization and commercialization of tobacco. The group took their early plans which they developed at the last summit and created their brand – campaign name and logo, as well as identified their next steps from which they will seek guidance from their peers and community; swag items, campaign materials, and opportunities to engage their communities.

On May 15, 2018, PHNs from the Tobacco team hosted a STOP on the Road (SOR) quit smoking workshop in partnership with Canadian Addiction Mental Health (CAMH). Eleven participants received a one-hour workshop and five weeks of nicotine patches at no cost. Participants were also provided with a \$20 voucher to put towards the purchase of nicotine replacement therapy (NRT). CAMH will continue to partner with Public Health Sudbury & Districts to provide workshops in the community with a NRT mailed in model until December 2018. All SOR participants were also offered one-on-one support in the quit smoking clinic (QSC) before and after the SOR workshop. Individuals that do not qualify or cannot attend the workshop are offered one-on-one support in the QSC. For the month of April 2018, there were three clinic visits, five drop-in visits and five vouchers were distributed. A total of 71 telephone calls were received on the Tobacco Information Line.

Knowledge and Strategic Services

1. Health Equity

Public Health Sudbury & Districts is the third-party evaluator for the City of Greater Sudbury’s Local Poverty Reduction Fund project, which is aimed at increasing educational outcomes among elementary school students living in low income households through participation in free afterschool recreational programs. The programs commenced in eight schools throughout Greater Sudbury in May and the corresponding evaluation has been initiated by staff from the Health Equity and Population Health Assessment and Surveillance teams.

Public Health Sudbury & Districts is also leading a Local Poverty Reduction Fund grant in partnership with ten other community agencies to introduce three linked programs into the community: Bridges Out of Poverty, Leader Training and Circles. Circles brings together individuals working on their plans to exit poverty (Circles Leaders) with community volunteers

(Circles Allies) committed to supporting them on their journey. The Circles program has recently been profiled on CBC radio. Two Circles Allies talked about their reason for volunteering in the program and shared their experience to date. On June 28, during the final Circles programming session before the summer break, an Indigenous cultural celebration will be held to recognize National Indigenous Day in partnership with the N'Swakamok Native Friendship Centre.

2. Population Health Assessment and Surveillance (PHAS)

Five new Population Health Assessment and Surveillance team Internal Reports (PHAS-IR) were produced using 2016 and 2017 data from the Rapid Risk Factor Surveillance System (RRFSS). The reports include Artificial Tanning (two indicators); Awareness of Health Related Illness (three indicators); Awareness of the Low Risk Alcohol Drinking Guidelines [LRADG] (five indicators); Alcohol and Chronic Disease (five indicators); and Social Determinants of Health (10 indicators). Where practicable, breakdowns by age, sex, education, and income groups are presented.

3. Staff Development

On June 7, Dr. Lorrilee McGregor, Chairperson of the Manitoulin Anishinabek Research Review Committee (MARRC) presented to staff, community partners, and public health partners from the northeast via teleconference on the concepts related to performing ethical research alongside Indigenous communities and shared a description of the Guidelines for Ethical Aboriginal Research (GEAR) resources.

A staff member from Knowledge and Strategic Services attended the Counter Sexual Exploitation & Indigenous Healing Conference hosted by the Greater Sudbury Police Services. The conference opened with a prayer from the "This Is My Tobacco" storybook, developed by Public Health Sudbury & Districts in partnership with the Shkagamik-Kwe Health Centre. In a keynote address, Dr. Teresa Marsh spoke about healing approaches to historical trauma and Elder Julie Ozawagosh discussed traditional teachings.

4. Student Placement Program

On Thursday, May 25, Public Health Sudbury & Districts' preceptors were celebrated for their contributions to the Student Placement Program. The program offers placement opportunities for students in many different disciplines such as nursing, medicine, Masters in Public Health and social work. In 2017, our agency hosted 97 students from 10 post-secondary institutions representing 14 disciplines. To support this learning, Public Health Sudbury & Districts had 76 staff and 10 teams participate in the 2017 Student Placement Program.

5. Presentations

Staff from Public Health Sudbury & Districts have had numerous opportunities to co-present (alongside others from the project team) findings from the First Nations Engagement Locally Driven Collaborative Project entitled “Talking together to improve health”. This included a presentation to the North East Local Health Integration Network (NE LHIN) Local Aboriginal Health Committee on May 8, a one-hour interactive workshop at the Indigenous Health Conference in Toronto on May 25, and an in-person and webcast presentation as part of the Northern Ontario School of Medicine Human Sciences Division seminar series on May 31. All presentations and workshops were well received by participants, and generated good discussions on practices and principles of mutually beneficial engagement with First Nations communities.

6. Strategic Engagement Unit and Communications

As part of the agency’s Staff Day activities on May 16, staff members took part in a facilitated session to explore potential applications of social media within a public health context. The focus of the session was to further engage staff and inform the agency’s social media strategy and help align it with our values and priorities, the visual identity and brand. The session was facilitated by a colleague from Ottawa Public Health (OPH), Jason Haug, who also shared OPH’s experiences and insights about the use of social media in public health.

Respectfully submitted,

Original signed by

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

Public Health Sudbury & Districts
STATEMENT OF REVENUE & EXPENDITURES
For The 4 Periods Ending April 30, 2018

Cost Shared Programs

	Annual Budget	Budget YTD	Current Expenditures YTD	Variance YTD (over)/under	Balance Available
Revenue:					
MOHLTC - General Program	15,127,700	4,895,667	4,895,667	(0)	10,232,033
MOHLTC - Unorganized Territory	819,400	273,133	273,133	0	546,267
MOHLTC - VBD Education & Surveillance	65,000	21,667	21,667	(0)	43,333
MOHLTC - SDWS	106,000	35,333	35,333	0	70,667
Municipal Levies	7,064,806	2,354,933	2,354,933	0	4,709,873
Municipal Levies - Small Drinking Water Syst	47,222	15,741	15,741	(0)	31,481
Municipal Levies - VBD Education & Surveill	21,646	7,215	7,215	0	14,431
Interest Earned	85,000	49,682	49,682	0	35,318
Total Revenues:	\$23,336,774	\$7,653,372	\$7,653,371	\$1	\$15,683,403
Expenditures:					
Corporate Services:					
Corporate Services	4,719,817	1,395,128	1,340,293	54,835	3,379,524
Print Shop	120,816	40,272	29,084	11,188	91,732
Espanola	119,921	38,267	31,802	6,465	88,119
Manitoulin	128,909	41,048	39,332	1,716	89,577
Chapleau	101,289	31,973	30,153	1,820	71,136
Sudbury East	16,508	5,503	5,623	(120)	10,885
Intake	323,006	96,179	96,178	0	226,828
Volunteer Services	5,711	1,904	481	1,423	5,230
Total Corporate Services:	\$5,535,976	\$1,650,273	\$1,572,944	\$77,328	\$3,963,031
Clinical Services:					
General	966,585	298,233	280,720	17,513	685,865
Clinical Services	1,311,512	402,878	399,978	2,900	911,534
Branches	221,693	70,296	67,966	2,330	153,727
Family	618,225	151,064	147,001	4,063	471,224
Risk Reduction	98,842	2,418	(12,590)	15,008	111,432
Clinical Preventative Services - Outreach	144,218	45,810	42,126	3,684	102,092
Sexual Health	949,172	272,006	265,400	6,606	683,772
Influenza	0	0	(5)	5	5
Meningitis	0	0	1	(1)	(1)
HPV	0	0	1	(1)	(1)
Dental - Clinic	520,983	159,621	152,506	7,115	368,477
Total Clinical Services:	\$4,831,230	\$1,402,327	\$1,343,104	\$59,223	\$3,488,126
Environmental Health:					
General	842,753	234,121	221,876	12,245	620,877
Environmental	2,431,807	786,751	771,497	15,255	1,660,310
Vector Borne Disease (VBD)	86,667	9,250	8,091	1,159	78,576
Small Drinking Water System	153,222	45,190	44,611	579	108,611
Total Environmental Health:	\$3,514,448	\$1,075,312	\$1,046,074	\$29,238	\$2,468,374
Health Promotion:					
General	1,259,305	386,847	376,112	10,735	883,194
School	1,362,553	392,198	385,904	6,294	976,649
Healthy Communities & Workplaces	145,513	44,452	44,900	(448)	100,613
Branches - Espanola / Manitoulin	334,250	109,832	108,938	895	225,312
Nutrition & Physical Activity	998,641	285,769	265,379	20,390	733,263
Branches - Chapleau / Sudbury East	386,609	117,935	114,815	3,121	271,795
Injury Prevention	356,869	89,318	66,986	22,332	289,883
Tobacco By-Law	272,400	91,028	86,841	4,187	185,559
Healthy Growth and Development	1,130,879	306,934	292,859	14,075	838,020
Substance Misuse Prevention	113,172	40,329	40,426	(97)	72,746
Mental Health and Addictions	320,667	94,757	89,457	5,300	231,210
Alcohol Misuse	203,980	36,422	30,713	5,709	173,267
Total Health Promotion:	\$6,884,840	\$1,995,821	\$1,903,329	\$92,493	\$4,981,511
Knowledge and Strategic Services:					
General	1,710,893	578,059	570,455	7,604	1,140,438
Workplace Capacity Development	23,507	1,770	2,552	(782)	20,955
Health Equity Office	173,800	46,197	37,361	8,836	136,439
Strategic Engagement	662,080	194,903	184,900	10,003	477,180
Total Knowledge and Strategic Services:	\$2,570,280	\$820,929	\$795,268	\$25,661	\$1,775,012
Total Expenditures:	\$23,336,774	\$6,944,662	\$6,660,719	\$283,943	\$16,676,054
Net Surplus/(Deficit)	\$0	\$708,709	\$992,652	\$283,942	

Public Health Sudbury & Districts

Cost Shared Programs

STATEMENT OF REVENUE & EXPENDITURES

Summary By Expenditure Category

For The 4 Periods Ending April 30, 2018

	BOH Annual Budget	Budget YTD	Current Expenditures YTD	Variance YTD (over) /under	Budget Available
Revenues & Expenditure Recoveries:					
Funding	23,546,572	7,811,470	7,824,620	(13,149)	15,721,952
Other Revenue/Transfers	841,659	235,544	264,015	(28,471)	577,644
Total Revenues & Expenditure Recoveries:	24,388,231	8,047,014	8,088,634	(41,620)	16,299,596
Expenditures:					
Salaries	15,756,436	4,624,931	4,530,116	94,815	11,226,320
Benefits	4,480,745	1,392,139	1,367,202	24,937	3,113,543
Travel	258,194	51,087	37,302	13,786	220,892
Program Expenses	918,413	333,936	285,626	48,310	632,787
Office Supplies	508,941	22,772	10,085	12,687	498,856
Postage & Courier Services	70,536	23,512	20,460	3,052	50,076
Photocopy Expenses	32,207	10,735	8,906	1,830	23,301
Telephone Expenses	62,306	20,635	18,376	2,259	43,930
Building Maintenance	370,710	128,313	124,373	3,940	246,337
Utilities	208,937	64,646	64,379	266	144,558
Rent	263,153	84,718	83,651	1,067	179,502
Insurance	103,774	92,793	92,793	0	10,981
Employee Assistance Program (EAP)	34,969	16,870	15,259	1,611	19,710
Memberships	32,289	21,540	18,563	2,977	13,726
Staff Development	234,990	82,484	82,730	(246)	152,260
Books & Subscriptions	11,315	3,810	1,325	2,485	9,990
Media & Advertising	108,701	25,453	13,389	12,064	95,312
Professional Fees	156,476	53,690	50,149	3,541	106,327
Translation	46,500	15,070	10,503	4,567	35,997
Furniture & Equipment	19,592	10,338	8,950	1,388	10,642
Information Technology	709,047	258,834	251,848	6,987	457,199
Total Expenditures	24,388,230	7,338,305	7,095,983	242,322	17,292,247
Net Surplus (Deficit)	0	708,709	992,652	283,942	

Sudbury & District Health Unit
SUMMARY OF REVENUE & EXPENDITURES
For the Period Ended April 30, 2018

100% Funded Programs

Program	FTE	Annual Budget	Current YTD	Balance Available	% YTD	Program Year End	Expected % YTD
INFOWAY - Immunization Ontario	702	-	25,840	(25,840)	#DIV/0!	Dec/19	8.3%
MOHLTC Local Model for Indigenous Engagement	703	103,302	9,639	93,663	9.3%	Mar 31/19	8.3%
Pre/Postnatal Nurse Practitioner	704	139,000	29,337	109,663	21.1%	Dec 31	33.3%
OTF - Getting Ahead and Circles	706	216,800	62,557	154,243	28.9%	Mar 31/2020	36.7%
CGS - Local Poverty Reduction Evaluation	707	44,897	14,171	30,726	31.6%	Nov 30/2019	50.0%
SFO - Electronic Cigarette Act - New Nov./15 - Base Fndg	722	36,700	5,755	30,945	15.7%	Dec 31	33.3%
SFO -TCAN - Prevention	724	97,200	975	96,225	1.0%	Dec 31	33.3%
SFO - Tobacco Control Area Network - TCAN	725	285,800	76,366	209,434	26.7%	Dec 31	33.3%
SFO - Local Capacity Building: Prevention & Protection	726	259,800	46,184	213,616	17.8%	Dec 31	33.3%
SFO - Tobacco Control Coordination	730	100,000	31,605	68,395	31.6%	Dec 31	33.3%
SFO - Youth Engagement	732	80,000	25,023	54,977	31.3%	Dec 31	33.3%
Infectious Disease Control	735	479,100	147,670	331,430	30.8%	Dec 31	33.3%
LHIN - Falls Prevention Project & LHIN Screen	736	100,000	3,849	96,151	3.8%	Mar 31/19	8.3%
MOHLTC - Special Nursing Initiative	738	180,500	59,648	120,852	33.0%	Dec 31	33.3%
MOHLTC - Northern Fruit and Vegetable Funding	743	156,600	68,841	87,759	44.0%	Dec 31	33.3%
Beyond BMI - LDCP	747	150,000	132,922	17,078	88.6%	"May/16 to May/18	95.8%
Food Safety - Haines Funding	750	36,500	-	36,500	0.0%	Dec 31	33.3%
Triple P Co-Ordination	766	10,228	10,228	-	100.0%	Dec 31	33.3%
MOHTLC - Harm Reduction Program	771	150,000	48,960	101,040	32.6%	Dec 31	33.3%
CGS - Healthy Kids Bright Bites Project	772	3,624	3,147	477	86.8%	Dec 31	33.3%
Healthy Babies Healthy Children	778	1,476,897	419,481	1,057,416	28.4%	Dec 31	33.3%
Healthy Smiles Ontario (HSO)	787	612,200	155,394	456,806	25.4%	Dec 31	33.3%
Anonymous Testing	788	60,293	4,982	55,311	8.3%	Mar 31/19	8.3%
PHO/LDCP First Nations Engagement	790	108,713	34,760	73,953	32.0%	May/17 to May/19	45.8%
MHPS- Diabetes Prevention Program	792	175,000	11,997	163,003	6.9%	Dec 31	33.3%
Total		5,063,154	1,403,491	3,659,663			

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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Public Health

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E-mail: info@alphaweb.org

May 14, 2018

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

Dear Minister Jaczek,

Re: Provincial Public Health Funding Approvals

On behalf of the Association of Local Public Health Agencies (alPHa) and its member Medical Officers of Health, Boards of Health and Affiliate organizations, I am writing today to express our gratitude for this year's timely budget approvals, which followed your most welcome earlier announcement of the first funding increases for public health in three years.

As you are surely aware, our members have experienced considerable challenges in planning their budgets on an annual basis because the final approval letters for the Ministry's portion were issued far too late in the process.

Confirmation of the approved Ministry share has historically been received by boards of health eight to ten months into a budget year. Given that this share constitutes the vast majority of the annual funding for local public health, this created significant uncertainty that made effective planning and implementation of public health programs and services very difficult.

Establishing a revised budget process was in fact one of the Capacity Review Committee's key recommendations in 2006, which emphasized the importance of a predictable financial environment within which boards of health and municipalities could operate.

We see this as a very welcome step towards this reality, and we hope that this will not be an anomaly going forward. We understand the Ministry's own challenges in this regard and look forward to working with you on an approach to budget planning that will provide adequate, stable and predictable funding for our mandated public health programs and services.

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
Brent Feeney, Manager, Funding and Oversight Unit, Health and Long-Term Care

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Public Health Dentistry

Ontario Association of
Public Health Nursing
Leaders

Ontario Dietitians in
Public Health

June 5, 2018

Hon. Ginette Petitpas-Taylor
Minister of Health
House of Commons
Ottawa, Ontario K1A 0A6

Dear Minister,

Re. Canada's Tobacco Strategy

On behalf of the Association of Local Public Health Agencies (alPHa) and its member Medical Officers of Health, Boards of Health and Affiliate organizations, I am writing in response to the recent release of Canada's Tobacco Strategy.

As the front-line of health protection and promotion, disease prevention and public health surveillance, our members are, of course, in full support of any public policy that is aimed at decreasing the availability and use of tobacco industry products. We are grateful that you have formalized this strategy as a framework for further action to reduce tobacco's considerable harms to public health.

We agree that the Strategy's areas of focus (cessation, prevention of initiation, a focus on populations with higher prevalence of use and support for further research) are critical components of a comprehensive approach to reducing the still-substantial burden of preventable death and disease caused by tobacco.

We do note, however, that most of the specific interventions itemized in the strategy are aimed at reducing demand and would argue that without a stronger focus on the supply side, it will be more difficult to achieve the already ambitious goal of reaching less than 5% tobacco use by 2035.

The attached alPHa resolution (A17-5 - Committing to a Tobacco Endgame in Canada) supports this goal and recommends the adoption of recommendations that were made in a report that was the outcome of a 2016 summit on A Tobacco Endgame for Canada in 2016 (also attached) to achieve it. Many of these recommendations are focused on the tobacco industry itself and its substantial influence on its target market. To name only a few, these include implementing licensing fees, closing all loopholes that allow tobacco marketing and promotion of any kind, elimination of marketing and sales incentives, and banning enticing flavours in all tobacco products. The report also recommends substantial increases to tobacco taxes and imposing 18A ratings on most films with prominent smoking imagery (alPHa Resolution A11-11 – Smoke-Free Movies also attached).

We hope that all of these recommendations are carefully considered and implemented as Canada's Tobacco Strategy evolves and will, of course, support these through our health protection and promotion roles as they relate to reducing tobacco use and exposure.

In the meantime, we congratulate you on the release of this Strategy as a first step towards the modernization of the federal approach to tobacco control and an important foundation for improving the overall health of Canadians.

Yours sincerely,

A handwritten signature in blue ink, reading "Carmen McGregor".

Carmen McGregor
alPHa President

COPY: Dr. David Williams, Chief Medical Officer of Health (Ontario)

ENCL.

The Association of Local Public Health Agencies (alPHa) is a not-for-profit organization that provides leadership to the boards of health and public health units in Ontario. alPHa advises and lends expertise to members on the governance, administration and management of health units. The Association also collaborates with governments and other health organizations, advocating for a strong, effective and efficient public health system in the province. Through policy analysis, discussion, collaboration, and advocacy, alPHa's members and staff act to promote public health policies that form a strong foundation for the improvement of health promotion and protection, disease prevention and surveillance services in all of Ontario's communities.

NEWS FROM PUBLIC HEALTH AGENCY OF CANADA

Transmitted by Cision on May 31, 2018 16:47

Sport, Physical Activity and Recreation Ministers Release - Pan-Canadian Policy to Increase Physical Activity and Reduce Sedentary Living

OTTAWA, May 31, 2018 /CNW/ - Today, federal, provincial and territorial (FPT) ministers responsible for sport, physical activity and recreation released [*A Common Vision for Increasing Physical Activity and Reducing Sedentary Living in Canada: Let's Get Moving*](#). The principal purpose of the *Common Vision** is to guide and stimulate coordinated and collaborative policies and actions to increase physical activity and to reduce sedentary behaviours among all Canadians across their lifetime.

A lack of physical activity is a critical public health issue affecting Canadians of all ages. The *Common Vision* will help to address this by building on current policies, frameworks and strategies already in place relating to sport, recreation and healthy living, while advancing new and emerging approaches in policies and programming.

Ministers also recognized the collaborative efforts between governments, non-governmental organizations (NGOs), academia and others in developing the *Common Vision*. This work included the engagement of policy and program leaders working in multiple sectors, including sport, recreation, health, education and related policy areas. Policy and program leaders, parents, NGOs, Indigenous peoples and other Canadians were consulted to ensure a range of perspectives was included in the development the *Common Vision*.

The *Common Vision* responds to the call by the World Health Organization (WHO) for Member States to develop national policies in keeping with the WHO Global Action Plan for Physical Activity released at the 71st World Health Assembly, held May 23, 2018, in Geneva, Switzerland.

Government officials will work with NGOs, academia, FPT health officials, Indigenous organizations and others to establish a committee to oversee, monitor and report on the implementation of the *Common Vision*.

The next meeting of FPT ministers is scheduled to take place in Red Deer, Alberta, on February 14, 2019, on the occasion of the 2019 Canada Winter Games.

*Although Quebec is not opposed to the principles underlying the *Common Vision*, it has its own programs, action plans, objectives and targets for the promotion of physical activity and healthy lifestyles. The Government of Quebec does not participate in federal, provincial and territorial initiatives in this area, but agrees to exchange information and best practices with other governments.

*Ontario is not a party to this communiqué as it is in an election period.

SOURCE Public Health Agency of Canada



For further information: Marion Nader, Office of the Minister, Alberta Culture and Tourism, 780-289-5944; Jill Sveinson, Government of Saskatchewan, Ministry of Parks, Culture and Sport, 306-787-5781; Media Relations, Public Health Agency of Canada, 613-957-2983; Media Relations, Canadian Heritage, 819-994-9101, 1-866-569-6155

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Government of Canada marks World No Tobacco Day with launch of Canada's Tobacco Strategy

From: [Health Canada](#)

News release

New approach, including legislation and increased funding, will lead to fewer deaths from tobacco use

May 31, 2018 - Montréal, QC - Health Canada

Every day, Canadians are getting sick or dying because of tobacco use and exposure to second hand smoke. Tobacco use still kills 45,000 Canadians each year. That's one person every twelve minutes. More than 4 million people still use tobacco in Canada – about 15% of the population.

Today, the Honourable Ginette Petitpas Taylor, Minister of Health, marked World No Tobacco Day by launching [Canada's Tobacco Strategy](#).

The goal of the new strategy is to drive down the smoking rate in Canada to less than 5% by 2035. The strategy is the result of extensive consultation and engagement with Canadians across the country over the past year.

Canada's Tobacco Strategy will take focused action to help Canadians quit smoking, including groups of Canadians with the highest rates of tobacco use. It will also take a pragmatic and compassionate approach to supporting Canadians who already use tobacco, to reduce the negative consequences of nicotine addiction. It will focus on:

- helping Canadians quit tobacco,
- protecting young people and non-tobacco users,
- strengthening our foundations in science and surveillance to support evidence-based decision-making, and
- collaborating with our many partners.

The Strategy is supported by measures introduced through the new *Tobacco and Vaping Products Act*, which recently received Royal Assent, and through the increased funding for federal action on tobacco that was announced in Budget 2018 – the first significant increase in funding to address tobacco use in nearly two decades.

All Canadians will benefit from Canada's Tobacco Strategy. We will see fewer Canadians starting to smoke, more Canadians quitting, and a new generation of healthier Canadians with a greater awareness of how important it is to never pick up that first cigarette.

Quotes

"Our government takes the health of Canadians seriously. That's why we have significantly increased funding for Canada's Tobacco Strategy, which will allow us to remain a world leader in reducing overall smoking rates. Through this Strategy and the new *Tobacco and Vaping Products Act*, we can help people who use tobacco to stop and we can discourage others from starting. We are committed to the next phase of our work, which aims to drive down tobacco use by Canadians to less than 5% by 2035."

The Honourable Ginette Petitpas Taylor
Minister of Health

Quick Facts

- The vast majority of smokers begin smoking by adolescence or young adulthood. In Canada, 82% of current adult daily smokers had smoked their first cigarette by the age of 18.
- In 2015 alone, 115,000 Canadians began smoking cigarettes daily.
- Budget 2018 announced \$80.5 million in new funding over five years for Canada's Tobacco Strategy. Building on existing funding, that's approximately \$330 million in tobacco control efforts and the regulation of vaping products over the next five years.
- The Government's new *Tobacco and Vaping Products Act* received Royal Assent on May 23, 2018.

Associated Links

[News Release: New Tobacco and Vaping Products Legislation Receives Royal Assent](#)
[Canada's Tobacco Strategy](#)

[World No Tobacco Day](#)

[Share how tobacco products have affected your health](#)

Contacts

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[Canada's Tobacco Strategy](#)

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[Share how tobacco products have affected your health](#)

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Huron, Perth Health Units to Proceed with Amalgamation

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Perth District Health Unit

News Release

653 West Gore St., Stratford, ON N5A 1L4 • 519-271-7600 • Fax: 519-271-2195 • www.pdhu.on.ca

Huron, Perth Health Units to Proceed with Amalgamation

Thursday, May 10th, 2018

Perth and Huron Counties – The Perth District Health Unit and the Huron County Health Unit are proceeding with amalgamation, after a funding request for amalgamation support was approved by the Ministry of Health and Long-Term Care.

"This is a significant undertaking and represents an opportunity to better serve our communities together," says Dr. Miriam Klassen, Perth County Medical Officer of Health. "It is full steam ahead with the approval of both boards and the ministry, and with a plan and funding in place."

"The ultimate goal is to improve the delivery of service in both Huron and Perth," says Tyler Hessel, Chair of the Huron County Board of Health.

A transition team, consisting of staff and board members from both boards of health, will now lead the work of amalgamation.

The transition has a completion date of January 1st, 2020. The two boards will remain operational until such time as a new amalgamated board is appointed.

For more information:

- Call Health Line at 519-271-7600 or toll-free at 1-877-271-7348 extension 267
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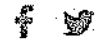
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Will we be prepared for ‘Disease X’ – the next pandemic?

Tom Koch, Contributed to the Globe and Mail

Published May 28, 2018

Updated May 27, 2018

Tom Koch is a professor of medical geography at the University of British Columbia and the author of *Cartographies of Disease and Disease Maps: Epidemics on the Ground*.

Ebola is back, again active in Africa. Influenza is about to begin this year’s march in Australia. Measles outbreaks are broadly reported and the list goes on. What’s next in the world of infectious diseases?

The World Health Organization calls it “Disease X,” a previously unknown pathogen that likely will cause the next pandemic. It will be new, spread quickly and, if history is a guide, carry a mortality rate greater than 30 per cent.

Every century has had its Disease X. There was plague, of course, recurring periodically between the 14th and 19th centuries. Then there was yellow fever, which in the 18th century decimated eastern U.S. cities. In the 19th century cholera was the global threat. More recently, it was influenza in 1918 and polio in the 1950s. AIDS, Ebola, SARS, MERS, West Nile Virus and Zika: all evidence of rapid evolution in the microbial world.

Because the new bug will be, well, new, we will be largely unprepared. Nor should we be surprised. Since influenza first spread globally from domesticated poultry in China in 2,500 BC, certain conditions have always presaged the arrival of a new pandemic disease. All are present today.

First, there is deforestation – the destruction of natural ecosystems to provide housing and food for cities. Bacteria and viruses are displaced and must survive by migrating to new places and populations.

Deforestation is powered by urbanization – the growth of dense settlements that become reservoirs for the migrating microbes – new destinations for the bacterium or virus forced out of its niche by human advance.

Then there is the trade that supports those evolving cities and their industries. Microbes are mostly homebodies. They don’t travel on their own but instead move with travellers and the goods they carry. Once, that meant sailing ships that spanned the globe and locally the ox carts of local providers. In the 19th century cholera travelled from New Orleans up the Mississippi River in steam boats and then new trains that linked southern and northern cities. Today, modern microbes circle the globe with us on airplanes, either caught in cargo, captured in the wheelbase or with infected passengers on board.

Income inequality has always been a boon to the bacteria and viruses that have plagued humanity. Impoverished people who are ill-housed and ill-fed are stressed. Their immune systems are weaker and their environments insecure. They become the perfect vehicles for disease propagation.

Finally, there is nothing like war to promote the advance of microbial legions. Troop transports assured 1918 influenza would spread from the United States to Europe where the First World War created hugely distressed populations that were the perfect targets for the new disease. Troops returning home carried the virus with them.

In our defence, experts are increasing surveillance while scientists strike to create “platform technologies,” broadly designed medicines and vaccines that in theory can be modified to target new microbes once they are identified. Still, even with a vaccine almost ready, it took more than a year for an Ebola vaccine to be developed and tested. By the time it was ready for distribution the West African epidemic of 2014 was mostly over.

Even with the most advanced technologies it will take weeks, and probably months, to isolate the precise nature of Disease X, months if not years then to engineer a vaccine or cure. It then takes months if not years for a new drug or vaccine’s testing, commercial patenting, manufacture and then distribution. By then it will be too late.

All this is the failure of our successes, the downside of our modern achievements. The only answer is to assure that public health organizations – from city-health departments to international agencies – have the funding and support they will require to react when Disease X emerges. Unfortunately, we are, in most countries, more concerned with health efficiencies than health preparedness. WHO and the U.S. Centers for Disease Control have had their budgets cut in recent years. To prepare and to insure our health and survival, we can and must do better.

And so, we wait for Disease X and, too, the tools to fight it.

<https://www.theglobeandmail.com/opinion/article-will-we-be-prepared-for-disease-x-the-next-pandemic/>

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
From: Dr. Penny Sutcliffe, Medical Officer of Health and Chief Executive Officer
Date: June 15, 2018
Re: Addressing Anti-Racism for Improved Health Equity

☐ For Information

☐ For Discussion

☒ For a Decision

Issue:

The Board of Health for Public Health Sudbury & Districts is committed to ensuring all people in Sudbury and districts, including Indigenous people, have equal opportunities for health. The Board complies with the Ontario Human Rights Code, however, does not have a formal anti-racism position or proactive action plan. Systemic racism is a significant, modifiable and unjust barrier to health opportunities. In 2017 Ontario established the Anti-Racism Directorate and launched a 3-Year Anti-Racism Plan [A Better Way Forward](#), that describes important pillars for comprehensive action on racism.

Recommended Action:

That the Board of Health review and approve the motion entitled: Addressing Anti-Racism for Improved Health Equity.

Background:

[The Anti-Racism Act, 2017](#) recognizes the need to address systemic racism and advance racial equity for racialized and Indigenous Peoples. The legislation:

- Established the Anti-Racism Directorate, to ensure its sustainability.
- Required the continuation and regular review of a multi-year anti-racism strategy.
- Mandated a review of the anti-racism strategy at least every five years, in consultation with the public and community partners
- Enabled the government to implement race data collection and an anti-racism impact assessment tool, to help identify, remedy or prevent inequitable racial impacts of policies and programs. (Government of Ontario, 2017)

In 2017 [Ontario's 3 year Anti-Racism Strategic Plan](#) was launched. It was informed by perspectives of who are directly impacted by racism and, specifically, systemic racism. The plan acknowledges that racism is experienced differently by various racialized groups, and within groups along intersectional lines, including gender identity, creed, class, sexual orientation, and history of colonization. Components of the plan include:

2018–2022 Strategic Priorities:

1. Equitable Opportunities
2. Meaningful Relationships
3. Practice Excellence
4. Organizational Commitment

O: October 19, 2001
R: January 2017

- Policy, Research and Evaluation
- Sustainability & Accountability
- Public Education & Awareness
- Community Collaboration, and
- Population Specific Anti-Racism Initiatives

The Ontario Human Rights Code provides for equal rights and opportunities, and freedom from discrimination. It applies to the areas of employment, housing, facilities and services, contracts, and membership in unions, trade or vocational associations. Employers are required by law to comply with the Code.

The Code protects against discrimination on the following protected grounds: age, ancestry, colour, race, ethnic origin, place of origin, creed, disability, family status, marital status, gender identify, gender expression, receipt of public assistance, record of offences, and sexual orientation.

Human rights analysis has evolved to take into account the context in which discrimination occurs. There is an increased recognition that discrimination is often based on more than one ground, and that these grounds may intersect.

Systemic racism and discrimination creates barriers for equitable opportunities for health. The National Collaborating Centre for Determinants of Health further identifies racism as a root cause of health and social inequities experienced by racialized and discriminated peoples in Canada¹.

The Board of Health is committed to ensuring that all people in Public Health Sudbury & Districts' service area have equitable opportunities for health. The 2018–2022 Board of Health for Sudbury & Districts Strategic Plan outlines the values of humility, trust and respect and has prioritized equitable opportunities and practice excellence.

The [Ontario Public Health Standards](#): Requirements for Programs, Services, and Accountability include the overarching objective to improve population health outcomes with a special focus on those at greater risk of poor health outcomes and that further engagement and relationship building with Indigenous communities is required. Consistent with this requirement, Public Health Sudbury & Districts has embarked on an Indigenous Engagement learning journey involving cultural competency and humility training for its staff.

A Public Health Sudbury & Districts Anti-Racism Action Plan will guide program planning, implementation and research as well as employee health and wellness.

Financial Implications:

Within budget

¹ National Collaborating Centre for Determinants of Health, 2017, Website

2018–2022 Strategic Priorities:

1. Equitable Opportunities
2. Meaningful Relationships
3. Practice Excellence
4. Organizational Commitment

Ontario Public Health Standard:

Foundational Standards, Organizational Requirements

Strategic Priority:

Equitable Opportunities, Organizational Commitment, Practice Excellence

Definitions²**Systemic racism:**

Systemic racism occurs when an institution or set of institutions working together creates or maintains racial inequity. This can be unintentional, and doesn't necessarily mean that people within an organization are racist.

It is often caused by hidden institutional biases in policies, practice and processes that privilege or disadvantage people based on race. It can be the result of doing things the way they've always been done, without considering how they impact particular groups differently.

Anti-racism as an approach:

Anti-racism involves consistently assessing structures, policies and programs and through monitoring outcomes, ensuring they are fair and equitable for everyone.

Source: https://files.ontario.ca/ar-2001_and_report_tagged_final-s.pdf

2018–2022 Strategic Priorities:

1. Equitable Opportunities
2. Meaningful Relationships
3. Practice Excellence
4. Organizational Commitment

ADDRESSING ANTI-RACISM FOR IMPROVED HEALTH EQUITY

MOTION:

WHEREAS the Board of Health is committed to ensuring all people in Sudbury and districts, including Indigenous people, have equal opportunities for health; and

WHEREAS systemic racism is a significant, modifiable and unjust barrier to health opportunities; and

WHEREAS in 2017 Ontario established the Anti-Racism Directorate and launched a 3-Year Anti-Racism Strategic Plan, [A Better Way Forward](#), that describes important pillars for comprehensive action on racism;

THEREFORE BE IT RESOLVED THAT the Board of Health declare its commitment to anti-racism and direct the Medical Officer of Health to engage in a collaborative process to develop an Anti-Racism Action Plan informed by the provincial strategic plan; and

FURTHER THAT the Public Health Sudbury & Districts Anti-Racism Action Plan be presented to the Board of Health for approval within one year of this date.

Briefing Note

To: René Lapierre, Chair, Board of Health

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

Date: June 14, 2018

Re: Board of Health Manual Review

☐ For Information

☐ For Discussion

☒ For a Decision

Issue:

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

Recommended Action:

THAT the Board of Health, having reviewed the proposed revisions within the Board of Health Manual, rescind Board motion 02-17, and approve the Manual as presented on this date.

Background:

Process:

- As per historical practice, the review process included the Board Secretary request of the most responsible directors to coordinate to review their respective policies, procedures and by-laws. Proposed revisions were then reviewed by the MOH/CEO for recommendation to the Board for approval.
- As relevant, examples from other health units were also obtained regarding their Board of Health Manual policies and procedures (e.g. mobile devices, code of conduct, conflict of interest and code of ethics).

Board review:

- Pages from the Board of Health Manual that are edited or new are *appended* to this briefing note for ease of reference.
- For the current review, housekeeping revisions were identified, including the refreshed organizational name, from Sudbury & District Health Unit to Public Health Sudbury & Districts, where applicable. Some references related to our legal name, Board of Health for the Sudbury & District Health Unit, remain.
- Highlights of proposed substantive revisions include the following:
 - New Conflict of Interest Policy, Procedure and Declaration Form to comply with the Municipal Conflict of Interest Act requirements that will take effect March 1, 2019.

-
- Revisions throughout the Manual to reflect the Ministry of Health and Long-Term Care's Ontario Public Health Standards, Accountability Framework, and Annual Service Plan.
 - Reference to the Ministry's Policy Guide for Medical Officer of Health, Associate Medical Officer of Health, and Acting Medical Officer of Health appointments.
 - Additional updates to ensure consistency including:
 - B-I-10, B-I-11, B-I-12 reflect 2018-2022 Strategic Plan
 - C-II-11 to reflect that agenda packages are made available to the public via the Public Health Sudbury & Districts' website.
 - Updated Code of Conduct C-I-15
 - Reporting cycle added to Enterprise Risk Management Policy C-III-12

Next Steps and Future Directions:

- The Code of Conduct, Conflict of Interest and Code of Ethics will be reviewed to determine whether they could be consolidated.
- The Board of Health Manual, now fully accessible for the web, will be posted to the Public Health Sudbury & Districts website.
- The General Administrative Manual will be reviewed with the goal of incorporating all governance information in the Board of Health Manual and either minimize or remove all references to the operational GAM.
- The entire Board of Health Manual is accessible through the BoardEffect application in the Board of Health library and noted as a Handbook. Following Board approval, the updated manual will be posted on BoardEffect.
- Per A-III-10 the Board of Health Manual will be reviewed in its entirety in two years intervals. Any more pressing revisions will be brought forward separate from the revision cycle.

Strategic Priority: All

¹ 2018-2022 Strategic Priorities:

1. Equitable Opportunities
2. Meaningful Relationships
3. Practice Excellence
4. Organizational Commitment

Board of Health Manual Public Health Sudbury & Districts Information Sheet

Category

Introduction

Section

Purpose of Manual

Subject

Purpose

Number

A-I-10

Approved By

Board of Health

Original Date

September 4, 1991

Revised Date

~~June 16, 2016~~ June 21, 2018

Review Date

June 21, 2018

Information

The purpose of the Board of Health Manual is to outline the governance practices of the ~~Sudbury & District~~ Board of Health. The Manual contains the information, policies and procedures that describe the key governance context and functions of the Board of Health.

The legal name is “Board of Health for the Sudbury and District Health Unit”. For the purpose of this manual, the operating names, “Board of Health” or “Public Health Sudbury & Districts” are used.

This manual functions in conjunction with the General Administrative Manual which outlines the management and operational practices of ~~the Public Health~~ Sudbury & Districts ~~Health Unit~~.

Board of Health Manual Public Health Sudbury & Districts Policy

Category

Introduction

Section

Maintenance of Manual

Subject

Distribution

Number

A-II-10

Approved By

Board of Health

Original Date

September 24, 1991

Revised Date

~~June 16, 2016~~ June 21, 2018

Review Date

June 21, 2018

Purpose

The Board of Health manual will be distributed as follows:

- Boardroom
- Board Secretary
- Medical Officer of Health/Chief Executive Officer

The Board of Health manual will also be made available electronically for all ~~Sudbury & District Health Unit~~ staff to access.

The Board of Health manual will be available to Board members electronically on their ~~SDHU iPads through the Board Effect application~~ electronic devices provided by Public Health Sudbury & Districts and made available to the public via the Public Health Sudbury & Districts website.

Board of Health Manual Public Health Sudbury & Districts Information Sheet

Category

Vision/Mission/Plan

Section

Health Unit

Subject

Vision/Mission

Number

B-I-10

Approved By

Board of Health

Original Date

January 26, 1986

Revised Date

June 21, 2018

Review Date

June 21, 2018

Information

Vision Statement

O: 04-02

R: 52-12

Healthier communities for all.

Accomplishing this vision is based on our ability to build on the following
~~strengths~~values:

- Humility
- Trust
- Respect
- ~~Accountability~~
- ~~Caring leadership~~
- ~~Collaboration~~
- ~~Diversity~~

- Effective communication
- Excellence
- Innovation

Mission Statement

O: 06-99

R: 52-12

Working with our communities to promote and protect health and to prevent disease for everyone.

Board of Health Manual Public Health Sudbury & Districts Policy

Category

Vision/Mission/Plan

Section

Health Unit

Subject

Strategic Plan

Number

B-I-11

Approved By

Board of Health

Original Date

May 27, 1993

Revised Date

June 21, 2018

Review Date

June 21, 2018

Purpose

~~The Public Health~~ Sudbury & Districts ~~Health Unit~~ shall have a strategic plan that expresses the mission, vision, values, goals and objectives of the Board of Health. The strategic plan will:

- Establish strategic priorities addressing local contexts and integrate local community priorities.
- Consider organizational capacity.
- Include input from staff, clients, and community partners.
- ~~the advice and input of staff and community partners, r~~Reflect the local, provincial and federal context, and examine key influencing forces.
- Establish policy direction regarding a performance management and quality improvement system.
- Address equity issues in the delivery and outcomes of programs and services.
- ~~Describe how the outcomes of the Foundational Standard in the Ontario Public Health Standards will be achieved.~~

The Board of Health will ensure that administration:

- Provides an operational plan to implement the strategic plan
- Implements a monitoring plan ~~the Performance Accountability Monitoring Plan~~

The strategic plan will cover a three to five year timeframe, is reviewed at least every other year, and is reported upon regularly to the Board of Health through staff reports during the current timeframe.

The Strategic Plan will set direction for the ~~health-unit~~organization and will be operationalized by the Medical Officer of Health and Chief Executive Officer.

Board of Health Manual Public Health Sudbury & Districts Information Sheet

Category

Vision/Mission/Plan

Section

Health Unit

Subject

Strategic Priorities

Number

B-I-12

Approved By

Board of Health

Original Date

January 26, 1986

Revised Date

~~February 20, June 21, 2018 2014~~

Review Date

June 21, 2018

Information

The following are the strategic priorities for the ~~2013~~2018- – 20~~22~~17 strategic planning cycle:

1. ~~Equitable opportunities~~Champion and lead equitable opportunities for health.
2. ~~Strengthen relationships~~Meaning relationships-
3. ~~Strengthen evidence-informed public health p~~Practice ~~excellence-~~
- 3.4. Organizational commitment
4. ~~Support community actions promoting health equity-~~
5. ~~Foster organization-wide excellence in leadership and innovation.~~

Board of Health Manual Public Health Sudbury & Districts Information Sheet

Category

Board of Health Structure & Function

Section

Board of Health

Subject

~~SDHU~~ Public Health Sudbury & Districts Organizational Structure

Number

C-I-10

Approved By

Board of Health

Original Date

January 16, 2003

Revised Date

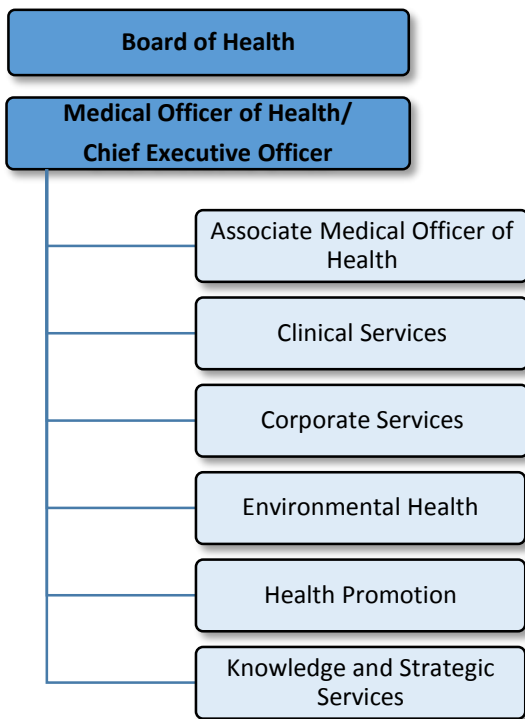
June ~~15~~21, 201~~8~~7

Review Date

June 21, 2018

Information

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



Board of Health Manual Public Health Sudbury & Districts Information Sheet

Category

Board of Health Structure & Function

Section

Board of Health

Subject

Board of Health Mandate

Number

C-I-11

Approved By

Board of Health

Original Date

January 16, 2003

Revised Date

~~February 16, 2012~~ June 21, 2018

Review Date

~~June 21, 2018~~ June 15, 2017

Information

The Health Protection and Promotion Act (HPPA) was proclaimed in July 1984. The HPPA is an important piece of legislation for a board of health, as it prescribes the existence, structures, governance and functions of boards of health, as well as the activities of medical officers and certain public health functions of the Minister. The Act and its regulations provide the legislative framework for the “organization and delivery of public health programs and services, the prevention of the spread of disease and the promotion and protection of the health of the people of Ontario”. R.S.O. 1990, c.H.7, s.2

There are many different Regulations under the HPPA, including those that govern food safety, swimming pool health and safety, rabies control, school health, board of health composition and control of communicable diseases.

The Health Protection and Promotion Act (1990) establishes boards of health and invests in them the duty to provide or ensure the provision of health programs and

services to the people who reside within the health unit. The required programs and services include:

- Community Sanitation
- Control of Infectious Diseases and Reportable Diseases
- Health Promotion, Health Protection and Disease and Injury Prevention
- Family Health
- Collection and Analysis of Epidemiological Data

The [2018 Ontario Public Health Standards: Requirements for Programs, Services, and Accountability](#) and [the related Protocols and Guidelines](#) ~~documents published by the Ministry of Health and Long-Term Care are published as the guidelines for the provision of mandatory health programs and services by the Minister of Health and Long-Term Care, pursuant to Section 7 of the Health Protection and Promotion Act.~~

~~The 2018 Ontario Public Health Standards define responsibilities of boards of health as they pertain to foundational and program standards; accountability and organizational requirements; and transparency and reporting. provide the direction for the provision of mandatory health programs and services. The Ontario Public Health Organizational Standards published by the Ministry establish management and governance requirements for all boards of health and public health units.~~

In carrying out its mandate, the Board of Health provides a policy framework within which the MOH/CEO defines the health needs of the community and design programs and services to meet these needs. The Board approves all programs and services.

The Board adopts a philosophy and management process that allows it to carry out its mandate in an efficient, effective and economical manner and complement this with a sound organizational structure, which reflects the responsibilities of the component parts.

The primary foci of the Board of Health are planning and policy development, fiscal arrangements and labour relations [and accountability and reporting to the Ministry](#). The Board is not involved in day-to-day management decisions, such as approving vacations, staff training, travel expenses, etc. These day-to-day management decisions are the responsibility of the Medical Officer of Health/Chief Executive Officer and the Board develops policies to guide the Medical Officer of Health/Chief Executive Officer and other senior staff in such decisions.

Board of Health Manual Public Health Sudbury & Districts Information Sheet

Category

Board of Health Structure & Function

Section

Board of Health

Subject

Board of Health Roles and Responsibilities

Number

C-I-12

Approved By

Board of Health

Original Date

January 25, 2001

Revised Date

~~June 16, 2016~~ June 21, 2018

Review Date

June 21, 2018

Information

Summary

The Board of Health is convened in accordance with the Health Protection and Promotion Act, RSO 1990, and Regulations thereunder. The Board of Health is composed of members appointed to the Board under the Health Protection and Promotion Act, RSO 1990 and Regulations. Municipal members are appointed by Municipal Councils as outlined in Regulation 559.

The Board of Health is the legal authority for the Public Health Sudbury ~~& and~~ Districts Health Unit. The Board of Health is accountable to the community for ensuring that health needs are addressed by appropriate programs and that the organization is effectively governed.

Role

The Board of Health shall superintend, provide or ensure the provision of health programs and services as per Part II (Health Programs and Services), Part III (Community Health Protection) and Part IV (Communicable Disease) of the Health Protection and Promotion Act, RSO 1990, and per the 2018 Ontario Public Health Standards: Requirements for Programs, Services, and Accountability. The Board of Health and the Ontario Public Health Organizational Standards and may also provide any other health programs and services that it the Board of Health feels are necessary or desirable and that are approved by the municipalities in the area.

The Board of Health operates through a formal structure that supports governance through a set of expectations regarding membership, size, terms of office, reporting relationships, and other structural features defined in the Health Protection and Promotion Act, RSO 1990, and regulations. Subject to the requirements of the Health Protection and Promotion Act, RSO 1990, the Board approves the overall structure of the organization.

Responsibilities

~~1. Board Structure~~

~~The Board of Health operates through a formal structure that supports governance through a set of expectations regarding membership, size, terms of office, reporting relationships, and other structural features defined in the Health Protection and Promotion Act and regulations. Subject to the requirements of the Health Protection and Promotion Act the Board approves the overall structure of the organization.~~

~~2. Board Operations~~

The Board of Health is responsible for ensuring the assessment, planning, delivery, management, and evaluation of public health programs and services.

Foundational and Program Standards outlined in the 2018 Ontario Public Health Standards articulate goals, outcomes, and requirements that all boards shall provide to promote and protect the health of the population, and reduce health inequities. Protocols and guidelines provide additional direction on how to operationalize each requirement.

Members of the Board of Health ensure procedures are in place to uphold the implementation of the Foundational and Program Standards outlined in the 2018 Ontario Public Health Standards. They remain informed about the delivery of OPHS programs and services as well as research and evaluations.

Accountability

Boards of health must be accountable for the work they do, how they do it, and the results achieved. Organizational requirements specify those areas that require reporting or monitoring and are used to demonstrate accountability to the Ministry of Health and Long-Term Care. The Board of Health must thus demonstrate accountability as it relates to four domains:

- delivery of programs and services;
- fiduciary requirements;
- good governance and management practices; and
- public health practice.

The Board of Health ensures implementation of organizational requirements to show compliance across the four domains as well as requirements that are common to all domains:

- The Board of Health ensures the delivery of programs and services and is accountable for achieving program outcomes in accordance with ministry expectations. For example, the Board of Health shall ensure the development and implementation of a strategic plan that establishes strategic priorities over 3 to 5 years (through the setting of local vision, priorities, and strategies directions).
- Board of health members are responsible for ensuring the efficient use of public resources and ensuring that funding is used in accordance with accepted accounting principles, legislative requirements, and government policy expectations. For example, the board of health shall ensure that expenditure forecasts are as accurate as possible.
- The Board of Health executes good governance practices to ensure effective functioning of the board and management of the public health unit. For example, the Board of Health shall develop and implement policies or by-laws regarding functioning of the governing body (sub-committees, frequency of meetings, etc.) and shall provide direction to the administration and remain informed about the activities of the organization such as stakeholder and partnership building, workforce issues, financial management, and risk management.
- Board of health members ensure a high standard and quality of practice in the functioning of the organization including delivery of public health programs and services. For example, the Board of Health shall employ qualified public health professionals, support a culture of excellence in professional practices, and ensure a culture of quality and continuous organizational self-improvement.

Members of the Board of Health shall also demonstrate accountability through the submission of planning and reporting document to the Ministry of Health and Long-Term Care including Annual Service Plan and Budget Submission, performance reports, and an annual report. The Board of Health will also ensure accountability to stakeholders, including the community, by ensuring the development of, and annual reporting for, an organizational accountability monitoring plan.

~~In order to ensure good governance, board of health members must be aware of current and emerging best practices regarding board operations including:~~

- ~~the establishment of by-laws, as well as policies and practices related to the conduct of meetings, selection of officers, remuneration, expenses~~
- ~~conflict of interest and confidentiality~~
- ~~duties and responsibilities of board members as individuals and the board of health as a group, and evaluation to improve their effectiveness as a board~~
- ~~need for regular review and monitoring of the by-laws and organizational policy manuals and to recommend by-law and policy changes in accordance with the Health Protection and Promotion Act, the Ontario Public Health Organizational Standards and the Public Health Funding Accountability Agreement~~
- ~~to appoint, subject to Minister approval, a full-time medical officer of health and may appoint one more associate medical officers of health~~
- ~~to regularly assess the performance of the Medical Officer of Health/Chief Executive Officer~~

~~to appoint an acting medical officer of health/chief executive officer where the office of the medical officer of health/chief executive officer is vacant, or the medical officer of health is absent or unable to act and there is no associate medical officer of health~~

3. ~~Leadership~~

~~Leadership functions of the board of health include the stewardship responsibility of developing a shared vision for the organization, establishing the organization's strategic directions and taking responsibility for governing the organization to achieve the desired vision including:~~

- ~~providing governance direction to the Medical Officer of Health and ensuring that the board of health remains informed about the activities of the organization including:~~
 - ~~delivery of the OPHS and its Protocols~~
 - ~~organizational effectiveness through evaluation of the organization and strategic planning~~
 - ~~stakeholder relations and partnership building~~
 - ~~legislative compliance~~
 - ~~research and evaluations~~
 - ~~workforce issues~~
 - ~~financial management and risk management~~
- ~~ensuring procedures are in place, including procedures to uphold the Ontario Public Health Organizational standards procedures to provide for the prudent and effective management of provincial funds and procedures to enable the timely identify of risks to the Board of Health's ability to perform its obligations under the Public Health Accountability Agreements.~~
- ~~ensuring a strategic planning process that:~~
 - ~~includes a mission, vision, values and objectives~~
 - ~~addresses equity issues~~
 - ~~describes how Foundational Standard outcomes will be achieved~~

- ~~considers organizational capacity~~
- ~~establishes strategic priorities that address local contexts and integrate community priorities;~~
- ~~includes the advice and input of staff, community and stakeholders; and~~
- ~~is reviewed at least every other year and revised as appropriate~~
- ~~assisting in the development and maintenance of positive relations among the Board, Medical Officer of Health/Chief Executive Officer, senior management and the community to enhance the organization's mission.~~

~~While the board of health has responsibility for mission, vision, values and strategic direction setting, the management team has a related responsibility in operational planning to support the board of health's strategic priorities and objectives.~~

Transparency and Reporting

A commitment to transparency is key to demonstrate responsible use of public funds and to disclose information that allows the public to make informed decisions about their health. The Board of Health shall ensure public access to key organizational documents, demonstrate contribution towards program and populations health outcomes, and report on performance to demonstrate the impact of public health on creating healthier communities for all.

4. Trusteeship

~~In carrying out their functions, board of health members must fulfill fiduciary duties of care, loyalty, and good faith which involve the following:~~

~~ensuring that operations are based on principles of transparency and accountability~~

- ~~ensuring that decisions reflect the best interests of the public's health~~
- ~~ensuring that the community's public health needs are addressed~~
- ~~responsibility for oversight and monitoring of operations and performance~~
- ~~ensuring adequate resources, approving budgets and monitoring financial performance~~
- ~~exercising the duty of care, which is the duty to exercise appropriate diligence and make decisions that are informed~~
- ~~as part of their duty of care board members need to ensure orientation and continuing education and development to keep apprised of governance best practices and public health issues and trends~~
- ~~exercising the duty of loyalty, which is the duty to put the interests of the organization before those of the individual~~

- as part of their duty of loyalty, board members also need to act in good faith, which involves acting with honesty of purpose
- although Board members may bring special expertise or points of view to Board deliberations, members do not represent a particular constituency but represent the best interest of the organization at all times
- conducting a self-evaluation of governance practices and outcomes every year that results in recommendations for improvements in board effectiveness and engagement

attend and participate regularly in scheduled Board meetings

5. Community Engagement and Responsiveness

The board of health is responsive to the public health needs of local communities, understands the local community context and shows respect for the diversity of perspectives of its communities in the way it governs and provides direction to the organization in planning, operating, evaluating and adapting its programs and services by:

producing an annual financial and performance report to the public that describes mission, roles, process and operation of the public health unit and performance indicators to ensure transparency and accountability

advocating for action on public health issues, and support public health policy development or change

Board of Health Manual Public Health Sudbury & Districts Information Sheet

Category

Board of Health Structure & Function

Section

Board of Health

Subject

Code of Conduct

Number

C-I-15

Approved By

Board of Health

Original Date

January 25, 1991

Revised Date

~~February 20, 2014~~ June 21, 2018

Review Date

June 21, 2018

Information

- ~~1. Public Health Sudbury & District has established~~ A a code of conduct to help
contributes to the create-creation and maintainmaintenance of a culture of integrity.
It outlines -and to clearly outline the types of behaviours that are expected of Board
of Health members.
- ~~1. Board members must comply with conflict of interest guidelines as per health unit's~~
~~General Administrative Manual (GAM) policy K-VI-10. Additionally:~~
 - There must be no self-dealings or any conduct of private business or personal services between any Board member and ~~the~~ Public Health Sudbury & Districts ~~Health Unit~~ except as procedurally controlled to assure openness, competitive opportunity and equal access to "inside" information.
 - Board members must not use their positions to obtain employment within the organization for themselves, family members or close associates.
 - Should a Board member be considered for employment he/she must advise the Chair of their interest and withdraw from Board deliberation, voting and access to applicable Board information.

- Board members must remain neutral by referring all requests for organizational services either on a personal nature or on behalf of others to the Medical Officer of Health/Chief Executive Officer, who will be responsible for initiating a course of action appropriate to the circumstances, and will advise the Board member of the outcome.

4.2. Board members must not attempt to exercise individual authority over the organization except as explicitly set forth in Board policies or by resolution of the Board.

- Board members' interaction with the Medical Officer of Health/Chief Executive Officer or with staff must recognize the lack of authority any individual Board member or group of Board members except under the explicit direction of the full Board.
- Board members' interaction with the public, press or other entities must recognize the same limitation and the similar inability of any Board member or group of Board members to speak for the Board unless so delegated by the Chair.
- Board members shall support one another and the Medical Officer of Health/Chief Executive Officer. If a Board member has a performance concern regarding a fellow Board member or the Medical Officer of Health/Chief Executive Officer, that concern shall be brought to the Board through the Chair.

2.3. Board members must treat staff in a fair, prudent and ethical manner.

3.4. In the event of a conflict not resolvable between Board members or between the Medical Officer of Health/Chief Executive Officer and Board members, mediation is available through the Board Chair.

Board of Health Manual Public Health Sudbury & Districts Information Sheet

Category

Board of Health Structure & Function

Section

Board of Health Committees

Subject

Board of Health Finance Standing Committee Terms of Reference

Number

C-II-11

Approved By

Board of Health

Original Date

June 18, 2015

Revised Date

~~June 15, 2017~~ June 21, 2018

Review Date

June 21, 2018

Information

Purpose

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

Reporting Relationship

The Finance Standing Committee reports to the Board of Health.

Membership

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

- Board of Health Chair
- Board of Health Members at Large (3)

- Medical Officer of Health/Chief Executive Officer
- Director of Corporate Services
- ~~Manager, Accounting Services~~
- Board Secretary

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

Only Board of Health members have voting privileges. All staff positions are all ex officio. Staff with specialized knowledge may be invited to participate for relevant agenda items.

Responsibilities

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

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

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

Committee Proceedings

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

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

Meetings are held at the health unit at a time mutually agreed upon by the committee. Members must attend in-person in order to be counted towards quorum.

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

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

Agenda packages are made available to the public via the [SDHU Public Health Sudbury & Districts](#) website.

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

Board of Health Manual Public Health Sudbury & Districts

Policy

Category

Board of Health Structure & Function

Section

Management

Subject

Enterprise Risk Management

Number

C-III-12

Approved By

Board of Health

Original Date

October 20, 2016

Revised Date

June 21, 2018

Review Date

June 21, 2018

Purpose

~~The Public Health~~ Sudbury & Districts ~~s Health Unit~~ shall have a risk management framework based on a risk management process developed by the Ontario Internal Audit Division of the Treasury Board Secretariat. The framework will ensure risks are identified and will ensure that monitoring and response systems are in place at ~~the Public Health~~ Sudbury & Districts ~~s Health Unit~~ to effectively respond to these risks.

The Board of Health shall set the tone that systematic, integrated risk management ~~at the SDHU Public Health Sudbury & Districts~~ is valuable for managing risks and for demonstrating accountability to stakeholders.

The ~~Sudbury & District Health Unit~~ Board of Health supports the following principles:

- Risk management is an essential component of good management.
- Risk management is imbedded into the culture and operations of the health unit.
- Better decisions are made when supported by a disciplined approach to risk management.

- Risk management activities should be aligned with strategic objectives at all levels of the organization.
- Risk management should be integrated into informed decision making and priority setting and should become part of day-to-day management activities.
- Threats should be managed and opportunities leveraged as appropriate and in accordance with best practices.
- The agency's risk should be re-assessed regularly and risk and mitigation strategies should be reported on regularly.
- Through the risk management process, the agency should anticipate and respond to changing social, environmental and legislative requirements.
- The integration of risk management into decision making should be supported by a corporate philosophy and culture that encourages everyone to manage risk and to communicate openly about risk.
- Every employee has a role to play in risk management.

Process:

The Board of Health approves the risk management framework (see Appendix A) and establishes its risk appetite in relation to specific risks. These are documented in the Risk Management Risk Assessment and Heat Map (see Appendix B).

The Board receives and reviews an annual report of risks and mitigation strategies of currently identified risks. A comprehensive risk management review will occur every three years to ensure that identified risks are still relevant to the organization and reflective of community and political contexts. generally occur in alignment with the strategic planning cycle.

Definitions:

Risk: Risk is an uncertain event or condition that, if it occurs, has an effect on the achievement of objectives. It includes both threats to the objectives and opportunities to improve on the objectives Adapted from Project Management Institute PMBoK 2000

Enterprise Risk Management: A holistic and integrated risk management process that takes a strategic view of risk across the whole organization or enterprise.

Risk Management: A systematic approach to setting the best course of action under uncertainty by identifying, understanding, acting on, monitoring and communicating risk issues.

Risk Appetite: The amount and type of risk that the Health Unit organization is willing to take in order to meet strategic objectives.

Risk Management Framework: Establishes a process for implementation of effective risk management practices at all levels of the organization. The SDHU Public Health Sudbury & Districts Risk Management Framework, which follows the five step risk management process developed by the Treasury Board Secretariat, articulates a five-step approach to risk management which provides the flexibility to manage risks accordingly.

Risk Management Plan: ~~SDHUs~~The organization's risk management plan includes the implementation of effective risk management processes and strategies to actively respond to change and uncertainty in a timely manner and to demonstrate accountability to stakeholders.

Appendix A: ~~SDHU~~Public Health Sudbury & Districts' Risk Management Framework

Summary

The purpose of this risk management framework is to establish a process for implementation of effective risk management practices at all levels of the organization. This framework, which follows the five step risk management process developed by the Treasury Board Secretariat, articulates a five-step approach to risk management which provides the flexibility to manage risks accordingly.

The risk management policy is aimed at fulfilling risk management requirements set out within the ~~Ontario Public Health Organizational Standard 3.1 and 6.2~~2018 Ontario Public Health Standards' Organizational Requirements.

Philosophy Statement

~~The Sudbury & District Public Health Unit~~Sudbury & Districts is committed to fostering an environment that supports a continuous quality improvement approach to organizational effectiveness. This includes the implementation of effective risk management processes and strategies to actively respond to change and uncertainty in a timely manner and to demonstrate accountability to stakeholders.

Background

~~Public Health Sudbury & Districts~~The SDHU acknowledges that there is an element of risk in any decision or activity and risk taking may be deemed acceptable when appropriately managed. Risk is defined as:

Risk is an uncertain event or condition that, if it occurs,
_has an effect on the achievement of objectives.
_It includes both threats to the objectives and
_opportunities to improve on the objectives.

Adapted from Project Management Institute PMBoK 2000

The 2018 Ontario Public Health Organizational Standards-Requirements mandate Board of Health stewardship and oversight of risk management. The Medical Officer of Health, and through delegation to all staff, has the responsibility to monitor and respond to emerging issues and potential threats to the organization. Potential threats include but are not limited to; financial, human resources, operational, technology and legal risks.

SDHU RISK MANAGEMENT FRAMEWORK*

Step 1: Establish objectives

- Risks must be assessed and prioritized in relation to an objective
- Objectives can be at any level; operational, program, initiative, unit, branch, health system
- Each objective can be general or can include specific goals, key milestones, deliverables and commitments

Risk

The future event that may impact the achievement of established objectives. Risks can be positive or negative.

Control / Mitigation Strategy
Controls / mitigation strategies reduce negative risks or increase opportunities.

The risk management process



Consequences

- Identify the specific consequences of each risk
- Consider financial, non-financial, performance, etc.
- Vulnerability**
- Identify exposure to risk
- Vulnerability may vary with each situation and change over time
- Cause/Source of Risk**
- Understand the cause/source of each risk
- Use a fish-bone diagram

Step 2: Identify risks & controls

Identify risks - What could go wrong?

- Consider each category of risk
- Obtain available evidence
- Brainstorm with colleagues and/or stakeholders
- Examine trends and consider past risk events
- Obtain information from similar organizations or projects
- Increase awareness of new initiatives/agendas and regulations

Identify existing controls - What do you already have in place?

- Preventive controls
- Defective controls
- Recovery / Corrective controls

*Based on the Risk Management Strategy & Process Toolkit from the Ontario Internal Audit Division, Treasury Board Secretariat

14 categories of risk

RISK	Description
Financial	Uncertainty around obtaining, committing, using, losing economic resources, or not meeting overall financial budgets/commitments.
Operational or Service Delivery	Uncertainty regarding the activities performed in carrying out the entity's strategies or how the entity delivers services.
People / Human Resources	Uncertainty as to the capacity of the entity to attract, develop and retain the talent needed to meet the objectives.
Environmental	Uncertainty usually due to external risks facing an organization including air, water, earth, forests... An example of an environmental, ecological risk would be the possible occurrence of a natural disaster and its impact on an organization's operations.
Information / Knowledge	Uncertainty regarding access to, or use of, inaccurate, incomplete, obsolete, irrelevant or unfairly information; unreliable information systems; inaccurate or misleading reporting.
Strategic / Policy	Uncertainty around strategies and policies achieving required results; or that old and/or new policies, directives, guidelines, legislation, processes, systems, and procedures fail to recognize and adapt to changes.
Legal / Compliance	Uncertainty regarding compliance with laws, regulations, standards, policies, directives, contracts, MOUs and the risk of litigation.
Technology	Uncertainty regarding alignment of IT infrastructure with technology and business requirements; availability of technological resources.
Governance / Organizational	Uncertainty about maintenance or development of appropriate accountability and control mechanisms such as organizational structures and systems processes, systemic issues, culture and values, organizational capacity, commitment, and learning and management systems, etc.
Privacy	Uncertainty with regards to exposure of personal information or data; fraud or identity theft; unauthorized data.
Stakeholder / Public Perception	Uncertainty around managing the expectations of the public, other governments, Ministries, or other stakeholders and the media to prevent disruption or criticism of the service and a negative public image.
Security	Uncertainty relating to breaches in physical or logical access to data and locations (offices, warehouses, labs, etc.).
Equity	Uncertainty that policies, programs, or services will have a disproportionate impact on the population.
Political	Uncertainty that events may arise from or impact the Minister's Office/Ministry, e.g. a change in government, political priorities or policy direction.



SDHU RISK MANAGEMENT FRAMEWORK

Step 3: Assess Risks & Controls

Assess inherent risks

- Inherent likelihood** - Without any mitigation, how likely is this risk?
- Inherent impact** - Without any mitigation, how big will be the impact of the risk on your objective?

Assess controls

- Evaluate possible preventive, detective, or corrective mitigation strategies.

Reassess residual risks

- Re-assess the impact, likelihood and proximity of the risk with mitigation strategies in place.
- Residual likelihood** - With mitigation strategies in place, how likely is this risk?
- Residual impact** - With mitigation strategies in place, how big an impact will this risk have on your objective?

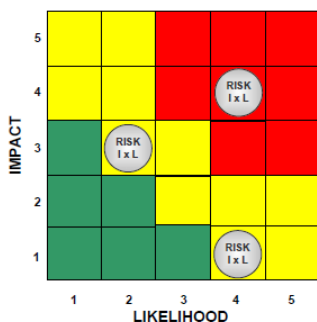
Key Risk Indicators (KRI)

- Leading Indicators - Early or leading indicators that measure sources or causes to help prevent risk occurrences
- Lagging Indicators - Detection and performance indicators that help monitor risks as they occur.

Risk Tolerance

- The amount of risk that the area being assessed can manage
 - Risk Appetite**
 - The amount of risk that the area being assessed is willing to manage
- The tolerance and risk appetite values may differ e.g. Staff can afford to lose email capabilities for five hours (risk tolerance) but only be willing to lose email capabilities for one hour (risk appetite).

RISK PRIORITIZATION MATRIX



Step 4: Evaluate & Take Action

- Identify risk owners.
- Identify control owners.
- Have mitigation strategies reduced the risk rating (Impact x Likelihood) enough that the risk is below approved risk tolerance levels?
- Do you need to implement further mitigation strategies?
- Develop SMART (Specific, Measurable, Achievable, Realistic, Time-specific) actions that will either reduce the likelihood of the risks or minimise the impact.
- Develop detailed action plans with timelines, responsibilities and outline deliveries.

Step 5: Monitor & Report

- Have processes in place to review risk levels and risk mitigation strategies as appropriate.
- Monitor and update by asking:
 - Have risks changed? How?
 - Are there new risks? Assess them
 - Do you need to report or escalate risks? To whom? When? How?
- Develop and monitor risk indicators

Definitions

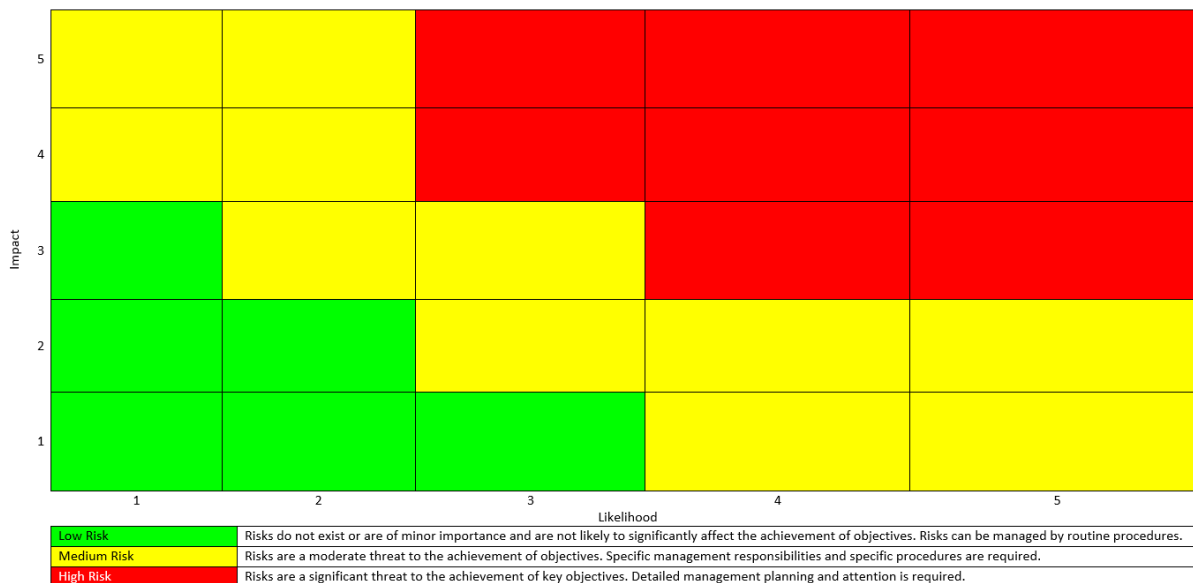
VALUE	LIKELIHOOD	IMPACT	PROXIMITY	SCALE
1	Unlikely to occur	Negligible impact	More than 36 months	Very Low
2	May occur occasionally	Minor impact on time, cost or quality	12 to 24 months	Low
3	Is as likely as not to occur	Notable impact on time, cost or quality	6 to 12 months	Medium
4	Is likely to occur	Substantial impact on time, cost or quality	Less than 6 months	High
5	Is almost certain to occur	Threatens the success of the project	Now	Very High

Appendix B: [SDHU Public Health Sudbury & Districts](#) Organizational Risk Assessment and Heat Map

SDHU Organizational Risk Assessment	
Overall Objective:	
Subordinate Objective:	
Risk Categories	Rating Scale
1. Financial Risks	
2. Governance / Organizational Risks	
3. Human Resources	
4. Knowledge / Information	
5. Technology	
6. Legal / Compliance	
7. Service Delivery / Operational	
8. Environment	
9. Political	
10. Stakeholder / Public Perception	
11. Strategic / Policy	
12. Security Risks	
13. Privacy Risks	
14. Equity Risks	

Public Health Sudbury & Districts Organizational Risk Assessment	
Overall Objective:	
Subordinate Objective:	
Risk Categories	Rating Scale
1. Financial Risks	
2. Governance / Organizational Risks	
3. Human Resources	
4. Knowledge / Information	
5. Technology	
6. Legal / Compliance	
7. Service Delivery / Operational	
8. Environment	
9. Political	
10. Stakeholder / Public Perception	
11. Strategic / Policy	
12. Security Risks	
13. Privacy Risks	
14. Equity Risks	

Organizational Risks: Heat Map of Current Residual Risks



Board of Health Manual Public Health Sudbury & Districts Policy

Category

Board of Health Structure & Function

Section

Board of Health

Subject

Conflict of Interest

Number

C-I-xx

Approved By

Board of Health

Original Date

June 21, 2018

Revised Date

Review Date

Members bring a perspective based on their skills and experiences in order to act in the best interest of Public Health Sudbury & Districts in their capacity as members of the Board of Health and in compliance with their duties and obligations under the *Health Protection and Promotion Act*. Members cannot act in their own personal interest or as a representative of any professional, political, socio-economic, cultural, geographic, or other organization or group. This policy applies to all members of the Board of Health and their (immediate) family members.

The purpose of this policy is to describe how to recognize and declare a conflict of interest and covers the obligations of Board of Health members resulting from their required duties while acting in the capacity of members of the Board of Public Health Sudbury & Districts.

Each individual member of the Board of Health is responsible to ensure that they are in compliance at all times with the *Municipal Conflict of Interest Act* and has the responsibility to follow this policy.

Definitions

“Conflict of Interest” exists when a member has a direct or indirect pecuniary interest in any matter in which the Board is concerned, including any matter in which:

- a) he/she or his nominee:
 - I. is a shareholder in, a director or senior officer of, a corporation that does not offer its securities to the public, or
 - II. has a controlling interest in, or is a director or senior officer of, a corporation that offers its securities to the public
 - III. is a member of a body that has a pecuniary interest in a matter; or
- b) he/she is a partner in employment of a person or body that has a pecuniary interest in the matter.

For the purpose of this definition the pecuniary interests of an immediate family member shall, if known to the member, be deemed to be also the pecuniary interest of the member.

“Immediate Family Member” means the member’s spouse or domestic partner, children and other dependents, natural or adoptive parents, siblings, stepparent, stepchild, stepbrother or sister, father-in-law, mother-in-law, daughter-in-law, son-in-law, brother-in-law, sister-in-law, grandparent, grandchild, and spouse of grandparent or grandchild. Immediate Family also includes parents, siblings, parents-in-law, and siblings-in-law.

“Pecuniary Interest” includes any matter in which the member has a financial interest or in which the financial interests of the member may be affected and save and except for interests which the member may have which is an interest in common with electors generally or their honorarium arising from membership on the Board or as a user of services of the Board in like manner and subject to the like conditions as are applicable to persons who are not members.

As such each Board of Health member must:

- Ensure there are no self-dealings or any conduct of private business or personal services between any Board member and Public Health Sudbury & Districts except as procedurally controlled to assure openness, competitive opportunity and equal access to “inside” information.
- Not use their positions to obtain employment within the organization for themselves, immediate family members or close associates.
- Advise the Chair of their interest if being considered for employment and withdraw from Board deliberation, voting and access to applicable Board information.
- Remain neutral by referring all requests for organizational services either on a personal nature or on behalf of others to the Medical Officer of Health/Chief

Executive Officer, who will be responsible for initiating a course of action appropriate to the circumstances, and will advise the Board member of the outcome.

Members of the Board of Health/Committees shall not accept any financial or other endorsements for fulfilling their duties and obligations as members of the Board of Health other than provided for by Board of Health policy.

In the event of a conflict not resolvable between Board members or between the Medical Officer of Health/Chief Executive Officer and Board members, mediation is available through the Board Chair.

Board of Health Manual Public Health Sudbury & Districts

Procedure

Category

Board of Health Structure & Function

Section

Board of Health

Subject

Conflict of Interest

Number

C-I-xx

Approved By

Board of Health

Original Date

June 21, 2018

Revised Date

Review Date

Each member of the Board of Health is made aware of how to access the most recent version of the *Municipal Conflict of Interest Act*.

Based on the significance of recommendations made by Committees of the Board of Health, Conflict of Interest policies and procedures also apply to Committees of the Board of Health.

At the beginning of each calendar year, Board of Health members are required to complete the Annual Conflict of Interest Declaration form. All completed forms are submitted to the Recording Secretary for tracking purposes.

In addition to completing the Annual Conflict of Interest Declaration form, at the beginning of each Board of Health meeting or Committee meeting, the Chairperson asks Members if they have any conflicts of interest to declare.

Any member of the Board of Health/Committee who has reasonable grounds to believe that he/she has a conflict of interest in a matter that is before the Board of Health/Committee declares the conflict of interest and the general nature of the conflict of interest prior to any consideration of the matter at the meeting. At the time of the

meeting, or as soon as possible afterwards, the member shall file a written statement of the interest and its general nature, **if not already declared in the Annual Conflict of Interest Declaration form**, with the Recording Secretary using the Subsequent Conflict of Interest Declaration form.

- Public Meeting

Once a conflict of interest is identified, the member(s) with the conflict of interest cannot participate in the discussion or vote. The member(s) is not to attempt, in any way, to influence the voting on the issue under consideration.

- In Camera Meeting

Where the meeting is not open to the public, the member shall forthwith leave the meeting or the part of the meeting during which the matter is under consideration.

- Quorum Deemed Constituted

Where the number of members who are disabled from participating in a meeting is such that at that meeting the remaining members are not of sufficient number to constitute a quorum, then, despite any other general or special Municipal Act, the remaining number of members shall be deemed to constitute a quorum, provided such number is not less than two.

- Disclosure to be Recorded in Minutes

Where the meeting is open to the public, the declaration of interest and the general nature are recorded in the minutes of the meeting.

Where the meeting is not open to the public, every declaration, but not the general nature of that interest, are recorded in the minutes of the next meeting that is open to the public.

- When Absent from Meeting at Which Matter Considered

Where the interest of a member has not been disclosed by reason of the member's absence from the meeting, the member shall disclose the interest at the first meeting of the Board/Committee, as the case may be, attended by the member after the meeting where the matter was considered.

- Registry

All declaration forms shall be maintained in a registry. The registry shall be available for public inspection in the manner and during the time that the Board of Health may determine.

**Board of Health Manual
Public Health Sudbury & Districts**

Declaration of Conflict of Interest

A potential or actual conflict of interest exists when commitments and obligations are possible or likely to be compromised by the member's other material interests, or relationships (especially economic), particularly if those interests or commitments are not disclosed.

I _____, do swear or solemnly affirm that in the performance of my duties as a Member of the Board for Public Health Sudbury & District that I will observe and comply with all of the requirements of the Board and the laws of Ontario pertaining to Conflict of Interest.

Please describe below any relationships, transactions, positions you hold (volunteer or otherwise), or circumstances that you believe could contribute to a conflict of interest:

- ☐ I have no conflict of interest to report.
- ☐ I have the following conflict of interest to report (please specify other nonprofit and for-profit boards you (and your spouse) sit on, any for-profit business for which you or an immediate family member are an officer or director, or a majority shareholder, and the name of your employer and any business you or a family member own:

1. _____
2. _____
3. _____

Furthermore, I confirm that I have read and understand Board of Health policy C-I-XX.

Commented [TH1]: Needs to be numbered.

Dated this ____ day of _____, 20____.

In the city / town of _____ in the Province of Ontario.

Witness

Signature

Board of Health Manual Public Health Sudbury & Districts Information Sheet

Category

Public Health System

Section

Provincial

Subject

Health Unit Catchment Areas

Number

D-I-15

Approved By

Board of Health

Original Date

January 16, 2003

Revised Date

~~February 20, 2014~~ June 21, 2018

Review Date

June 21, 2018

Information

~~The Public Health Sudbury & Districts Health Unit~~ is part of a provincial network of 365 non-profit public health agencies. ~~The catchment area for The Sudbury & District Public Health Sudbury & Districts Unit~~ catchment area is over 465,000 square kilometres and its population is ~~194,620~~ approximately 196,500¹. ~~This population includes residents of 13 area First Nations, and the following municipalities within the Manitoulin, Sudbury, and Greater Sudbury Census Divisions.~~

~~Public Health Sudbury & Districts Health Unit~~ Constituent Municipalities ~~and unorganized territories~~

Township of Assiginack
Township of Baldwin
Township of Billings
Township of Burpee and Mills

¹ ~~2011-2016~~ Census, Statistics Canada

~~Township-Municipality~~ of Central Manitoulin

Township of Chapleau

Township of Cockburn Island

Town of Espanola

Municipality of French River

Town of Gore Bay

Municipality of Gordon/Barrie Island *

Municipality of Killarney

Municipality of Markstay-Warren

Township of Nairn & Hyman

Town of Northeastern Manitoulin & the Islands

Township of Sables-Spanish Rivers

Municipality of St.-Charles

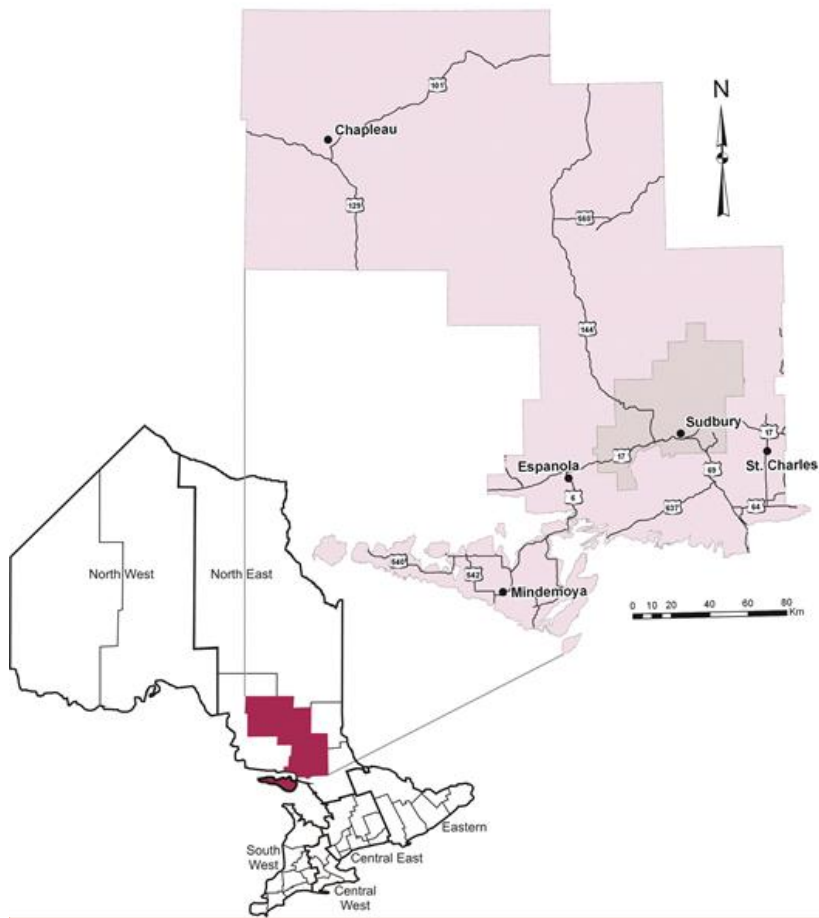
City of Greater Sudbury

Township of Tehkummah

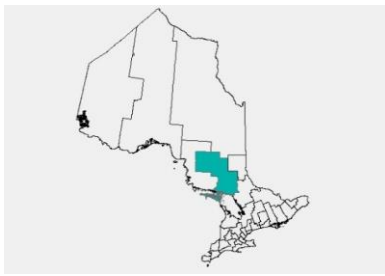
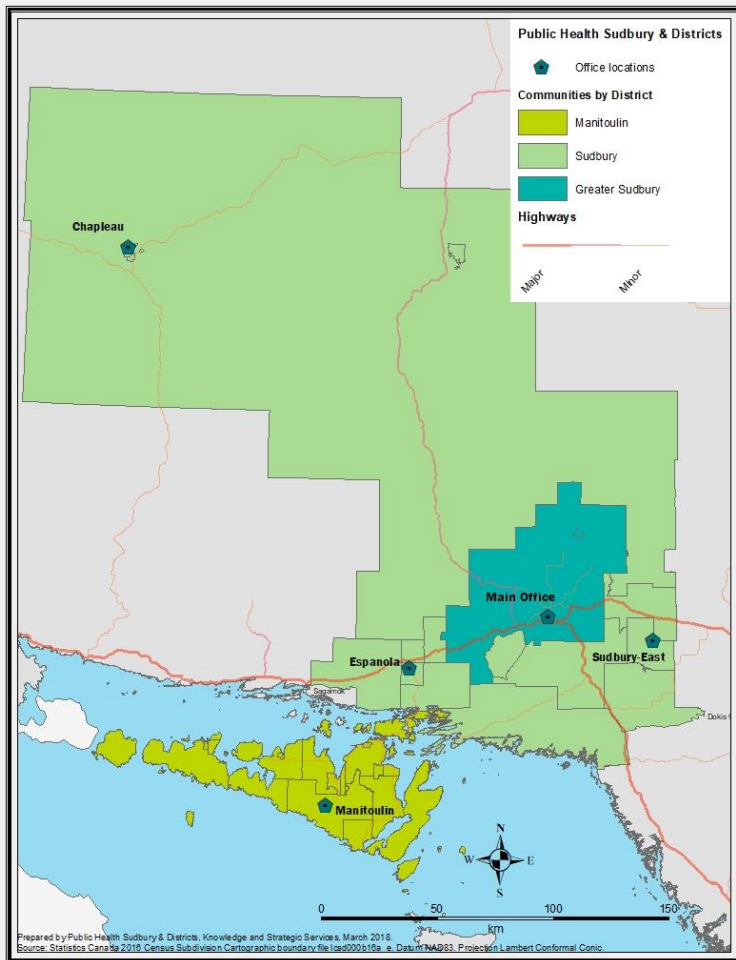
Sudbury Unorganized, North Part

Manitoulin Unorganized, West Part

* ~~The Minister of Municipal Affairs' Order under Section 173(4) of the Municipal Act, 2001, gave effect in January 2009 to the amalgamation of the Township of Barrie Island and the Township of Gordon into a single tier municipality known as the Municipality of Gordon/Barrie Island.~~



Commented [RQ1]: It is proposed that this map will be replaced with the map on the following page



Board of Health Manual Public Health Sudbury & Districts Information Sheet

Category

Public Health System

Section

Provincial

Subject

Local Health Integration Networks (LHINs)

Number

D-I-16

Approved By

Board of Health

Original Date

November 15, 2007

Revised Date

~~June 15, 2017~~ June 21, 2018

Review Date

June 21, 2018

Information

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

LHINs were created in 2006 to allow patients better access to health care in a system that was described as fragmented, complex and difficult to navigate.

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

LHINs will continue to:

- engage the input of the community on their needs and priorities;

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

The Patients First Act requires formal connections between LHINs and local Boards of Health in order to leverage community expertise and ensure local public health units are involved in community health planning.⁴ [The Ontario Public Health Standards and related guideline provide additional direction with respect to this relationship.](#)

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

Board of Health Manual Public Health Sudbury & Districts Procedure

Category

Board of Health Proceedings

Section

Board of Health Meetings

Subject

Distribution of Agenda Package

Number

E-I-12

Approved By

Board of Health

Original Date

March 23, 1989

Revised Date

~~June 16, 2016~~ June 21, 2018

Review Date

June 21, 2018

Process

Once the agenda is prepared, the agenda package, along with supporting documentation, are uploaded and published in [the board meeting software platform](#) ~~BoardEffect~~ for the Board of Health members to access via their [electronic devices](#) ~~iPads~~.

One print package is required for the Board of Health minute binder and one extra agenda package is to be kept on hand should anyone require it at the meeting.

On the Monday of the week preceding a Board meeting, Communications staff posts the agenda package to the [SDHU Public Health Sudbury & Districts internet website](#) and shares [it a link](#) with the news media informing them of the meeting. The MOH office shares the agenda package constituent municipalities electronically.

Any questions related to the agenda package be directed to the Board Secretary.

Board of Health Manual Public Health Sudbury & Districts Policy

Category

Communication

Section

Community Liaison

Subject

~~Engagement, Stakeholder Engagement and Responsiveness~~Community and Stakeholder Engagement

Number

F-I-10

Approved By

Board of Health

Original Date

May 23, 1991

Revised Date

~~February 16, 2012~~June 21, 2018

Review Date

June 21, 2018

Purpose

The Board of Health believes that it has a paramount role within the districts of Sudbury and Manitoulin in planning for and ensuring the provision of community-based programs and services for the prevention of disease and the promotion and protection of health. This role can be significantly enhanced by extensive consultation and collaboration with appropriate ministries of government, municipal and district planning authorities, agencies and institutions whose activities are directed at disease prevention and health promotion, and with the general public.

To this end, the Board of Health will ensure that administration develops and implements community engagement and stakeholder engagement strategies to:

- Provide information to the public on the Health Unit's mission, programs and services.

- Collaborate with various levels of government, community agencies and institutions in the provision of human resources, programs and services directed towards disease prevention and health protection and promotion.
- Work collaboratively with community agencies and institutions to coordinate the provision of human resources, programs and services directed towards disease prevention and health protection and promotion.
- Build and further develop the relationship with Indigenous communities that is meaningful for them and in accordance with the *Relationship with Indigenous Communities Guideline, 2018*.
- Engage in community and multi-sectoral collaboration with the North East LHIN 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*.
- ~~Utilize evidence to inform the decision-making process from a variety of sources including: stakeholder perspectives; public engagement; data and analyses obtained from population health assessment and surveillance; key facts, findings, trends, and recommendations from published scientific research; legal and political environments; and recommendations based on past experiences including program evaluation information. information derived from liaison with various community sources to plan health unit programs and services that answer demonstrated needs and avoid duplication of service.~~
- Engage with ~~Community~~ partners, stakeholders, ~~and the public are engaged in the planning, development, implementation, and evaluation of strategies for public health programming and research.~~
- ~~Assist other community agencies and institutions in program planning and delivery by the sharing of information on community health status, needs assessments, program evaluations and applied public health research.~~
 - a) ~~Foster linkages with post-secondary educational institutions in order to heighten awareness of public health issues, contribute to curriculum development, collaborate on relevant research and to encourage health and allied professionals to adopt and promote health-enhancing behaviours.~~
 - b) ~~Assist Boards of Education in health curriculum planning and delivery.~~
- Collaborate with various agencies and institutions in advocating for healthy public policy.
- ~~Involve the community at large in planning for health.~~
- Monitor and evaluate these partnerships to determine effectiveness and identify and address gaps.

Board of Health Manual Public Health Sudbury & Districts Policy

Category

Communication

Section

Community

Subject

Public Communication

Number

F-II-10

Approved By

Board of Health

Original Date

May 23, 1991

Revised Date

~~November 18, 2010~~ June 21, 2018

Review Date

June 21, 2018

Purpose

The Board of Health recognizes that its primary mandate is to prevent disease and injury and to promote and protect health. This mandate can best be fulfilled if the public is fully informed of the health status, health risks, and health needs of the community.

The Board of Health is committed to utilizing all appropriate means of public dissemination of information about the health of the community and the programs and activities of the Board that are directed towards disease and injury prevention and health promotion and protection.

The Board of Health, being a publicly funded agency, further recognizes its responsibility to account to the community and various funding agencies for its expenditures of public funds.

To these ends, through its staff, the Board of Health will:

- Ensure effective communication strategies which reflect local needs by utilizing a variety of communication modalities, taking advantage of existing

resources where possible, and complementing national/provincial health campaigns.

- Disseminate timely information regarding the health status, health risks, and health needs of the community in a timely way to the public and to interested agencies and institutions.
- Respond in a timely and appropriate manner to requests from the public, the media, and other agencies and institutions for information about emerging public health issues or concerns, and to emergencies that may affect the public's health.
- Adhere to the provisions of the *Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990* and the *Personal Health Information Protection Act, 2004, S.O. 2004*, and confidentiality policies of the Board of Health when responding to these requests.
- Advise the public, the media, funding and planning bodies, and interested agencies and institutions of the activities and programs of the Board of Health.
- Report to constituent municipalities, appropriate ministries of government, and the public regarding the financial status of the Health Unit and its various programs.

The Board Chair or individual Board members, while recognizing the public's right to access the Board for information, will respond to public enquiries within the following guidelines:

- Only policies currently approved by the Board are to be discussed.
- Policies under development are not public information until approved by the Board.
- Enquiries of a technical or operational nature are referred to the Medical Officer of Health/Chief Executive Officer.
- Personal opinions shall be identified as such.
- Issues that have potential financial or legal implications for the Board shall be directed to the whole Board or the Medical Officer of Health/Chief Executive Officer.
- Written requests for information shall be directed to the Medical Officer of Health/Chief Executive Officer in keeping with Policy F-III-10 and respecting the *Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990* and the *Personal Health Information Protection Act, 2004, S.O. 2004*.

Board of Health Manual Public Health Sudbury & Districts Policy

Category

Communication

Section

Annual Reports

Subject

~~Preparation~~ Annual Report

Number

F-II-20

Approved By

Board of Health

Original Date

January 15, 2004

Revised Date

June ~~21~~¹⁶, 201~~8~~⁶

Review Date

June 21, 2018

Purpose

~~As per the 2018 Ontario Public Health Standards, a coordinated approach to the standards and accountability will be demonstrated through the submission of planning and reporting tools by boards of health to the ministry, including the Board of Health Annual Service Plan and Budget Submission, performance reports, and an annual report.~~

~~Boards of Health will provide to the ministry a report after year-end on the affairs and operations, including how they are performing on requirements (programmatic and financial), delivering quality public health programs and services, practicing good governance, and complying with various legislative requirements.~~

~~In keeping with Policy F-II-10 with respect to public communication, and the requirements in the 2018 Ontario Public Health Standards, a Public Health Sudbury & Districts a Sudbury & District Health Unit annual report will be prepared and distributed to the general public on an annual basis.~~

This annual ~~financial and performance~~ report will include information on:

- Programmatic and financial performance
- Delivery of quality public health programs and services
- Governance
- Compliance with various legislative requirements.
- ~~A description of the mission, roles, processes, programs and operation of the Health Unit; and~~
- ~~Performance indicators.~~

~~The purpose of the annual report is to ensure transparency and accountability and to keep the general public informed of the activities and programs of the Board of Health.~~

Board of Health Manual Public Health Sudbury & Districts Procedure

Category

Communication

Section

Confidentiality

Subject

Freedom of Information

Number

F-III-10

Approved By

Board of Health

Original Date

May 23, 1991

Revised Date

~~June 16, 2016~~ June 21, 2018

Review Date

June 21, 2018

Process

Except as described in this procedure, all Board of Health meetings are open to the public.

~~In accordance with Section 239 of the The Municipal Act, which also applies to local boards or committees of local boards. Per the Municipal Act S.239, a meeting or part of a meeting may be **closed** to the public if the subject matter being considered is: under conditions as prescribed in the Act.~~

- ~~• the security of the property of the Public Health Sudbury & Districts Health Unit;~~
- ~~• personal matters involving one or more about an identifiable individuals, including employees or prospective employees;~~
- ~~• proposed or pending acquisition or disposition of land by the board;~~
- ~~• labour relations or employee negotiations;~~
- ~~• litigation or potential litigation, including matters before administrative tribunals, affecting the board;~~

- ~~advice that is subject to solicitor-client privilege, including communications necessary for that purpose;~~
- ~~a matter in respect of which a council, board, committee or other body may hold a closed meeting under another Act; and~~
- ~~for the purpose of educating or training the members (reference section 239, Subsection 3.1 of the *Municipal Act*.)~~

A meeting shall be closed to the public if the subject matter relates to the consideration of a request under the *Municipal Freedom of Information and Protection of Privacy Act* if the council, board, commission or other body is the head of an institution for the purposes of that Act. (2001, c. 25, s. 239 (3))

A meeting may be closed to the public if the following conditions are both satisfied:

1. The meeting is held for the purpose of educating or training the members.
2. At the education or training meeting, no member discusses or otherwise deals with any matter in a way that materially advances the business or decision-making of the council, local board or committee. 2006, c. 32, Sched. A, s. 103 (1).

Before holding a meeting or part of a meeting that is to be closed to the public, a municipality or local board or committee of either of them shall state by resolution,

- (a) the fact of the holding of the closed meeting and the general nature of the matter to be considered at the closed meeting; or
- (b) in the case of education or training sessions, the fact of the holding of the closed meeting, the general nature of its subject-matter and that it is to be closed under article 239 subsection 3.1 of the *Municipal Act*.

Copies of Board records in the possession or under the control of the Secretary to the Board may be made available to members of the public and shall be processed in accordance with the General Administrative Manual (GAM) policy for information requests. Payment of the costs of photocopying shall be in accordance with ~~the Public Health Sudbury & Districts Health Unit~~ fee schedule.

Municipal Freedom of Information and Protection of Privacy Act does not apply to a record of a meeting closed under subsection (3.1). 2006, c. 32, Sched. A, s. 103 (3) of the *Municipal Act*.

In the event that ~~the SDHU Public Health Sudbury & Districts~~ receives a complaint relating to a closed Board of Health meeting, ~~the SDHU Public Health Sudbury & Districts~~ will utilize the services of the Ombudsman Ontario as the investigator when required in accordance with s.239 of the *Municipal Act*.

The Secretary to the Board of Health will ensure that members of the press covering Board meetings have access to relevant information.

Board of Health Manual Public Health Sudbury & Districts

~~Information Sheet~~Policy

Category

Communication

Section

Confidentiality

Subject

Disclosure

Number

F-IV-10

Approved By

Board of Health

Original Date

January 17, 2002

Revised Date

~~January 19, 2017~~June 21, 2018

Review Date

June 21, 2018

Purpose

The Board of Health ~~for the Sudbury & District Health Unit~~ is committed to public transparency and demonstrates this by surpassing minimum the disclosure of information as it relates to inspection and enforcement as follows: *Ontario Public Health Standards, 2018*, requirements for disclosure of information via the following on the release of enforcement and inspection information:

~~36-09 rescinded by 36-15 and updated by 02-17~~

~~WHEREAS the Minister of Health and Long-Term Care has requested that each Board of Health and Medical Officer of Health make transparency a priority objective in business plans; and~~

~~WHEREAS the Minister of Health and Long-Term Care has requested that each Board of Health and Medical Officer of Health take steps towards developing and establishing new reporting practices to make information readily available to the public; and~~

~~WHEREAS the Sudbury & District Health Unit is committed to public transparency;~~

~~THEREFORE BE IT RESOLVED THAT the Sudbury & District Board of Health endorse the expansion of the Check Before you Go Eat! disclosure system to include findings of routine inspection and enforcement related activities pertaining to public pools, public spas, personal services settings, tobacco vendors and electronic cigarette vendors; and~~

~~THAT the following be the Board policy on the release of enforcement and inspection information:~~

1. Charges: Statistical information on charges (i.e. no identifying information) is released to ~~the Sudbury & District~~ Board of Health at its regularly scheduled meetings.
2. Convictions: Convictions related to food premises, public pools, public spas, ~~and~~ personal services settings, ~~tobacco vendor and electronic cigarette vendor~~ infractions are posted on ~~the Sudbury & District Health Unit~~ Public Health Sudbury & Districts Check Before You Go website as soon as possible following the conviction and for a period of 12 months from the date on which the conviction was rendered.
3. Orders: Orders pertaining to food premises, public pools, public spas, personal services settings, and tobacco vendors are posted on Public Health Sudbury & Districts ~~the Sudbury & District Health Unit~~ Check Before You Go website as soon as possible following the issuance of the order and for a period of 12 months from the date on which the order was rescinded.
- 4.3. ~~Routine inspection reports related to food premises, public pools, public spas, and personal services settings: Routine inspection and re-inspection reports are posted on~~ Public Health Sudbury & Districts ~~the Sudbury & District Health Unit website as soon as possible following the inspection and for a period of 12 months from the date of the inspection.~~
- 5.4. ~~—~~Requests for information not posted on website: Requests for information not posted on the website are considered on an individual basis in accordance with ~~Health Unit~~ Public Health Sudbury & Districts policy, ~~and the~~ Municipal Freedom of Information and Protection of Privacy Act (MFIPPA), and the Personal Health Information Protection Act (PHIPA).

Board of Health Manual Public Health Sudbury & Districts

By-Law

Category

Board of Health By-Laws

Section

By-laws

Subject

By-law 04-88

Number

G-I-30

Approved By

Board of Health

Original Date

June 23, 1988

Revised Date

~~September 21, 2017~~ June 21, 2018

Review Date

June 21, 2018

To Regulate the Proceedings of the Board of Health

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

Interpretation

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

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

- e) "Committee" means a committee of the Board, but does not include the Committee of the Whole;
- f) "Committee of the Whole" means all the members present at a meeting of the Board sitting in Committee;
- g) "Council" means the Council of any constituent municipality;
- h) "Meeting" means a meeting of the Board;
- i) "Member" means a member of the Board;
- j) "Quorum" means a majority of the members of the Board who are present at a Board meeting in person;
- k) "Secretary" means the Secretary of the Board of Health.
- l) "Absences" means a Board member who is not present at a Board meeting in person for the purpose of establishing quorum

General

As per section 49. (2) of the Health Protection and Promotion Act, the Board of Health for the Sudbury & District Health Unit shall have no fewer than three and no more than thirteen municipal members. R.S.O. 1990, c. H.7, s. 49 (2). In addition, the Lieutenant Governor in Council may appoint one or more persons as members of the board of health as long as the number of Lieutenant Governor in Council appointees are fewer in number than the municipal members of the board of health. R.S.O. 1990, c. H.7, s. 49 (3).

Where a vacancy occurs in a Board of Health by the death, disqualification, resignation or removal of a member, the person or body that appointed the member shall appoint a person forthwith to fill the vacancy for the remainder of the term of the member.

- 2. In all the proceedings at or taken by this Board, the following rules and regulations shall be observed and shall be the rules and regulations for the order and dispatch of business at the Board, and in the Committee thereof.
- 3. Except as herein provided, the rules of order of the Parliament of Canada, Bourinot shall be followed for governing the proceedings of this Board and the conduct of its members.
- 4. A person who is not a member of the Board or who is not a member of the council shall not be allowed to address the Board except upon invitation of the Chair subject to written request to the Secretary at least two weeks prior to the scheduled meeting.

5. Persons who have not requested in writing to address the Board may address the Board provided two-thirds of the Board are in agreement.
6. No persons shall smoke in the health unit buildings or on health unit premises.

Convening a Regular Meeting

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

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

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

Board members are expected wherever possible to attend meetings in person. Subject to any conditions or limitations in the Health Protection and Promotion Act and/or the Municipal Act, a member who participates in a an open meeting through electronic means is deemed to be absent (i.e. not present at the meeting for purposes of establishing quorum); however, if quorum is established with those in attendance in person, members participating electronically have full participation, including voting rights. Further, electronic participation shall not be permitted for a meeting which is closed to the public.

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

Convening a Special Board Meeting

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

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

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

Notice of Meetings

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

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

The notice shall be provided to each member no later than one week prior to the

day of the meeting.

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

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

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

Preparation of the Agenda

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

Commencement of Meetings / Quorum

13. As soon as there is a quorum after the hour fixed for the meeting, the Chair of the Board, or Vice-Chair or person appointed to act in their place and stead, shall take the chair and call the members to order.

14. If the person who ought to preside at any meeting does not attend by the time a quorum is present, the Secretary shall call the members to order and a presiding officer shall be appointed by majority vote to preside during the meeting or until the arrival of the person who ought to preside.
15. If there is no quorum within 15 minutes after the time appointed for the meeting, the Secretary shall call the roll and take down the names of the members then present, and the meeting shall then adjourn until such time as quorum is available.
16. Upon any member directing the attention of the Chair to the fact that a quorum is not present, the Secretary, at the request of the Chair, shall within three minutes following such request, record the names of those members present and advise the Chair, if a quorum is, or is not, present.

Rules of Debate and Conduct of Members at the Board

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

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

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

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

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

Board members appointed by the Lieutenant Governor-in Council are answerable to the Board of Health for their attendance. Failure to provide sufficient notice of non-attendance at three consecutive meetings or failure to

attend a minimum of 50% of Board meetings without just cause may result in a request by the Board for the member to resign.

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

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

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

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

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

25. Any member may require the question or motion under discussion to be read at any time during the debate, but not so as to interrupt a member while speaking.
26. A member shall not:
 - speak disrespectfully of the Reigning Sovereign, any member of the Royal Family, the Governor-General or a Lieutenant-Governor;
 - use offensive words or unparliamentary language at the Board meetings;
 - disobey the rules of the Board or decision of the Chair of the Board, on questions of order or practice or upon the interpretation of the rules of the Board;
 - leave his seat or make any noise or disturbance while a vote is being taken and until the result is declared; or
 - interrupt a member while speaking except to raise a point of order.

27. In case any member persists in a breach of the foregoing section after having been called to order by the Chair, the Chair shall without debate put the question, "Shall the member be ordered to leave his seat for the duration of the meeting?"

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

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

Questions of Privilege and Points of Order

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

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

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

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

Motions and Order of Putting Questions

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

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

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

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

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

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

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

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

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

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

38. When the question under consideration contains distinct propositions, upon the request of any member, the vote upon each proposition shall be taken separately.

39. After the Chair commences to take a vote, no member shall speak to or present another motion until the vote has been taken on such motion, amendment or sub-amendment.

40. Every member eligible to vote at a meeting of the Board, when a vote is taken on a matter, shall vote therein unless prohibited by statute; and, if any member eligible to vote at a meeting persists in refusing to vote, he shall be deemed as voting in the negative.

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

Adjournment

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

Secretary for the Board

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

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

Appointment and Organization of Committees

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

Conduct of Business in Committees

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

Corporate Seal

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

Execution of Documents

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

Duties of Officers

Chair and Vice-Chair

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

56. The Chair of the Board shall:

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

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

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

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

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

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

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

Amendments

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

Medical Officer of Health

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

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

Activation of an Acting MOH appointment will be delegated to the MOH with the MOH providing notice of the Acting Appointment to the Board of Health Chair. ~~In the event that~~ If the MOH is unable to activate an Acting MOH appointment the activation will be done by the Board of Health Chair. The Acting Medical Officer of Health must provide written consent to the appointment.

Per Section 68(2) of the HPPA, where the office of the MOH is vacant or the MOH is absent or unable to act, the Associate MOH of the board shall act as and has all the powers of the MOH. In the event of Acting Medical Officer of Health appointments of six months or greater, the consent of the Minister and Chief Medical Officer of Health will be obtained in accordance with the HPPA;

Dismissal of Medical Officer(s) of Health or Associate Medical Officer of Health

62. Per Section 66 of the HPPA, a decision by the Board of Health to dismiss a Medical Officer of Health or an Associate Medical Officer of Health from office is not effective unless:

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

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

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

MOH/CEO Meeting Notice and Attendance

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

General

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

Enacted and passed by the Board of Health, Sudbury & District Health Unit this 23rd day of June 1988.

Reviewed and passed by the Board of Health, Sudbury & District Health Unit this 26th day of February 1990.

Reviewed and passed by the Board of Health, Sudbury & District Health Unit this 23rd day of May 1991.

Reviewed and passed by the Board of Health, Sudbury & District Health Unit this 29th day of June 1992.

Reviewed and passed by the Board of Health, Sudbury & District Health Unit this 22nd day of April 1993.

Reviewed and passed by the Board of Health, Sudbury & District Health Unit this 28th day of April 1994.

Reviewed and passed by the Board of Health, Sudbury & District Health Unit this 27th day of April 1995.

Reviewed and passed by the Board of Health, Sudbury & District Health Unit this 23rd day of May 1996.

Reviewed and passed by the Board of Health, Sudbury & District Health Unit this 28th day of May 1998.

Reviewed and passed by the Board of Health, Sudbury & District Health Unit this 22nd day of April 1999.

Reviewed and passed by the Board of Health, Sudbury & District Health Unit this 25th day of May 2000.

Reviewed and passed by the Board of Health, Sudbury & District Health Unit this 22nd day of February 2001.

Revised and passed by the Board of Health, Sudbury & District Health Unit this 17th day of October 2002.

Revised and passed by the Board of Health, Sudbury & District Health Unit this 17th day of June 2004.

Revised and passed by the Board of Health, Sudbury & District Health Unit this 15th day of November 2007.

Revised and passed by the Board of Health, Sudbury & District Health Unit this 18th day of November 2010.

Revised and passed by the Board of Health, Sudbury & District Health Unit this 16th day of February 2012.

Revised and passed by the Board of Health, Sudbury & District Health Unit this 20th day of February 2014.

Revised and passed by the Board of Health, Sudbury & District Health Unit this 15th day of October 2015.

Revised and passed by the Board of Health, Sudbury & District Health Unit this 16th day of June 2016.

Revised and passed by the Board of Health, Sudbury & District Health Unit this 15th day of June 2017.

Board of Health Manual Public Health Sudbury & Districts By-Law

Category

Board of Health By-Laws

Section

By-laws

Subject

By-law 01-98

Number

G-I-50

Approved By

Board of Health

Original Date

March 26, 1998

Revised Date

~~February 15~~ June 21, 2018

Review Date

June 21, 2018

Information

Being a By-law of the Board of Health for ~~Public Health~~ the ~~Sudbury & and~~ District ~~Health Units~~ Respecting Construction, Demolition, Change of Use Permits, Inspections, and Fees Related to Sewage Systems.

WHEREAS the Board of Health ~~effor~~ the ~~Sudbury & and District Health Unit operating as Public Health Sudbury & Districts~~ is responsible for the enforcement of the provisions of the *Building Code Act* and Regulations related to sewage systems;

AND WHEREAS the Board of Health is empowered pursuant to Section 7 of the *Building Code Act* to make by-laws respecting sewage systems;

NOW THEREFORE the Board of Health for ~~Public Health~~ Sudbury ~~& and~~ District ~~Health Units~~ hereby enacts as follows:

Short Title

This by-law may be cited as “the Sewage System By-law”.

Definitions

In this By-law,

- a) “Act” means the *Building Code Act, 1992*, and attendant O. Reg. 332/12 including amendments thereto.
- b) “applicant” means the owner of a building or property who applies for a permit or land use planning report or any person authorized in writing by the owner to apply on the owner’s behalf, or any person or corporation empowered by statute to cause the demolition of a building or buildings and anyone acting under the authority of such person or corporation.
- c) “as constructed plans” means as constructed plans as defined in the Building Code.
- d) “Board of Health” means the Board of Health for the ~~Public Health~~ Sudbury & and District Health Units.
- e) “building(s)” means a building as defined in Section 1(1) of the Building Code.
- f) “Building Code” means the regulations made under Section 34 of the Act.
- g) “Notice of Substantial Completion” relates to the day on which a sewage system has been completed and is ready for a final inspection before backfilling.
- h) “sewage system inspector” means an inspector appointed by the Board of Health under Section 3(2) of the Act.
- i) “permit” means written permission or written authorization from the Chief Building Officer to perform work regulated by the Act, this By-law, and the Building Code.
- j) “permit holder” means the person to whom the permit has been issued and who assumes the primary responsibility for complying with the Act, the Building Code and this By-law.
- k) “plumbing” means plumbing as defined in Section 1(1) of the Act.
- l) “renovation” means the extension, alteration or repair of an existing building or sewage system or the change in use or part of the use of an existing building or sewage system.
- m) “repair requiring permit” means the replacement of a treatment unit or the replacement or alteration of materials in a leaching bed or any component contained therein.
- n) “sewage system” means sewage system as defined in Section 1(1) of the Act.
- o) “sewage system permit” means a building permit as defined in Section 8(1) of the Act for the purposes of this By-law.

Terms not defined in this By-law shall have the meaning ascribed to them in the Act or the Building Code.

Classes of Permits

Classes of permits required for the construction, demolition or change of use of a sewage system or for the renovation of an existing building or sewage system are set forth in Schedule “A” attached hereto and forming part of this By-law.

Permit Applications

To obtain a permit, an applicant shall file an application in writing by completing the form(s) prescribed and available from the Chief Building Inspector and satisfy the following:

- 1) Where application is made for a sewage system permit under subsection 8(1) of the Act, the application shall:
 - a) identify and describe in detail the work, use and occupancy to be covered by the permit for which application is made;
 - b) identify and describe in detail the existing use(s) and the proposed use(s) for which the premises are intended;
 - c) include complete plans and specifications as described in this By-law for the work to be covered by the permit and show the occupancy of all parts of the building;
 - d) include the legal description, municipal address and where appropriate the unit number of the land on which the work is to be done;
 - e) be accompanied by the required fees as calculated with Schedule “A”;
 - f) state the name, address and telephone number of the owner, and if the owner is not the applicant, the applicant’s name, address and telephone number and the signed statement of the owner consenting to the application;
 - g) where applicable, state the name, address and telephone number of the architect, engineer or other designer, and the constructor or person hired to carry out the construction or demolition;
 - h) where any person named in clause (g) requires a license under the Act or Building Code, include the number and date of issuance of the license and the name of the qualified person supervising the work to be covered by the permit;
 - i) when Section 2.3 of the Building Code applies, be accompanied by a signed acknowledgement of the owner that an architect or professional engineer, or both, have been retained to carry out the general review of the construction or demolition of the sewage system;
 - j) when Section 2.3 of the Building Code applies, be accompanied by a signed statement of the architect or professional engineer, or both, undertaking to provide a general review of the construction or demolition of the sewage system;
 - k) include the applicant’s registration number where the applicant is a builder or vendor as defined in the *Ontario New Home Warranties Plan Act*;

- l) include, as the Chief Building Inspector deems necessary, proof of the zoning and permitted uses applicable to the land on which the work is to be done; and
 - m) be signed by the applicant who shall certify as to the truth of the contents of the application.
- 2) Where application is made for the demolition of a sewage system under subsection 8(1) of the Act, the application shall:
 - a) contain the information and other requirements provided in subsection 4(1), and;
 - b) be accompanied by satisfactory proof that arrangements have been made with the proper authorities for the termination and capping of the appropriate utilities and for the removal and disposal of the sewage system components.
- 3) Where application is made for a renovation to an existing building under the Act and Building Code, the application shall:
 - a) contain the information and other requirements provided in subsection 4(1), and;
 - b) include plans and specifications which show the current and proposed occupancy of all parts of the building, and which contain sufficient information to establish compliance with the requirements of the Building Code, including floor plans, and detailed information respecting the existing sewage disposal system and prior permits.
- 4) Inspections will be carried out on properties that are identified under the mandatory maintenance inspection program according to section 1.10.2 of Division C, Part 1 of the Ontario Building Code and a fee will be charged as noted in Schedule "A".
- 5) Where compliance with all the requirements for a permit application is unnecessary or unreasonable, the Chief Building Inspector may, in cases where he or she deems appropriate, authorize deletion of one or more of the requirements provided the intent and purpose of this By-law is maintained.
- 6) Where an application for a permit remains incomplete or inactive for six (6) months after it is made, the application may be deemed by the Chief Building Inspector to have been abandoned and notice thereof shall be given to the applicant.

Plans, Specifications, Documents and Information

- 1) Every applicant shall furnish sufficient plans, specifications, documents and other information to enable the Chief Building Inspector to determine whether the proposed construction, demolition, change of use or occupancy conforms to the Act, the Building Code and any other applicable law including, without limiting the generality of the foregoing:
 - a) zoning approval from the applicable Planning Authority;
 - b) plans that are legible and drawn to scale on paper, cloth or other suitable and durable material;
 - c) documents submitted that are legible;

- d) if applicable, Conservation Authority or Ministry of Natural Resources approval.

Site plans submitted should be referenced to a current survey certified by a registered Ontario Land Surveyor and a copy of the survey shall be filed with the Chief Building Inspector, if deemed necessary.

Site Plans shall show:

- a) lot size and dimensions of the property;
- b) setbacks from existing and proposed buildings to the property boundaries and to each other;
- c) setbacks from existing and proposed wells, including wells on adjacent properties;
- d) setbacks from property boundaries, lakes, rivers, streams, reservoirs, ponds and water drainage courses;
- e) the location of any unsuitable, disturbed or compacted areas;
- f) proposed access routes for system maintenance and proposed parking areas;
- g) culverts, drainage patterns and swales;
- h) existing and proposed utility corridors, whether above or below grade;
- i) existing right-of-ways, easements and crown reserves;
- j) the legal description of the property, and if available, the municipal address.

Specifications submitted shall be based on a site specific evaluation of the property and soils and shall include:

- a) depth of existing soils to bedrock;
- b) depth of soils to groundwater table;
- c) soil properties including soil percolation test results and/or soil permeability as determined by a grain size analysis utilizing the Unified Soil Classification System;
- d) soil conditions, including the potential for flooding;
- e) soil profiles as determined by test pits excavated in the area of the proposed leaching bed;
- f) where the applicant is proposing a raised or partially raised leaching bed, specifications on the amount of fill required, the dimensions of the area to be filled and the soil properties as noted in subsection 3(c);
- g) detailed specifications on the type of sewage system proposed, the size of the sewage system proposed and detailed design drawings;

- h) where deemed necessary by the Chief Building Inspector, a site plan shall include contour mapping, existing and finished ground elevations;
- i) an application for a Class 5 system shall be accompanied by evidence that confirms that the proposal is in compliance with the Building Code.

Equivalents

- 1) Where an application for a permit or for authorization to make a material change to a plan, specifications, document or other information on the basis of which a permit was issued, contains an equivalent material, system or system design for which authorization under Section 9 of the Act is requested, the following information shall be provided:
 - a) a description of the proposed material, system or system design for which authorization is requested;
 - b) any applicable provisions of the Building Code, and;
 - c) evidence that the proposed material, system or system design will provide the level of performance required by the Building Code.
 - d) the Chief Building Inspector reserves the right to have any application requiring authorization under Section 9 of the Act referred to the Building Materials Evaluation Commission for review.

Revisions to Permit

- 1) After the issuance of a permit under the Act, notice of any material change to a plan, specification, document or other information on the basis of which the permit was issued, must be given in writing to the Chief Building Inspector together with the details of such change which is not to be made without his or her written authorization;
- 2) The fees for revising a permit, reviewing new plans and repeating inspections shall be set out in Schedule "A" of this By-law.

Notice Requirements

- 1) Notices required by Section 10.2 (1) of the Building Code shall be given by the permit holder to the Director at least 5 business days in advance of the stages of construction specified therein.
- 2) A notice pursuant to clause (1) of this By-law is not effective until written or oral notice is actually received by the Chief Building Inspector, the sewage system inspector or designate.
- 3) Notice required upon completion of the sewage system Section 11 (4)a of the Building Code shall be in writing in a form designated by the Chief Building Inspector. The completion form shall be given to the Chief Building Inspector at least 10 days in advance of the intended use of the sewage system.
- 4) Where the applicant files a completion form with the Chief Building Inspector, the form shall:

- a) indicate that the sewage system was backfilled, graded and seeded or sodded in accordance with the Building Code;
- b) indicate the date on which the work was completed;
- c) where the applicant has retained an architect or professional engineer, or both, to carry out the general review of the construction of the sewage system, contain the written opinion of the architect or engineer that the completed work conforms to the Building Code;
- d) be signed by the applicant who shall certify the truth of the contents of the information contained within the completion form;
- e) where information is received by the Chief Building Inspector as required by this section, the Chief Building Inspector may, upon the signed recommendations of a sewage system inspector, deem that the requirements of the Building Code have been satisfied, without having an inspection conducted to verify the information;
- f) the Chief Building Inspector may require that a set of as constructed plans of the sewage system or any part of the sewage system be submitted by the applicant.

OR

f)g) A site inspection must be carried out by the sewage inspector to verify that the requirements of 4 (a) have been carried out.

Transfer of Permits

- 1) If the registered owner of the land to which the permit applies changes, the permit is transferable only upon the new owner completing a permit application, to the requirements of Section 4 of this By-law. The new owner shall then be the permit holder for the purposes of the Act and the Building Code and assume all responsibilities for compliance with the permit documents.
- 2) The fee for transferring a permit shall be set out in Schedule "A".

Refunds

- 1) No refund of fees shall be made once a site inspection for a permit or a land use evaluation has been carried out.
- 2) All requests for withdrawal of an application shall be in writing by the applicant.

Revocation

- 1) The Chief Building Inspector may revoke a permit subject to Section 8(10) of the Act or for an "N.S.F. Cheque" that was issued as payment of fees and notice thereof shall be given to the applicant.

Fees

- 1) The payment of fees for a permit or maintenance inspection shall be set out in Schedule "A" and are due and payable upon submission of an application or completion of inspection.
- 2) No permit shall be issued until the fees therefore have been paid in full.

Forms

The Chief Building Inspector shall be responsible for the development and maintenance of forms required for the sewage system program. Classifications of forms shall be set out in Schedule "B" of this By-law.

Offence/Penalty

- 1) Every person who contravenes any provision of this By-law is guilty of an offence.
- 2) Every person who is convicted of an offence is liable to a fine as provided for in the Provincial Offences Act, R.S.O. 1990, cP.33.

Policies and Procedures

- 1) The Board of Health for ~~Public Health~~ Sudbury & and District Health Units shall from time to time establish policies and procedures related to sewage program activities as are appropriate.

Validity

Should any section, subsection, clause or provision of this By-law be declared by a Court of competent jurisdiction to be invalid, the same shall not affect the validity of this By-law as a whole or any part thereof, other than the part so declared to be invalid.

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

Revised and passed by the Board of Health, Sudbury & District Health Unit this 27th day of May 1999.
Reviewed and passed by the Board of Health, Sudbury & District Health Unit this 25th day of May 2000.
Reviewed and passed by the Board of Health, Sudbury & District Health Unit this 22nd day of February 2001.
Revised and passed by the Board of Health, Sudbury & District Health Unit this 19th day of February 2004.
Revised and passed by the Board of Health, Sudbury & District Health Unit this 17th day of June 2004.
Revised and passed by the Board of Health, Sudbury & District Health Unit this 15th day of November 2007.
Revised and passed by the Board of Health, Sudbury & District Health Unit this 14th day of May 2009.
Revised and passed by the Board of Health, Sudbury & District Health Unit this 20th day of January 2011.
Revised and passed by the Board of Health, Sudbury & District Health Unit this 16th day of February 2012.
Revised and passed by the Board of Health, Sudbury & District Health Unit this 20th day of February 2014.
Revised and passed by the Board of Health, Sudbury & District Health Unit this 18th day of June 2015.
Revised and passed by the Board of Health, Sudbury & District Health Unit this 16th day of February 2017.

SCHEDULE "A" TO BY-LAW 01-98

Cost Per Permit and Record

1) Sewage System Permits:

a) Class 2 Sewage System (Leaching Pit)	\$400.00
b) Class 2 Sewage System (more than 4 sites)	\$1,600.00
(plus \$100 for each lot over 4)	\$100.00
c) Class 3 Sewage System (Cesspool)	\$400.00
d) Class 4 Sewage System (Septic Tank and Leaching Bed)	\$900.00
e) Class 4 Sewage System (Leaching Bed Only)	\$550.00
f) Class 4 Sewage System (Tank Only)	\$350.00
g) Class 5 Sewage System (Holding Tank)	\$900.00

2) Sewage System Permits: Re-Inspection **\$250.00**

3) Renovation Permit **\$300.00**

4) Demolition Permit **\$300.00**

5) Revisions to Permit (Inspection Required) **\$400.00**

6) Transfer of Permit to New Owner **\$100.00**

7) Extraordinary Travel Costs by Air, Water, etc. **Full Cost Recovery**

Other Fees

Mandatory Maintenance Inspection	\$175.00
File Search	\$300.00
Consent Applications	\$250.00/lot
Minor Variance/ Zoning Applications	\$250.00
Copy of Record	\$80.00
Other Government Agencies	\$250.00

SCHEDULE “B” TO BY-LAW 01-98

Forms for Sewage Systems

1) Sewage System Permits:

- a) Application Form for a Sewage System Permit
- b) Inspection Reports
- c) Form Letters and Orders
- d) Completion Notice Re: Readiness for Use of a Sewage System

2) Mandatory Maintenance Inspections

- a) Inspection Reports

Board of Health Manual Public Health Sudbury & Districts

By-Law

Category

Board of Health By-Laws

Section

By-laws

Subject

By-law 02-02

Number

G-I-60

Approved By

Board of Health

Original Date

March 26, 1998

Revised Date

June 21, 2018~~15, 2017~~

Review Date

June 21, 2018

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

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

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

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

1. (1) The following person is appointed as Chief Building Official:
 - a) Richard Auld

(2) In the event that the currently appointed person ceases to be the Chief Building Official, another qualified sewage system inspector will be appointed. The following person will be appointed for the position:

a) Burgess Hawkins

(3) The Chief Building Official shall have all the powers and duties as set out in Section 1.1 (6) of the Act.

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

- (1) Nathalie Barsalou
- (2) Holly Browne
- (3) Laura Bulfon
- (4) Dan Burns
- (5) Michael Campbell
- (6) Travis DeRocchis
- (7) Brad Dorman
- (8) Jonathan Groulx
- (9) Stacey Laforest
- (10) Brad Manning
- (11) Michael Maryniuk
- (12) Rachel O'Donnell
- (13) Cynthia Peacock-Rocca
- ~~(14)~~ Victoria Peczulis
- ~~(15)~~(14) Ashley Pepin
- ~~(16)~~(15) Mark Rondina
- ~~(17)~~(16) Adam Ranger
- ~~(18)~~(17) Jagdish Sharma
- ~~(19)~~ Rylan Yade
- ~~(20)~~(18) Alan Ferguson
- ~~(21)~~(19) Eric Kim
- ~~(22)~~(20) Tetyana Samoylenko

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

Revised and passed by the Board of Health, Sudbury & District Health Unit this 27th day of May 1999.

Reviewed and passed by the Board of Health, Sudbury & District Health Unit this 25th day of May 2000.

Reviewed and passed by the Board of Health, Sudbury & District Health Unit this 22nd day of February 2001.

Revised and passed by the Board of Health, Sudbury & District Health Unit this 27th day of June 2001.

Revised and passed by the Board of Health, Sudbury & District Health Unit this 21st day of February 2002.

Revised and passed by the Board of Health, Sudbury & District Health Unit this 20th day of February 2003.

Revised and passed by the Board of Health, Sudbury & District Health Unit this 19th day of February 2004.

Revised and passed by the Board of Health, Sudbury & District Health Unit this 17th day of June 2004.

Revised and passed by the Board of Health, Sudbury & District Health Unit this 15th day of November 2007.

Revised and passed by the Board of Health, Sudbury & District Health Unit this 14th day of May 2009.

Revised and passed by the Board of Health, Sudbury & District Health Unit this 10th day of September 2009.

Revised and passed by the Board of Health, Sudbury & District Health Unit this 18th day of November 2010.

Revised and passed by the Board of Health, Sudbury & District Health Unit this 21st day of April 2011.

Revised and passed by the Board of Health, Sudbury & District Health Unit this 16th day of February 2012.

Revised and passed by the Board of Health, Sudbury & District Health Unit this 20th day of February 2014.

Revised and passed by the Board of Health, Sudbury & District Health Unit this 18th day of June 2015.

Revised and passed by the Board of Health, Sudbury & District Health Unit this 16th day of June 2016.

Board of Health Manual Public Health Sudbury & Districts Policy

Category

Staff Development

Section

Staff Development

Subject

Professional Practice Support and Workforce [Capacity Building Development Plan](#)

Number

H-I-10

Approved By

Board of Health

Original Date

March 23, 1989

Revised Date

June ~~1621, 2016~~2018

Review Date

June 21, 2018

Purpose

Achievement of Public Health Sudbury & Districts mission and vision requires a flexible and responsive workforce that has the capacity, skills, knowledge, and attitude to meet the current and future needs of our communities. To this end, the organization supports the utilization of proactive approaches to the development of its workforce. The organization will interact with the broader systems and will employ a range of well-balanced strategies ensuring we have the right people with the right skills in place. A focus on the development of public health core competencies in staff will ensure a skilled, creative and responsive workforce at all organizational levels. As a Teaching Health Unit we strive for excellence in knowledge and skills.

Workforce Development

The Board of Health supports the implementation of a comprehensive workforce development plan which identifies the training needs of staff and encourages opportunities for the development of core competencies and partnerships with academic institutions. This includes the which maintains excellence in leadership and addresses

~~agency wide staff capacity as key elements of an innovative learning organization. The Board of Health believes in the provision of workforce development activities (including staff development opportunities) for all Public Health Sudbury & Districts Health Unit staff for the purpose of continuous development of Public Health and leadership core competencies supporting and the of quality public health programming and services meeting the communities' needs. A focus on the development of public health core competencies in staff will ensure a skilled, creative and responsive workforce at all organizational levels. As a Teaching Health Unit we strive for excellence in knowledge and skills.~~

~~The workforce development plan identifies the training needs of staff, including discipline specific and management training, and encourages opportunities for the development of core competencies and partnerships with academic institutions.~~

The Board of Health shall ensure that staff have access to both formal and informal educational opportunities such as on and off-site educational programs, membership in professional associations, on the job training, access to coaching and mentoring for staff at all organizational levels with a consideration to equity and fairness.

~~The Board of Health supports the provision of a comprehensive workforce development plan that maintains excellence in leadership and addresses agency wide staff capacity as key elements of an innovative learning organization. The workforce development plan identifies the training needs of staff, including discipline specific and management training, and encourages opportunities for the development of core competencies and partnerships with academic institutions.~~

~~The provision of formal and informal educational opportunities is based on the following general principles:~~

- ~~1. The development of public health core competencies in staff will cultivate a skilled, prepared and responsive workforce at all organizational levels.~~
- ~~2. Resources are utilized in an efficient and effective manner and made available to all staff in an equitable and fair manner based on identified needs.~~
- ~~3. Ongoing funding is available to implement approved activities for the workforce development plan.~~
- ~~4. Interdisciplinary training where appropriate and practical is supported.~~
- ~~5. In support of continuous quality improvement and life long learning staff is encouraged to upgrade skills and public health core competencies necessary to provide the best support through the mission of the Public Health Sudbury & Districts Health Unit.~~
- ~~6. Leadership development is supported at all organizational levels.~~
- ~~7. A collaborative approach with community stakeholders, academic institutions, health professionals and other appropriate disciplines is encouraged.~~

8.— Opportunities to build future public health human resource capacity is fostered by supporting student placements.

Professional Practice Support

The Board of Health shall support a culture of excellence in professional practice for all regulated and unregulated health professions that ensures inter-professional collaboration and learning, and that staff are able to comply with professional regulatory body requirements where applicable.

The Board of Health requires a designated Chief Nursing Officer (CNO) senior staff position to be responsible for nursing quality assurance and nursing practice leadership. The Professional Practice Committee (PPC), an interdisciplinary group of staff members representing various public health professions, also plays an important role to support the maintenance of competency while creating systems and processes to enhance inter-professional practice and development within the Public Health Sudbury & Districts Health Unit. Part of their role is to foster an environment that supports evidence-based professional practice and promotes excellence in public health practice across all disciplines.

Workplace Development

~~The Board of Health supports the provision of a comprehensive workforce development plan that maintains excellence in leadership and addresses agency-wide staff capacity as key elements of an innovative learning organization. The workforce development plan identifies the training needs of staff, including discipline specific and management training, and encourages opportunities for the development of core competencies and partnerships with academic institutions.~~

~~The provision of formal and informal educational opportunities is based on the following general principles:~~

- ~~1.— The development of public health core competencies in staff will cultivate a skilled, prepared and responsive workforce at all organizational levels.~~
- ~~2.— Resources are utilized in an efficient and effective manner and made available to all staff in an equitable and fair manner based on identified needs.~~
- ~~3.— Ongoing funding is available to implement approved activities for the workforce development plan.~~
- ~~4.— Interdisciplinary training where appropriate and practical is supported.~~
- ~~5.— In support of continuous quality improvement and life-long learning staff is encouraged to upgrade skills and public health core competencies necessary to provide the best support through the mission of the Sudbury & District Health Unit.~~
- ~~6.— Leadership development is supported at all organizational levels.~~
- ~~7.— A collaborative approach with community stakeholders, academic institutions, health professionals and other appropriate disciplines is encouraged.~~

8. ~~Opportunities to build future public health human resource capacity is fostered by supporting student placements.~~

Board of Health Manual Public Health Sudbury & Districts

Policy

Category

Board of Health Administration

Section

Board Appointments

Subject

Public Member Appointments to Board of Health

Number

I-II-10

Approved By

Board of Health

Original Date

September 24, 1992

Revised Date

June ~~21~~¹⁵, 201~~8~~⁷

Review Date

June 21, 2018

Purpose

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

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

In support of the PAS process, the Board will advertise the public appointment vacancies on ~~their SDHU~~ [the Public Health Sudbury & Districts](#) website or as deemed appropriate throughout the catchment area.

Public Member Appointees and Reappointments

As per the Public Appointment Secretariat rules.

| Public members will be bound by the [code of conduct](#), confidentiality policy, conflict of interest policy and all other by-laws, policies and procedures of the Board.

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

Board of Health Manual Public Health Sudbury & Districts Policy

Category

Board of Health Administration

Section

Orientation

Subject

Orientation of Board Members

Number

I-III-10

Approved By

Board of Health

Original Date

May 23, 1991

Revised Date

June ~~21~~47, 20~~18~~04

Review Date

June 21, 2018

Purpose

The Board of Health will have an orientation program for all its members per Good Governance and Management Practices Domain under the Ontario Public Health Standards.

Board of Health Manual Public Health Sudbury & Districts Procedure

Category

Board of Health Administration

Section

Orientation

Subject

Orientation of Board Members

Number

I-III-10

Approved By

Board of Health

Original Date

May 23, 1991

Revised Date

June 16²¹, 2018⁸⁶

Review Date

June 21, 2018

Process

1. When Board members are appointed, they are given access [ef to](#) the Board of Health Policy and Procedure Manual that provides information necessary to their orientation. The following information will also be shared with newly appointed Board members:
 - a) Introduction to Public Health
 - b) Provincial Government structures and roles in public health
 - c) History of Public Health Units of Ontario
 - d) History of [Public Health Sudbury & Districts](#) ~~Sudbury & District Health Unit~~
 - e) Mission vision and strategic priorities
 - f) **Health Protection and Promotion Act*, 1990
 - g) Community demographics overview
 - h) Guidelines for Board of Health and Medical Officers of Health
 - i) Roles and Responsibilities and Senior Staff
 - j) Current Budget (including funding streams)

- k) ~~Current~~ Most recent Audited Financial Statement
 - l) Current Annual Report
 - m) *Public Health Sudbury & Districts ~~Health Unit~~ General Administrative Manual
 - n) Ontario Public Health Standards Ministry of Health and Long-Term Care - Introduction
 - o) Association of Local Public Health Agencies – alPHa - Introduction
 - p) *Current O.N.A. Agreement
 - q) *Current C.U.P.E. Agreement
 - r) **Board of Health Minutes and motions for past 3 years
 - s) *Board Orientation Power Point Presentation
 - t) Duties and responsibilities of Board members
 - u) Orientation to the Baby-Friendly Organizational Policy
 - v) Emergency Response Training
 - * Available for viewing in office of Board Secretary
 - ** Available for viewing on the Health Unit website
2. A “year-in review” regarding program and services activities and an orientation overview will be provided on an annual basis to the Board of Health at a regular Board of Health meeting.
 3. Board members are encouraged to completed the Board of Health E-Learning Module on the Public Health section of the e-Health Ontario portal
<https://www.ehealthontario.ca/portal/server.pt?open=512&objID=3241&PageID=0&mode=2>
 4. Meetings with key agency personnel may be arranged upon request to the Secretary:
 - a) with the Chair to discuss roles and responsibilities of Board members;
 - b) with the Secretary to the Board for review of committee procedures and administrative arrangements;
 - c) with the Medical Officer of Health/Chief Executive Officer and senior staff for a general orientation to programs.
 5. An orientation will be offered to newly appointed Board Chairs regarding their roles and responsibilities.

Board of Health Manual Public Health Sudbury & Districts Policy

Category

Board of Health Administration

Section

Hiring of Professional Staff

Subject

Hiring of **Medical Officer of Health, Associate Medical Officer of Health, and MOH and Professional Staff**

Number

I-IV-10

Approved By

Board of Health

Original Date

November 23, 1995

Revised Date

~~June 21~~February 16, 2018

Review Date

June 21, 2018

Purpose

Medical and Associate Medical Officers of Health

The Board of Health ~~will be~~ bound by the *Health Protection and Promotion Act (HPPA)*, R.S.O. 1990 with respect to the hiring of a full-time Medical Officer of Health (MOH) or Associate Medical Officer of Health (AMOH) ~~for the agency as follows: The Ministry of Health and Long-Term Care's Ontario Public Health Standards and Policy Guide, 2017 or as current, further outline provides guidance on the appropriate steps for the appointments of Medical Officers of Health and, Associate Medical Officers of Health and the requirements for acting Medical Officers of Health. Appointment of a MOH, AMOH and Acting MOH is an important obligation of a board of health under the HPPA.~~

~~Section 62 (1) of the HPPA stipulates that:~~

~~Every board of health,~~

Professional Staff

~~The Board of Health is will be bound by the *Health Protection and Promotion Act*,
R.S.O. 1990, with respect to the hiring of Professional Staff. for the agency as follows:~~

~~Section 69 (1):~~

~~Section 71:~~

Board of Health Manual Public Health Sudbury & Districts Policy

Category

Board of Health Administration

Section

Technology

Subject

Board of Health Mobile Device Use

Number

I-V-10

Approved By

Board of Health

Original Date

February 2015

Revised Date

June ~~2116~~, ~~2016~~2018

Review Date

June 21, 2018

Purpose

This policy applies to all Board members who use [SDHU health unit](#)-provided mobile devices to connect to [the SDHU Public Health Sudbury & Districts](#) network as well as any form of wireless communication capable of transmitting packet data. Upon receipt of their mobile device, Board members will review and sign the attached form, *Board of Health Mobile Device Provided by the [Public Health Sudbury & Districts Health Unit](#)*.

The [SDHU health unit](#) may, at its discretion and in accordance with this policy, provide mobile devices at the expense of [the SDHU Public Health Sudbury & Districts](#) for Board of Health members for the purpose of fulfilling their duties as board members.

Mobile device includes any [SDHU health unit](#) owned or provided device that is portable and capable of storing, collecting, transmitting or processing electronic data or images including, but not limited to, laptops, tablets, cellular or smart phones and storage media.

Board Members are responsible for ensuring the appropriate use of the device as well as the security and safe keeping of the device as outlined in this policy and the supporting procedure.

Mobile devices are important tools for the organization and their use is supported to achieve business goals. Mobile devices can also represent significant risk to information security and data security and without security measures they can be a conduit for unauthorized access to organizational data.

The policy shall:

- Support board of health members to perform their duties using mobile devices
- Promote safety and security when using health unit mobile devices
- Limit organization risk and liability
- Reinforce current data and network security standards

[The SDHU Public Health Sudbury & Districts](#) is required to protect its information assets in order to safeguard privacy, confidentiality, intellectual property and the organization's reputation.

The following rules apply:

- Devices must not be jailbroken* or have any software installed which is designed to gain access to functionality not intended to be available to the user. There should never be illegal or pirated software loaded on the device.
- While personal use of the device is permitted, personal use should not be contrary to organization policy or procedure and must not adversely impact device safety or security or the intended business uses of the device.
- Devices must never be used by other than the original user it was intended for.
- Board Members are prohibited from using the [SDHU health unit](#)-issued device while operating a motor vehicle.
- Board Members use of mobile devices must comply with Board of Health governance policies, practices and procedures including, but not limited to, conflict of interest, code of conduct and confidentiality.

All devices will be registered with Information Technology and will be managed by its Mobile Device Management software (MDM). MDM allows devices to have policies and applications applied to them as well enables Information Technology staff to remotely wipe the device in the event it is lost or stolen.

[All devices prior to their return at the end of the term must have the Find My iPad turned off and the device password must be provided to the Executive Assistant to the MOH.](#)

*To jailbreak a device is to remove limitations imposed by the manufacturer. This allows access to the operating system, thereby unlocking all of its features and enabling the installation of unauthorized software.

Board of Health Manual Public Health Sudbury & Districts

Procedure

Category

Board of Health Administration

Section

Technology

Subject

Board of Health Mobile Device Use

Number

I-V-10

Approved By

Board of Health

Original Date

February 2015

Revised Date

June 21~~6~~, 201~~6~~2018

Review Date

June 21, 2018

Process

1. All devices will be registered with Information Technology and will be managed by its Mobile Device Management software (MDM).
2. Devices must be configured with a password.
3. A secure/strong password is required in order to access ~~email and/or the device~~ and the Board of Health application. The password for the Board of Health application and the device should be different. The ~~email/device~~ application passwords must follow these rules:
 - A minimum of 8 characters and must use at least one Uppercase, one number and one special character (!@#\$%^&*(){}[]);
 - These passwords will not expire unless there is reason to believe there has been unauthorized access;
 - ~~Usernames-Device and application and~~ passwords allowing access to SDHU Health Unit resources must never be stored on the mobile device in

unencrypted format, be written down in any form or shared with anyone that would allow users to gain access to resources.

- The Board of Health application password will be managed by the Executive Assistant to the MOH.
4. Users should always maintain physical control of the device in order to protect against theft or loss and natural/environmental hazards.
 5. Board members must report lost, stolen or damaged devices to [SDHU](#) Information Technology immediately by calling 705.522.9200 ext. 300. Outside of normal business hours please leave a message. Information Technology can remotely wipe the device or lock the device to prevent access. If the device is recovered, it can be submitted to IT for re-provisioning.
 6. The addition of hardware or software and/or related components to provide additional mobile connectivity will be managed at the discretion of Information Technology. Information Technology reserves the right to monitor, audit and restrict access to features on the device in order to protect the safety and security of the device.
 7. Devices are to be returned to Executive Assistant to the Medical Officer of Health and Secretary to the Board of Health at the end of the Board member's term. [All device passwords must also be provided and Board members must ensure to turn off Find My iPad as follows:](#)

[Settings>iCloud>Find My iPad>Off or Settings>Your username at the top>iCloud>Find my iPad>Off](#)

Board of Health Manual Public Health Sudbury & Districts Information Sheet

Category

Public Health Standards

Section

Program Standards

Subject

Ontario Public Health Standards, Protocols and Relevant Legislation

Number

J-I-10

Approved By

Board of Health

Original Date

March 23, 1989

Revised Date

June ~~21~~¹⁴, 2016~~2016~~²⁰¹⁸

Review Date

June 21, 2018

Information

The Ontario Public Health Standardsⁱ establish requirements for fundamental public health programs and services, which include population health assessment and surveillance, health promotion and policy development, disease and injury prevention, and health protection. The Ontario Public Health Standards outline the expectations for boards of health, which are responsible for providing public health programs and services that contribute to the physical, mental, and emotional health and well-being of all Ontarians. Boards of health are responsible for the assessment, planning, delivery, management, and evaluation of a variety of public health programs and services that address multiple health needs, as well as the contexts in which these needs occur.

The following standards are administered by the Ministry of Health and Long-Term Care:

- Foundational Standards
 - Population Health Assessment
 - Health Equity
 - Effective Public Health Practice

- Emergency Management
- Program Standards
 - Chronic Disease Prevention and Well-Being
 - Food Safety
 - Healthy Environments
 - Healthy Growth and Development
 - Immunization
 - Infectious and Communicable Diseases Prevention and Control
 - Safe Water
 - School Health, Oral Health, and Vision
 - Substance Use and Injury Prevention
 - ~~Infectious Diseases~~
 - ~~Infectious Diseases Prevention and Control~~
 - ~~Rabies Prevention and Control~~
 - ~~Sexual Health, Sexually Transmitted Infections, and Blood-borne Infections~~
 - ~~(including HIV)~~
 - ~~Tuberculosis Prevention and Control~~
 - ~~Vaccine Preventable Diseases~~
- ~~Environmental Health~~
 - ~~Food Safety~~
 - ~~Safe Water~~
 - ~~Health Hazard Prevention and Management~~
- ~~Emergency Preparedness~~
 - ~~Public Health Emergency Preparedness~~
- ~~Chronic Diseases and Injuries~~
 - ~~Chronic Disease Prevention~~
 - ~~Prevention of Injury and Substance Misuse~~
- ~~Family Health~~
 - ~~Reproductive Health~~
 - ~~Child Health~~

Note: The Ministry of Children and Youth Services is responsible for the administration of the Healthy Babies Healthy Children components of the Family Health standards.

Boards of health may deliver additional programs and services in response to local needs identified within their communities, as acknowledged in Section 9 of the HPPA.

Furthermore, boards of health should bear in mind that in keeping with the French Language Services Act, services in French should be made available to French-speaking Ontarians located in designated areas.

The Protocolsⁱⁱ that accompany the OPHS are program and topic specific documents which provide direction on how boards of health must operationalize specific requirement(s) identified within the OPHS.

Boards of health need to be knowledgeable about their duties and responsibilities as specified in other applicable Ontario laws, including but not limited to, *the Building Code Act*, *the Child Care and Early Years Act*, *the Employment Standards Act*, *the*

Immunization of School Pupils Act, the Occupational Health and Safety Act, the Personal Health Information Protection Act, Making Healthier Choices Act, 2015 the Smoke-Free Ontario Act, the Electronic Cigarettes Act, and the Skin Cancer Prevention Act.

ⁱ Ministry of Health and Long-Term Care

website: http://www.health.gov.on.ca/english/providers/program/pubhealth/oph_standard_s/ophs/interactive.html

(retrieved May 1, 2009)

ⁱⁱ Ministry of Health and Long-Term Care

website: http://www.health.gov.on.ca/english/providers/program/pubhealth/oph_standard_s/ophs/ophsprotocols.html (retrieved November 2010)

Board of Health Manual Public Health Sudbury & Districts Information Sheet

Category

Public Health Standards

Section

Organizational Standards

Subject

Ontario Public Health Organizational Standards, Management Operations

Number

J-II-10

Approved By

Board of Health

Original Date

February 20, 2014

Revised Date

June 16, 2016

Review Date

June 21, 2018

Information

Similar to the Ontario Public Health Standards, which outline mandatory expectations for providing public health programs and services, the Ontario Public Health Organizational Standards (Organizational Standards) establish the management and governance requirements for public health units. The Organizational Standards promote organizational excellence, establish the foundation for effective and efficient program and service delivery and contribute to a public health sector with a greater focus on performance, accountability and sustainability.

The Organizational Standards requirements are grouped into the following categories:

- Board Structure
- Board Operations
- Leadership
- Trusteeship
- Community Engagement and Responsiveness

- • Management Operations

Within each category, there are specific requirements. The first 5 categories are identified as direct requirements of the Board of Health and are outlined in detail under Board of Health Roles and Responsibilities C-I-12. Management Operations is a responsibility delegated by the Board of Health to the Medical Officer of Health.

The Board of Health delegates to the MOH/CEO the responsibility to ensure compliance with the management operations section of the Ontario Public Health Organizational Standards.

In particular, the Medical Officer of Health shall ensure that plans or programs are established compliant with the requirements of the standards:

- Operational plans
- Risk management
- Educational requirements for public health professionals
- Financial records
- Financial policies and procedures
- Procurement
- Capital funding plan
- Communications strategy
- Information management
- Research ethics
- Human resource strategy
- Staff development
- Professional practice support

The MOH & CEO will provide information on compliance activities in these areas to the Board of Health through regular updates to the Board and through the annual Performance Monitoring Plan.

BOARD OF HEALTH MANUAL

MOTION:

THAT the Board of Health, having reviewed the proposed revisions within the Board of Health Manual, rescind Board [motion 02-17](#), and approve the Manual as presented on this date.

Program-at-a-Glance*

*subject to change; all events (except Sunday walking tour) will be held on the second floor of the conference hotel.

SUNDAY, JUNE 10, 2018		
2:00 – 4:00 PM	Final Meeting of 2017-18 alPHa Board of Directors	Provence
4:00 – 6:00 PM	Guided Walking Tour of St. Lawrence Neighbourhood (Optional attendance; <u>rain or shine; comfortable shoes are a must</u>) Come and join colleagues on a walking tour and discover the St. Lawrence Neighbourhood. This historic mixed-use area is an excellent example of a healthy and vibrant community with its unique blend of architecture, landmarks, walkable streets, public art, transit, and parks. Meet us at the hotel's main doors and be ready to explore the neighbourhood from a planning and public health perspective. <i>Leaders:</i> Robert Millward , former Toronto Chief Planner Dr. Charles Gardner , Medical Officer of Health, Simcoe Muskoka District Health Unit Daniel Nicholson , Toronto Planner Loretta Ryan , Executive Director, alPHa	Meet in hotel lobby at 4:00 PM
2:00 – 6:00 PM	Registration Desk Open	Ballroom Foyer
6:00 – 7:00 PM	Opening Reception	Alsace
MONDAY, JUNE 11, 2018		
7:00 – 8:00 AM	Light Breakfast & Registration & Exhibits	Registration/Breakfast: Ballroom Foyer Exhibits: Ballroom Foyer
8:00 – 8:20 AM	Welcoming Remarks by Councillor Joe Cressy, Toronto Board of Health	Champagne Ballroom
8:20 – 10:00 AM	Combined Annual Business Meeting & Resolutions Session <i>Chair:</i> Carmen McGregor , alPHa President <i>Resolutions Chair:</i> Dr. Robert Kyle , alPHa Board Member	Champagne Ballroom
10:00 – 10:30 AM	Fitness Break & Exhibits	Exhibits/Break: Ballroom Foyer

10:30 – 11:45 AM	PLENARY: Local Public Health - System Sustainability (including LHIN Engagement) <i>Panelists:</i> Dr. Vera Etches – Medical Officer of Health, Ottawa Public Health Cynthia St. John – Chief Executive Officer, Southwestern Public Health <i>Moderator:</i> Denis Doyle – Kingston, Frontenac and Lennox & Addington Board of Health; Deputy Warden, County of Frontenac	Champagne Ballroom
11:45 – 1:15 PM	Lunch & Exhibits Featuring a fireside chat with Dr. David Williams , Ontario Chief Medical Officer of Health in conversation with Dr. Penny Sutcliffe, MOH, Public Health Sudbury & Districts	Lunch: Champagne Ballroom Exhibits: Ballroom Foyer
1:15 – 2:30 PM	PLENARY: Indigenous Engagement <i>Panelists:</i> Sandra Laclé , R.N., MSCN Director, Health Promotion and Chief Nursing Officer, Public Health Sudbury & Districts Dr. Rosana Salvaterra , Medical Officer of Health, Peterborough Public Health Dr. Angela Mashford-Pringle , Assistant Professor of Social and Behavioural Health Sciences, Dalla Lana School of Public Health, University of Toronto <i>Moderator:</i> Dr. Rosemarie Ramsingh , Regional Community Medicine Specialist, First Nations and Inuit Health Branch, Ontario Region, Department of Indigenous Services	Champagne Ballroom
2:30 – 3:00 PM	Break & Exhibits	Exhibits & Break: Ballroom Foyer
3:00 – 3:30 PM	PLENARY: alPHa Strategic Plan Update	Champagne Ballroom
3:30 – 4:30 PM	PLENARY: You Only Get One Chance – Factoring Values into Government Relations <i>Speaker:</i> Leonard Domino , Leonard Domino & Associates	Champagne Ballroom
6:00 – 6:45 PM	President's Reception	Outdoor Terrace* * Ballroom Foyer in event of rain
6:45 – 9:00 PM	alPHa Distinguished Service Awards Dinner Banquet <i>Presentation of annual awards in recognition of outstanding public health service in 2018</i> <i>Guest Speaker:</i> Dr. Peter Donnelly , President & CEO, Public Health Ontario	Champagne Ballroom

TUESDAY, JUNE 12, 2018		
7:00 – 8:30 AM	Light Breakfast & Registration & Exhibits	Registration/Breakfast: Ballroom Foyer Exhibits: Ballroom Foyer
8:00 AM – 12:00 PM	COMOH Section Meeting (closed)	Alsace
8:30 AM – 12:00 PM	Boards of Health Section Meeting (closed)	Champagne Ballroom
10:00 – 10:30 AM	Break & Exhibits	Exhibits & Break: Ballroom Foyer
12:00 – 1:15 PM	Lunch <i>Guest Speaker:</i> Dr. Theresa Tam , Chief Public Health Officer of Canada, Public Health Agency of Canada (confirmed)	Champagne Ballroom
1:15 – 1:45 PM	Inaugural Meeting of 2018-19 aPHa Board of Directors	Alsace
1:15 PM	Conference Ends	

Updated 2018/06/07

To All Members of Ontario Boards of Health

AGENDA

Boards of Health Section Meeting
Tuesday, June 12, 2018 • 8:30 AM – noon
Champagne Ballroom, 2nd Floor, Novotel Toronto Centre Hotel
45 The Esplanade, Toronto, ON M5E 1W2

CHAIR: Trudy Sachowski, ***Member of alPHa Executive; Chair, BOH Section; and BOH Representative, North West Region, alPHa Board of Directors***

- 7:30 am **Registration and Light Breakfast**
Located in foyer of Champagne Ballroom, 2nd Floor
- 8:30 am **Welcome, Introductions and Welcoming Remarks**

Trudy Sachowski, Member of alPHa Executive, Chair, BOH Section and BOH Representative for the North West, alPHa Executive Member
- 8:45 am **Up in Smoke – Public Health’s Latest Challenges with Tobacco and Cannabis**

Moderator:
Sharon Pfaff, Member of the Chatham-Kent Board of Health

Panelists:
Dr. David Colby, Medical Officer of Health, Chatham-Kent Public Health Unit
Michael Perley, Ontario Campaign for Action on Tobacco
- 9:45 am **BREAK**
- 10:15 am **Association of Municipalities of Ontario - Update**
Monika Turner, Director of Policy, AMO
- 10:30 am **Public Health and Advocacy – How to Have Your Board of Health Voice Heard**

Moderator:
Trudy Sachowski, Member of alPHa Executive, Chair, BOH Section, and BOH Representative for the North West Region

**RESOLUTIONS CONSIDERED
at June 2018 alPHa Annual General Meeting**

Resolution Number	Title	Sponsor	Action from Conference	Page Number
A18-1	Sustainable Funding for Local Public Health in Ontario	Peterborough Public Health	Carried as amended	1-2
A18-2	Public Health Support for a Minimum Wage That is a Living Wage	Peterborough Public Health	Carried	3-4
A18-3	Public Health's Role in Food Affordability Surveillance	Ontario Dieticians in Public Health	Carried as amended	5
A18-4	Extending the Ontario Pregnancy and Breastfeeding Nutritional Allowance to 24 Months	Southwestern Public Health	Carried as amended	6-7
A18-5	A Comprehensive Approach to Infection Prevention and Control (IPAC) in Regulated Health Professional Settings	Simcoe Muskoka District Health Unit	Carried as amended	8-9

Public Health Sudbury & Districts Accountability Monitoring Plan 2018-2022

Public Health Sudbury & Districts
June 2018



Public Health
Santé publique
SUDBURY & DISTRICTS

Contact for More Information

Knowledge and Strategic Services
Public Health Sudbury & Districts
1300 Paris Street
Sudbury, ON P3E 3A3
Telephone: 705.522.9200, ext. 350
Email: resourcecentre@phsd.ca

This report is available online at www.phsd.ca. Ce rapport est disponible en français.

Citation

Public Health Sudbury & Districts. (2018). [*Public Health Sudbury & District' 2018-2022 Accountability Monitoring Plan*]. Sudbury, ON: Author.

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Introduction and Context

In January 2018, the Board of Health for the Sudbury and District Health Unit, operating as Public Health Sudbury & Districts (BOH) endorsed the 2018–2022 Strategic Plan and a refreshed visual identity for Public Health Sudbury & Districts. At this time, the BOH also directed the Medical Officer of Health (MOH) to operationalize the Strategic Plan and develop a monitoring process for the Board’s approval.

The 2018-2022 Accountability Monitoring Plan (the Plan) is an evolution of the 2013-2017 Performance Monitoring Plan and serves as an overarching framework for organizational accountability and monitoring. The Accountability Monitoring Plan is so named to reflect the Board’s commitment to quality and transparency and to better align with the 2018 Ontario Public Health Standards: Requirements for Programs, Services, and Accountability (OPHS).

The Accountability Monitoring Plan is an essential framework for Public Health Sudbury & Districts:

- > It is a spotlight for transparency, accountability, and public reporting.
- > The Plan contributes to the reporting requirements as outlined in the Public Health Accountability Framework of the OPHS.
- > It is a framework for comprehensive performance measurement and continuous quality improvement.

The Plan provides a framework for monitoring and reporting on provincial requirements and local priorities including the Public Health Sudbury & Districts 2018-2022 Strategic Plan. The Plan includes three main categories of reporting: organizational requirements, program requirements, and strategic planning. It contributes to the Board’s commitment to transparency with all stakeholders in creating healthier communities for all. As per the Strategic Plan, the values of humility, trust, and respect guide the implementation and reporting mechanisms of this plan.

Monitoring Framework

Overview

The Accountability Monitoring Plan helps to demonstrate how we are working to achieve our vision, mission, and values, as part of our day to day work and contributes to the Board's commitment to transparency with all stakeholders. The Accountability Monitoring Plan includes three main reporting categories that collectively demonstrate accountability for provincial mandates as well as local commitments:

1. Provincial organizational requirements
2. Provincial and local program requirements
3. Board of Health strategic priorities

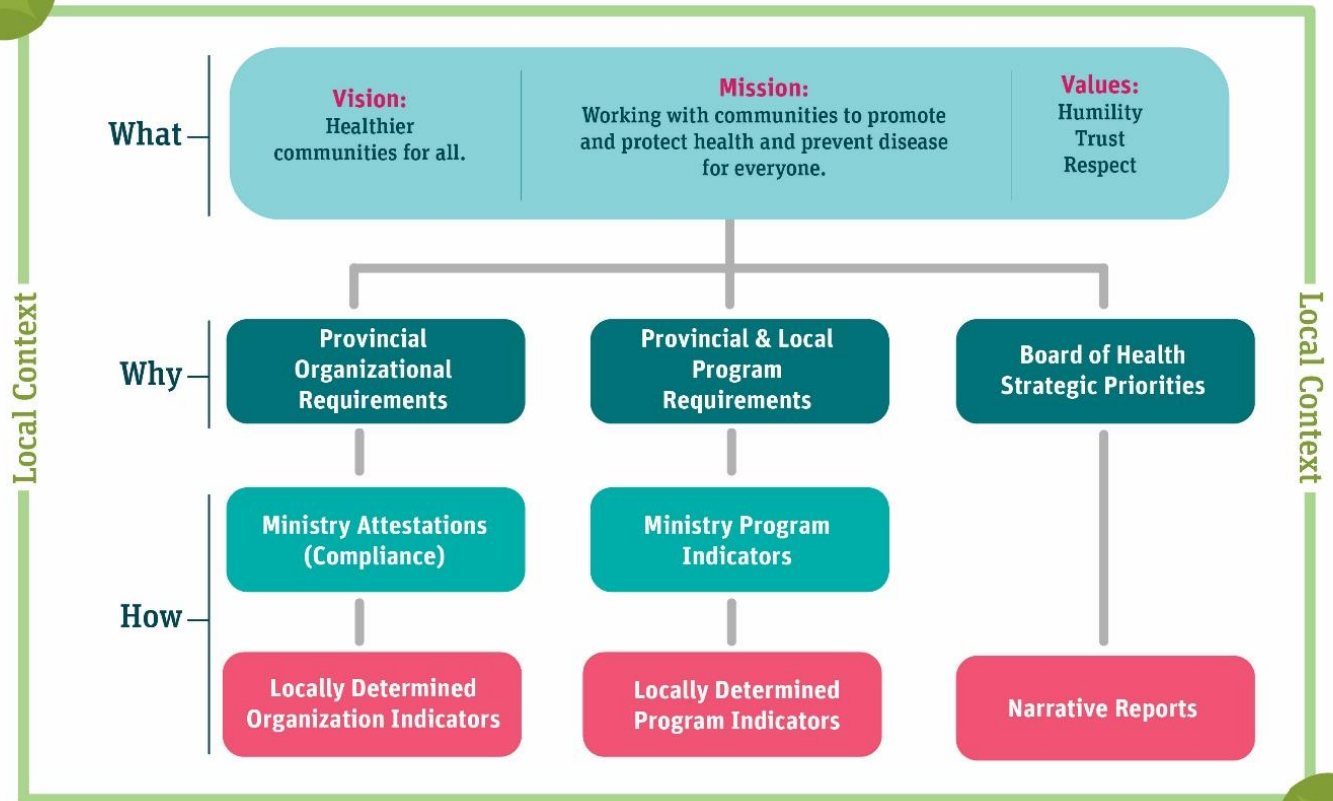
[Provincial organizational requirements:](#) Within the **organizational requirements** category, we will be accountable for reporting on four domains of accountability per the OPHS: delivery of programs and services, fiduciary requirements, good governance and management practices, and public health practice. Reporting will be on compliance with the Ministry of Health and Long-Term Care organizational requirements (as outlined in the 2018 OPHS), and compliance with Public Health Sudbury & Districts locally-determined organizational indicators that reflect the local context.

[Provincial and local program requirements:](#) Within the **program requirements** category, we will monitor progress and measure success with both provincial and local reporting mechanisms relating to the foundational and program standards from the 2018 OPHS. We will report on the Ministry of Health and Long-Term Care public health indicators for program outcomes and contributions to population health outcomes, as well as on additional Public Health Sudbury & Districts locally-determined indicators in accordance with our program planning.

[Board of health strategic priorities:](#) Finally, we will measure performance and progress as it relates to the 2018–2022 Strategic Plan and the implementation of our strategic priorities: equitable opportunities, meaningful relationships, practice excellence, and organizational commitment. Qualitative reporting will provide an account of each strategic priority in action.

These three reporting categories collectively form the 2018–2022 Accountability Monitoring Framework. The diagram below illustrates the relationship between each category and how together, they provide an overview of our organizational performance. The sections following the diagram explain each category in further detail.

Public Health Sudbury & Districts Accountability Monitoring Framework



● Provincial Lens ● Local Lens

Provincial Organizational Requirements

The Ministry of Health and Long-Term Care outlines parameters and requirements to hold boards of health accountable for the work they do, how they do it, and the results they achieve, as indicated in the OPHS.

A range of reporting and monitoring approaches is used to outline effective governance of boards of health and effective management of public health.

Organizational requirements are those requirements where reporting and monitoring allows for boards of health to demonstrate accountability. The Public Health Accountability Framework Requirements categorizes these requirements into four domains of accountability:

1. Delivery of programs and services;
2. Fiduciary requirements;
3. Good governance and management practices; and
4. Public health practice.

Using the four domains as a lens for organizational accountability, boards of health can demonstrate their achievements relating to all accountability domains in both the provincial and local context. This is done through:

- A. Ministry of Health and Long-Term Care organizational requirements; and
- B. Public Health Sudbury & Districts locally-determined organizational indicators.

A. Ministry of Health and Long-Term Care Organizational Requirements

Ministry-developed organizational requirements outline monitoring and reporting areas for boards of health to show accountability to the Ministry.

There are 51 requirements categorized within the four domains and an additional 6 requirements that are common to all domains. The complete list of organizational requirements (by domain) can be found in Appendix A.

Reporting mechanism

At this time, there is no reporting structure formalized by the Ministry to report on the Public Health Accountability Framework and organizational requirements. For the Board's purposes, in the absence of Ministry defined reporting templates, the Ministry of Health and Long-Term Care organizational requirements will be reported using a visual depiction of the compliance status of each requirement. Interpretive comments may also be provided in narrative format for additional detail. Board reporting on compliance with these requirements will be through the annual Accountability Monitoring Report.

Data collection

Data collection will require a coordinated effort by all divisions to capture information from all parts of the organization. A centralized data collection tool will be developed to streamline tracking and avoid duplication.

Reporting on the organizational requirements grouped by the 4 domains of accountability will reflect data collected from the reporting year (January to December) and is therefore retrospective in nature.

Reporting timeline

The annual Accountability Monitoring Report will include data on the agency's compliance with the Ministry of Health and Long-Term Care organizational requirements. A mid-year report will be shared with the Senior Management Executive Committee in July of each year (data from January to June) and an annual report will be shared with the Board of Health subsequent to the joint Board of Health/Staff Accountability Working Group review. The Board will receive this annual report each February following the reporting year (i.e. January to December 2018 reporting will be shared in February 2019).

B. Public Health Sudbury & Districts Locally-determined Organizational Requirement Indicators

In addition to the Ministry of Health and Long-Term Care's organizational requirements, we have locally determined indicators of organizational requirements. Each indicator is grounded within one of the four domains of the Public Health Accountability Framework of the OPHS as noted above. All selected indicators further demonstrate our commitment to excellence and accountability at the organizational level.

The locally determined indicators of organizational requirements were established in consultation with the Senior Management Executive Committee. This process included: reviewing 2013–2017 Sudbury & District Health Unit performance monitoring indicators, scanning an indicator inventory (collated from varying internal and external sources), aligning potential indicators with the 2018 OPHS and Public Health Accountability Framework, and meeting with topic leads for potential indicators to ensure measures were relevant. Throughout this process, discussions were centered on choosing indicators that would measure Public Health Sudbury & District's performance as it relates to the four domains of the OPHS Accountability Framework.

Reporting mechanism

The annual Accountability Monitoring Report will include reporting on the locally-determined organizational requirement indicators. The information will be presented in a summary table format and may include additional narrative details as relevant.

Data collection

The locally determined indicators of organizational requirements include information from across the organization and will require a coordinated effort by all divisions to collect data. A centralized tracking tool for Accountability Monitoring data will be shared with representatives from each division for data collection purposes.

Reporting timeline

A mid-year report of the locally determined indicators will be shared with the Senior Management Executive Committee in July of each year (data from January to June) and an annual report will be shared with the Board of Health subsequent to the joint Board of Health/Staff Accountability Working Group review. The Board will receive this annual report each February following the reporting year (i.e. January to December 2018 reporting will be shared in February 2019).

Indicators

The following table presents each indicator organized by the domains of accountability per the OPHS. A detailed technical document outlines the calculation or measurement method for each indicator.

Indicator	Description
Delivery of Programs and Services	
1. Number of inclusive partnerships	<p>Using formalized committee memberships and terms of reference, this indicator will measure the number of partnerships where we work with stakeholders who are directly impacted by the planning, implementation, delivery of programs and service.</p> <p>Stakeholder engagement not only contributes to the development of meaningful relationships with our partners but helps to inform public health initiatives across all standards.</p>

<p>2. Social Media Engagement</p> <p>a) Facebook: Post engagement</p> <p>b) Twitter: Engagement</p>	<p>This indicator includes two sub-indicators designed to show engagement with our different social media platforms. In keeping with the organization's social media strategy, sub-indicators help to measure whether we are increasing engagement.</p> <p>To monitor engagement with Facebook, we will examine post engagement which is a total of the number of clicks and/or reactions/comments/shares of a post.</p> <p>To monitor engagement with Twitter, we will collect data on engagement which includes number of link clicks, retweets, likes, and replies.</p>
<p>3. Number of externally peer-reviewed products</p>	<p>This indicator captures the number of new internally-developed products that are reviewed by an external peer-review process in a given year. Knowledge exchange is essential to public health practice so this indicator will allow for reporting on components of the Effective Public Health Practice Foundational Standard in a way that is meaningful to all teams.</p> <p>In addition to new peer reviewed products, existing products that have been significantly altered or changed may also be included if they have been submitted for peer review again.</p> <p>These peer reviewed products require knowledgeable interpretation by an informed audience, such as health practitioners, researchers, and/or decision-makers, and may include conference presentations, abstracts, research articles, publications, academic detailing courses etc.</p>
<p>4. Number of collaborative partnerships with Indigenous communities and groups</p>	<p>This indicator demonstrates the number of collaborative relationships between Public Health Sudbury & Districts and partners living in a First Nations community or with local indigenous groups.</p> <p>These partnerships are for the purpose of planning, education, service provision, or research. The scope of programming is broad and ranges from child health to chronic disease and injury prevention to safe water and the provision of vaccines.</p>

<p>5. Emergency Preparedness</p> <ul style="list-style-type: none"> a) Basic Emergency Management Training- All Managers are trained b) Basic Emergency Management Training- All PHIs are trained c) Mandatory Emergency Training (internal) - All BOH members are trained/up to date d) Mandatory Emergency Training (internal) - All staff are trained/up to date 	<p>This indicator demonstrates our ongoing preparedness for public health emergencies. Effective emergency preparedness and management ensures that we are ready to respond and recover from emergencies with public health impacts.</p> <p>In addition to complying with policies and procedures, the four sub-indicators serve as a reminder to ensure effective preparedness and response capabilities.</p>
Fiduciary Requirements	
<p>6. Quorum for all regularly scheduled Finance Committee meetings</p>	<p>This indicator demonstrates our commitment to ensuring accountability for efficient and intended use of ministry funding.</p> <p>This indicator allows for the review of attendance data for all Board of Health Finance Committee meetings to ensure quorum is met. Quorum is defined in the committee's terms of reference.</p>
Good Governance and Management Practices	
<p>7. Completion rate of Board of Health evaluations</p> <ul style="list-style-type: none"> a) Monthly evaluations b) Annual evaluation 	<p>This indicator collects information on the completion of monthly and annual meeting evaluations by the members of the Board of Health for Public Health Sudbury & Districts.</p> <p>This indicator demonstrates the level of commitment and engagement of the members of the Board of Health and show accountability to good governance practices.</p>

<p>8. Participation at The Ontario Public Health Convention (TOPHC)</p>	<p>This indicator is designed to measure participation in the Ontario Public Health Convention, a provincial convention that provides opportunities to connect with health professionals and share knowledge and develop skills related to public health.</p> <p>This indicator demonstrates our organization's commitment to being leaders in the public health sector.</p> <p>For the purposes of this indicator, participation will include those who are participating for the purposes of knowledge exchange or knowledge translation. This includes those who have poster presentations, are leading panel discussions, facilitating workshops, etc. Those who are attending the conference without presenting will not be included in this indicator calculation.</p>
<p>9. Implementation status of the National Standard of Canada for Psychological Health and Safety in the Workplace</p>	<p>Given that the National Standard of Canada for Psychological Health and Safety in the Workplace is set of voluntary guidelines, tools and resources developed by the Mental Health Commission of Canada, this indicator demonstrates the organization's commitment to employee safety and well-being.</p> <p>The Standard is intended to guide organizations in applying the principles of mental health promotion and preventing psychological harm in the workplace. There are key steps required in the voluntary implementation of the standard to ensure leadership commitment, employee engagement, and effective and continuous communication.</p> <p>This is a progression indicator to show commitment to implementation over time. This indicator measures what stage the organization is at in the implementation process by reporting on progress for each of the key steps.</p>
<p>10. Workforce development</p> <ul style="list-style-type: none"> a) Number of hours of preceptorship b) % of salary expenditures used for staff development 	<p>This indicator measures our commitment to workforce development through the number of hours of preceptorship and percentage of salary spent on staff development, two factors that contribute to strengthening our current and future workforce.</p> <p>For the purposes of this indicator, preceptorship is defined as staff time dedicated to mentoring a student on placement. While percentage of salary expenditures will look at the percentage of staffing salaries spent on staff development.</p>

Public Health Practice

11. Number of Louise Picard Public Health Research Grants funded annually

This indicator demonstrates our commitment to generating new evidence and ensuring evidence-informed public health practice.

Louise Picard Public Health Research Grants are awarded annually to co-investigators from public health and academic agencies who are seeking to implement a project that will inform public health practice.

The number of Louise Picard grants funded annually allows for reporting on our collaborations with academic partners that contribute to the evidence base.

This indicator captures the number of new Louise Picard Public Health Research Grants awarded on an annual basis and monitors how we foster relationships with academic partners and community researchers to ensure effective public health practice.

12. Quality Improvement Maturity

With the Board of Health required to ensure a culture of quality and organizational self-improvement (as per Effective Public Health Practice Foundational Standard and the Good Governance and Management Practices Domain), this indicator will help hold the agency accountable for continuous quality improvement work.

The Quality Improvement Maturity Tool is a validated survey that is used to assess the state of quality improvement in public health units. It includes 23 questions to evaluate quality improvement maturity across three dimensions: organizational culture; capacity and competency; and perceived value.

The overall quality maturity score will be reported as will sub scores for culture, capacity and competency, and perceived value.

Provincial and Local Program Requirements

Boards of health are not only responsible for demonstrating accountability as it relates to organizational requirements, they are also tasked with demonstrating the value that Ontarians receive from investment in public health as it relates to programs and public health interventions.

Per the *Public Health Indicator Framework for Program Outcomes and Contributions to Population Health Outcomes* in the 2018 OPHS, boards of health are required to monitor progress, measure success, and assess public health's contribution to population health. Program requirements allow for reporting on performance of programs and services and well as contributions to population health outcomes.

Program outcome indicators have been developed by the Ministry of Health and Long-Term Care to provide an evidence-informed basis for monitoring and measuring success in achieving program outcomes, and understanding the boards of health contribution to population health outcomes. The OPHS also requires boards to develop locally-determined program outcome indicators to monitor locally-determined programs of public health interventions.

Guided by provincial and local requirements outlined in the 2018 Ontario Public Health Standards, Public Health Sudbury & Districts will report on program progress and outcomes through:

- A. Ministry of Health and Long-Term Care provincial indicators; and
- B. Public Health Sudbury & Districts locally-determined program indicators.

These indicators, which are further discussed below, are reflective of program requirements relating to the Foundational Standards (population health assessment, health equity, effective public health practice, and emergency management) and the Program Standards (chronic disease prevention and well-being, food safety, healthy environments, healthy growth and development, immunization, infectious and communicable disease prevention and control, safe water, school health, and substance use and injury prevention) as outlined in the 2018 OPHS.

A. Ministry of Health and Long-Term Care Provincial Indicators

The Ministry of Health and Long-Term Care uses indicators to monitor progress and measure success of boards of health. *The Public Health Indicator Framework for Program Outcomes and Contributions to Population Health Outcomes* (OPHS, 2018) describes the indicators that are established by the Ministry of Health and Long-Term Care to monitor progress in the delivery of public health programs and services, measure achievement of program outcomes, and assess public health's contributions to population health outcomes.

Indicators that measure achievement of outcomes at the provincial level have been established by the Ministry of Health and Long-Term Care. Thus, the provincially-mandated section of the annual Accountability Monitoring Report will include all ministry-developed provincial indicators as outlined in the 2018 OPHS as well as any newly introduced indicators developed by the Ministry of Health and Long-Term Care's current Indicator Implementation Working Group.

Reporting mechanism

The reporting mechanism in the annual Accountability and Monitoring report for the Ministry of Health and Long-Term Care Provincial Indicators will consist of visually depicting the compliance status of each indicator in table format. Interpretive comments may also be provided in narrative format for further detail. Reporting will also be done following the Ministry of Health and Long-Term Care's reporting requirements, which include the Annual Service Plan and/or Accountability Agreements.

Data collection

Data pertaining to these provincial indicators represent information from all parts of the organization and collection requires a coordinated effort by all divisions. A centralized data collection tool will be developed to streamline tracking and avoid duplication (same tool for all Accountability Monitoring Plan data).

This provincial compliance component will reflect data collected from the reporting year. Reporting periods may vary depending on Ministry of Health and Long-Term Care requirements and submission timelines for the Annual Service Plan reporting mechanisms. For example, dental program related indicators reflect a school year rather than a January to December cycle. A Technical Document and visual of the reporting structure to accompany the Accountability Monitoring Plan will outline further information on the reporting periods of each Ministry of Health and Long-Term Care Indicator.

Reporting timeline

The annual Accountability Monitoring Report will include data on the agency's compliance with all current Ministry-developed Provincial Indicators. A mid-year report will be shared with the Senior Management Executive Committee in July of each year (data from January to June) and an annual report will be shared with the Board of Health subsequent to the joint Board of Health/Staff Accountability Working Group review. The Board will receive this annual report each February following the reporting year (i.e. January to December 2018 reporting will be shared in February 2019). Additional reporting will follow timelines as outlined by the Ministry of Health and Long-Term Care.

Note: Reporting to other Ministries will follow their reporting requirements and timelines as needed.

B. Public Health Sudbury & Districts Locally-determined Program Indicators

Per the 2018 OPHS, additional program indicators will be developed in order to monitor progress and measure success in achieving program outcomes. These indicators are reflective of work carried out under both program and foundational standards. These indicators are developed internally through program planning, and are included in the Annual Service Plan. Any additional indicators that are developed or introduced by the Ministry of Health and Long-Term Care may be included here.

Reporting mechanism

Locally-determined program indicators will be reported on as part of the Annual Service Plan and additional Ministry of Health and Long-Term Care reporting as required. Compliance reports and/or highlights will be included in the Accountability Monitoring Report as relevant.

Data collection

Program and Foundational Standard teams will be responsible for collecting data as it pertains to each locally-determined indicator. When relevant, this data will be captured in a centralized data tracking tool for all agency accountability monitoring data.

Reporting timeline

The mid-year Accountability Monitoring Report will be shared with Senior Management Executive Committee in July of each year (data from January to June) and an annual report will be shared with the Board of Health subsequent to the joint Board of Health/Staff Accountability Working Group review. The Board will receive this annual report each February following the reporting year (i.e. January to December 2018 reporting will be shared in February 2019). Highlights from the locally-determined indicators will be included in these reports as relevant. Additional reporting will follow timelines as outlined by the Ministry of Health and Long-Term Care or those of alternate Ministries providing program funding.

Board of Health Strategic Priorities

As per the 2018 Ontario Public Health Standards, boards of health are required to develop a Strategic Plan and operationalize strategic directions over three to five years. Qualitative reporting on each of the Board's strategic priorities will be used to monitor implementation of the 2018-2022 Strategic Plan.

A. Narrative Reporting

The 2018–2022 Strategic Plan includes four Strategic Priorities that build on our past successes and direct our future actions to create optimal conditions for health for all. The Strategic Priorities are:

1. Equitable Opportunities
2. Meaningful Relationships
3. Practice Excellence
4. Organizational Commitment

Ongoing monitoring of the integration of the strategic priorities within programs and services provides an opportunity to gauge progress on these key areas. The priorities guide our work and qualitative narratives paint a rich picture of the diversity of our practice in implementing these priorities.

Reporting mechanism

Each strategic priority will be reported on using a narrative format. The reporting document will compile one significant narrative relevant to each of the strategic priorities to showcase Public Health Sudbury & Districts' programs and services and the way in which they demonstrate that we are actioning the Strategic Plan.

Data collection

Divisional Directors will be responsible for seeking out program and/or service examples that highlight our strategic priorities in action. Program staff will then be responsible for crafting the narrative as it relates to their program and one of the strategic priorities. Selected stories will be tracked in the centralized data tracking tool.

Reporting timeline

Selected narratives will be reported to the Board of Health for Public Health Sudbury & Districts twice per year (spring and fall). The joint Board of Health/Staff Accountability Working Group will review narratives and provide input prior to sharing with the full Board. A “roll-up” of all reported program narratives from the previous year will be included in the annual Accountability Monitoring Report. The Board will receive this annual report each February following the reporting year (i.e. January to December 2018 reporting will be shared in February 2019).

Board of Health Role

The 2018 Public Health Accountability Framework of the OPHS outlines what and how boards of health are held accountable for the work they do, how they do it and the results they got. This framework identifies what the Ministry expects from the boards of health to promote transparency and accountability with them. This increased accountability is designed to ensure boards of health have the necessary foundations to deliver programs and services, financial management, governance and public health practice ultimately supporting a strong public health sector and leading to better health for our communities.

Per the 2018 Public Health Accountability Framework of the OPHS, boards of health are required to provide to the ministry with regular performance reports on program achievements, finances, and local challenges/issues in meeting outcomes. The Accountability Monitoring Plan and related reports include these components in addition to reporting on the Board's Strategic Plan.

It is proposed that a joint Board of Health/Staff Accountability Working Group be established to assist the Board in meeting its reporting requirements. The Working Group would review draft reports for content and format, provide interpretive comments where appropriate, and present reports to the full Board of Health for approval as appropriate.

Conclusion

Public Health Sudbury & Districts' 2018–2022 Accountability Monitoring Plan is an organizing framework that provides an overview of performance as it relates to our provincial mandate and the Board of Health's 2018–2022 Strategic Plan. Provincial and local monitoring components help to “tell the story” of our performance and contribute to our commitment to transparency to all stakeholders.

The Accountability Monitoring Plan is depicted using the Accountability Monitoring Framework which incorporates our vision, mission, values, and strategic priorities, along with key categories of accountability. This Plan will serve as a tool to report on organizational requirements, program requirement, and strategic priorities. Further details can be obtained in the Accountability Monitoring Plan Technical Specification document which guides data the collection for all components. This document is currently under development and will be ready for review in fall 2018.

Given the changing landscape of public health and the transformation of the health system, this Plan has been developed to allow for some flexibility and future adaptations as more information is provided from the Ministry of Health and Long-Term Care, other funding ministries, and our local communities.

Appendix A

Delivery of Programs and Services Domain

Boards of health are held accountable for the delivery of public health programs and services and achievement of program outcomes in accordance with the Foundational and Program Standards and incorporated protocols and guidelines.

Objective of Requirements

The ministry has a responsibility to ensure that boards of health are delivering mandated programs and services that reflect a level of provincial consistency and local flexibility, and that the services delivered are effective in achieving their intended purposes.

Requirements

1. The board of health shall deliver programs and services in compliance with the Foundational and Program Standards.
2. The board of health shall comply with programs provided for in the Health Protection and Promotion Act.
3. The board of health shall undertake population health assessments including identification of priority populations, social determinants of health and health inequities, and measure and report on them.
4. The board of health shall describe the program of public health interventions and the information used to inform them including how health inequities will be addressed.
5. The board of health shall publicly disclose results of all inspections or other required information in accordance with the Foundational and Program Standards.
6. The board of health shall prepare for emergencies to ensure 24/7 timely, integrated, safe, and effective response to, and recovery from emergencies with public health impacts, in accordance with ministry policy and guidelines.
7. The board of health shall collect and analyze relevant data to monitor trends over time, emerging trends, priorities, and health inequities, and report and disseminate the data and information in accordance with the Foundational and Program Standards.

8. The board of health shall have a strategic plan that establishes strategic priorities over 3 to 5 years, includes input from staff, clients, and community partners, and is reviewed at least every other year.

Fiduciary Requirements Domain

Boards of health are held accountable for using ministry funding efficiently for its intended purpose.

Objective of Requirements

The ministry has a responsibility to ensure that public health funding is used in accordance with accepted accounting principles, legislative requirements, and government policy expectations.

The ministry must also ensure that boards of health make efficient use of public resources by delivering high quality, effective program interventions, ensuring value for money.

Requirements

9. The board of health shall comply with the terms and conditions of the Ministry-Board of Health Accountability Agreement.
10. The board of health shall provide costing information by program.
11. The board of health shall submit budget submissions, quarterly financial reports, annual settlement reports, and other financial reports as requested.
12. The board of health shall place the grant provided by the ministry in an interest bearing account at a Canadian financial institution and report interest earned to the ministry if the ministry provides the grant to boards of health prior to their immediate need for the grant.
13. The board of health shall report all revenues it collects for programs or services in accordance with the direction provided in writing by the ministry.
14. The board of health shall report any part of the grant that has not been used or accounted for in a manner requested by the ministry.
15. The board of health shall repay ministry funding as requested by the ministry.
16. The board of health shall ensure that expenditure forecasts are as accurate as possible.
17. The board of health shall keep a record of financial affairs, invoices, receipts and other documents, and shall prepare annual statements of their financial affairs.

18. The board of health shall comply with the financial requirements of the Health Protection and Promotion Act (e.g., remuneration, informing municipalities of financial obligations, passing by-laws, etc.), and all other applicable legislation and regulations.
19. The board of health shall use the grant only for the purposes of the Health Protection and Promotion Act and to provide or ensure the provision of programs and services in accordance with the Health Protection and Promotion Act, Foundational and Program Standards, and Ministry-Board of Health Accountability Agreement.
20. The board of health shall spend the grant only on admissible expenditures.
21. The board of health shall comply with the Municipal Act, 2001 which requires that boards of health ensure that the administration adopts policies with respect to its procurement of goods and services. All procurement of goods and services should normally be through an open and competitive process.
22. The board of health shall ensure that the administration implements appropriate financial management and oversight which ensures the following are in place:
 - a) A plan for the management of physical and financial resources;
 - b) A process for internal financial controls which is based on generally accepted accounting principles;
 - c) A process to ensure that areas of variance are addressed and corrected;
 - d) A procedure to ensure that the procurement policy is followed across all programs/services areas;
 - e) A process to ensure the regular evaluation of the quality of service provided by contracted services in accordance with contract standards; and
 - f) A process to inform the board of health regarding resource allocation plans and decisions, both financial and workforce related, that are required to address shifts in need and capacity.
23. The board of health shall negotiate service level agreements for corporately provided services.
24. The board of health shall have and maintain insurance.
25. The board of health shall maintain an inventory of all tangible capital assets developed or acquired with a value exceeding \$5,000 or a value determined locally that is appropriate under the circumstances.
26. The board of health shall not dispose of an asset which exceeds \$100,000 in value without the ministry's prior written confirmation.

27. The board of health shall not carry over the grant from one year to the next, unless pre-authorized in writing by the ministry.
28. The board of health shall maintain a capital funding plan, which includes policies and procedures to ensure that funding for capital projects is appropriately managed and reported.
29. The board of health shall comply with the Community Health Capital Programs policy

Good Governance and Management Practices Domain

Boards of health are held accountable for executing good governance practices to ensure effective functioning of boards of health and management of public health units.

Objective of Requirements

The organizational requirements within this domain support the use of recommended best practices in governance and organizational processes. By adhering to these practices, boards of health are able to improve the quality and effectiveness of programs and services, prioritize the allocation of resources, improve efficiency, and strive for resiliency in their organizational culture.

Requirements

30. The board of health shall submit a list of board members.
31. The board of health shall operate in a transparent and accountable manner, and provide accurate and complete information to the ministry.
32. The board of health shall ensure that members are aware of their roles and responsibilities and emerging issues and trends by ensuring the development and implementation of a comprehensive orientation plan for new board members and a continuing education program for board members.
33. The board of health shall carry out its obligations without a conflict of interest and shall disclose to the ministry an actual, potential, or perceived conflict of interest.
34. The board of health shall comply with the governance requirements of the *Health Protection and Promotion Act* (e.g., number of members, election of chair, remuneration, quorum, passing by-laws, etc.), and all other applicable legislation and regulations.

35. The board of health shall comply with the medical officer of health appointments requirements of the *Health Protection and Promotion Act*, and the ministry's policy framework on medical officer of health appointments, reporting, and compensation.
36. The board of health shall ensure that the administration establishes a human resources strategy, which considers the competencies, composition and size of the workforce, as well as community composition, and includes initiatives for the recruitment, retention, professional development, and leadership development of the public health unit workforce.
37. The board of health shall ensure that the administration establishes and implements written human resource policies and procedures which are made available to staff, students, and volunteers. All policies and procedures shall be regularly reviewed and revised, and include the date of the last review/revision.
38. The board of health shall engage in community and multi-sectoral collaboration with LHINs and other relevant stakeholders in decreasing health inequities.
39. The board of health shall engage in relationships with Indigenous communities in a way that is meaningful for them.
40. The board of health shall provide population health information, including social determinants of health and health inequities, to the public, community partners, LHINs, and health care providers in accordance with the Foundational and Program Standards.
41. The board of health shall develop and implement policies or by-laws regarding the functioning of the governing body, including:
 - g) Use and establishment of sub-committees;
 - h) Rules of order and frequency of meetings;
 - i) Preparation of meeting agenda, materials, minutes, and other record keeping;
 - j) Selection of officers;
 - k) Selection of board of health members based on skills, knowledge, competencies and representatives of the community, where boards of health are able to recommend the recruitment of members to the appointing body;
 - l) Remuneration and allowable expenses for board members;
 - m) Procurement of external advisors to the board such as lawyers and auditors (if applicable);
 - n) Conflict of interest;
 - o) Confidentiality;

- p) Medical officer of health and executive officers (where applicable) selection process, remuneration, and performance review; and
 - q) Delegation of the medical officer of health duties during short absences such as during a vacation/coverage plan.
42. The board of health shall ensure that by-laws, policies and procedures are reviewed and revised as necessary, and at least every two years.
43. The board of health shall provide governance direction to the administration and ensure that the board of health remains informed about the activities of the organization on the following:
- a) Delivery of programs and services;
 - b) Organizational effectiveness through evaluation of the organization and strategic planning;
 - c) Stakeholder relations and partnership building;
 - d) Research and evaluation;
 - e) Compliance with all applicable legislation and regulations;
 - f) Workforce issues, including recruitment of medical officer of health and any other senior executives;
 - g) Financial management, including procurement policies and practices; and
 - h) Risk management.
44. The board of health shall have a self-evaluation process of its governance practices and outcomes that is completed at least every other year. Completion includes an analysis of the results, board of health discussion, and implementation of feasible recommendations for improvement, if any.
45. The board of health shall ensure the administration develops and implements a set of client service standards.
46. The board of health shall ensure that the medical officer of health, as the designated health information custodian, maintains information systems and implements policies/procedures for privacy and security, data collection and records management.

Public Health Practice Domain

Boards of health are held accountable for achieving a high standard and quality of practice in the delivery of public health programs and services.

Objective of Requirements

The organizational requirements within this domain include some of the key requirements of the Effective Public Health Practice Standard within the Foundational Standards, and support the fostering of a culture of excellence in professional practice with boards of health.

A culture of quality and continuous organizational self-improvement is part of effective public health practice, which underpins effective program interventions, and therefore is necessary for the achievement of the desired goals and outcomes of public health programs and services.

Requirements

47. The board of health shall ensure that the administration establishes, maintains, and implements policies and procedures related to research ethics.
48. The board of health shall designate a Chief Nursing Officer.
49. The board of health shall demonstrate the use of a systematic process to plan public health programs and services to assess and report on the health of local populations describing the existence and impact of health inequities and identifying effective local strategies to decrease health inequities.
50. The board of health shall employ qualified public health professionals in accordance with the *Qualifications for Public Health Professionals Protocol, 2018* (or as current).
51. The board of health shall support a culture of excellence in professional practice and ensure a culture of quality and continuous organizational self-improvement. This may include:
 - r) Measurement of client, community, and stakeholder/partner experience to inform transparency and accountability; and
 - s) Regular review of outcome data that includes variances from performance expectations and implementation of remediation plans.

Common to All Domains

The following list of organizational requirements contains those that are relevant to all four domains of the Public Health Accountability Framework, and have been grouped together here to avoid duplication.

Requirements

1. The board of health shall submit an Annual Service Plan and Budget Submission to include all programs and services delivered by boards of health and program costing for ministry-funded programs.
2. The board of health shall submit action plans as requested to address any compliance or performance issues.
3. The board of health shall submit all reports as requested by the ministry.
4. The board of health shall have a formal risk management framework in place that identifies, assesses, and addresses risks.
5. The board of health shall produce an annual financial and performance report to the general public.
6. The board of health shall comply with all legal and statutory requirements.

2018–2022 ACCOUNTABILITY MONITORING PLAN

MOTION:

WHEREAS Board of Health motion #02-18 endorsed the 2018–2022 Strategic Plan and Visual Identity and directed the Medical Officer of Health to operationalize the Strategic Plan and develop a monitoring process for the Board’s approval; and

WHEREAS an accountability monitoring plan has been developed that integrates provincially required measures and local performance indicators all important to achieving the Board’s strategic priorities and vision of healthier communities for all;

THEREFORE BE IT RESOLVED THAT the Board of Health approve the Public Health Sudbury & Districts Accountability Monitoring Plan 2018–2022; and

FURTHER THAT the Board of Health endorse the establishment of a Joint Board of Health/Staff Accountability Working Group for 2018–2022 for the purpose of guiding the reporting of the Accountability Monitoring Plan to the full Board of Health.

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: _____