



# Board of Health

Thursday, October 18, 2018

1:30 p.m.

Public Health Sudbury & Districts Boardroom

1300 Paris Street

**AGENDA – SEVENTH MEETING**  
**BOARD OF HEALTH**  
**PUBLIC HEALTH SUDBURY & DISTRICTS**  
**BOARDROOM, SECOND FLOOR**  
**THURSDAY, OCTOBER 18, 2018 – 1:30 P.M.**

- 1. CALL TO ORDER AND TERRITORIAL ACKNOWLEDGEMENT**
- 2. ROLL CALL**
- 3. REVIEW OF AGENDA/DECLARATIONS OF CONFLICTS OF INTEREST**
- 4. DELEGATION/PRESENTATION**
  - i) Finding our Path Together – Indigenous Engagement Strategy**
    - Mariette Sutherland, Manager, Indigenous Engagement
- 5. CONSENT AGENDA**
  - i) Minutes of Previous Meeting**
    - a. Sixth Meeting – September 20, 2018
  - ii) Business Arising from Minutes**
  - iii) Report of Standing Committees**
    - Board of Health Executive Committee Unapproved Minutes dated September 25, 2018
  - iv) Report of the Medical Officer of Health / Chief Executive Officer**
    - a. MOH/CEO Report, October 2018
  - v) Correspondence**
    - a. Publicly Funded Oral Health Program for Low-income Adults and Older Adults
      - Letter from the Halton Regional Council to the Minister of Health and Long-Term Care dated July 5, 2018
      - Letter from the Durham Region to the Premier of Ontario dated September 13, 2018
    - b. Smoke-Free Ontario Act, 2017
      - Letter from the Association of Local Public Health Agencies President to the Director, Health Protection Policy and Programs Branch, Ministry of Health and Long-Term Care dated October 4, 2018
      - Letter from the Council of Ontario Medical Officers of Health to the Director, Health Protection Policy and Programs Branch, Ministry of Health and Long-Term Care dated October 8, 2018

- c. Repeal of Section 43 of the Criminal Code of Canada
  - Letter from the Board of Health for Southwestern Public Health to the Federal Minister of Justice dated September 25, 2018
- d. Ontario Basic Income Pilot Project
  - Letter from the Board of Health for Southwestern Public Health to the Minister of Children, Community and Social Services dated September 25, 2018
- vi) **Items of Information**
  - a. alPHa Information Break September 28, 2018
  - b. Treasury Board News Release *Ontario's Government for the People Restoring Trust and Accountability with Release of the Line-by-Line Review* September 25, 2018
  - c. Ministry of the Attorney General News Release *Ontario to Introduce Legislation to Move Forward with Tightly-Regulated Private Cannabis Retail Marketplace* September 26, 2018

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

##### **MOTION:**

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

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

- i) **Public Health Sudbury & Districts Indigenous Engagement Strategy**
  - Briefing Note from the Medical Officer of Health and Chief Executive Officer to the Board Chair dated October 11, 2018
  - Public Health Sudbury & Districts Indigenous Engagement Strategy “Finding Our Path Together” (English and French)
  - Finding Our Path Together – *The Strategic Directions* Brochure (English and French)

#### **FIRST INDIGENOUS ENGAGEMENT STRATEGY**

##### **MOTION:**

**WHEREAS a goal of the Ontario Public Health Standards, 2018 is to decrease health inequities such that everyone has equal opportunities for optimal health; and**

**WHEREAS the Board of Health for Public Health Sudbury & Districts is committed to ensuring all people in its service area have equal opportunities for health; and**

**WHEREAS Motion #54-16 directed the Medical Officer of Health to develop a comprehensive strategy for the organization's engagement with Indigenous people and communities in its service area for the purpose of collaboratively strengthening public health programs and services for all; and**

**WHEREAS an extensive consultative and collaborative process has been undertaken to develop a strategy to guide the organization's efforts to strengthen relationships with First Nation communities and Indigenous partners, recognizing that important next steps must be inclusive of urban Indigenous Peoples;**

**THEREFORE BE IT RESOLVED THAT the Board of Health for Public Health Sudbury & Districts endorse the Indigenous Engagement Strategy, October 2018, Finding our Path Together - Maamwi MKAamidaa Gdoo-Miikaansminan - Kahkinaw e mikskamahk ki meskanaw.**

**ii) 2018 – 2022 Accountability Monitoring Plan**

- Public Health Sudbury & Districts Strategic Priorities: Narrative Report, October 2018

**7. ADDENDUM**

**ADDENDUM**

**MOTION:**

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

**8. ANNOUNCEMENTS / ENQUIRIES**

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

<https://www.surveymonkey.com/r/9YQYQ66>

**9. ADJOURNMENT**

**ADJOURNMENT**

**MOTION:**

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



**MINUTES – SIXTH MEETING**  
**BOARD OF HEALTH**  
**PUBLIC HEALTH SUDBURY & DISTRICTS**  
**BOARDROOM, SECOND FLOOR**  
**THURSDAY, SEPTEMBER 20, 2018 – 1:30 P.M.**

**BOARD MEMBERS PRESENT**

Maigan Bailey	Jeffery Huska	Thoma Crabs
Janet Bradley	Robert Kirwan	Rita Pilon
James Crispo	Monica Loftus	Carolyn Thain

**BOARD MEMBERS REGRETS**

René Lapierre	Ken Noland	Nicole Sykes
Paul Myre	Mark Signoretti	

**STAFF MEMBERS PRESENT**

Sandra Laclé	France Quirion	Dr. Ariella Zbar
Stacey Laforest	Dr. Penny Sutcliffe	
Rachel Quesnel	Renée St. Onge	

**MEDIA PRESENT**

Sudbury Star

**J. HUSKA PRESIDING**

**1. CALL TO ORDER**

The meeting was called to order at 1:30 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) Public Health Update on Cannabis**

– Anik Proulx, Manager, Health Promotion Division

Dr. Sutcliffe indicated that both the Health Promotion and Health Protection staff will have responsibilities as it relates to cannabis; however, today's presentation will focus on health promotion's work as the provincial government has paused relevant legislation and is undergoing a review.

Health Promotion Manager, A. Proulx, was introduced and welcomed to provide the local context, outline health impacts of cannabis use, share legislation to date, and describe public health's approach.

Under the Ontario Public Health Standards, public health has a responsibility to prevent or delay substance use, to use a public health approach to strengthen community capacity and minimize the harms and negative health impacts associated with cannabis consumption, and to work with partners to address the impacts of substance use.

The Board was informed on the difference between recreational and medical cannabis, health effects, statistics of use (for which the data is considered to be underreported since cannabis is an illegal substance). It was noted that evidence shows that cannabis use carries significant health risks, especially for individuals who use it frequently, begin to use it at an early age or both. Regular use of cannabis during adolescence is associated with changes to brain structure and function which may limit a young person's educational, occupational and social potential.

The Ontario Cannabis Act will come into force on October 17, 2018, the same day that cannabis is legalized by the Federal government. The Smoke-Free Ontario Act (SFOA) 2017, to come into force July 1, 2018, was paused by the provincial government to review the new regulations related to vaping. The new SFOA was intended to regulate the smoking and vaping of medical cannabis. The province is also introducing legislation for a private retail model that, if passed, will be launched by April 1, 2019.

The public health approach to the legalization of cannabis has four areas of focus and the Public Health Sudbury & Districts work for each approach was outlined:

- 1) monitoring and surveillance
- 2) health protection
- 3) harm reduction
- 4) health promotion

Questions were entertained. A. Proulx described the health unit's work with community partners, including schools and post-secondary institutions. The use of medicinal versus recreational cannabis was further described. The public health's focus, as it relates to harm reduction and health promotion was clarified. A. Proulx was thanked for her presentation.

## **5. CONSENT AGENDA**

- i) **Minutes of Previous Meeting**
  - a. Fifth Meeting – June 21, 2018

- ii) **Business Arising From Minutes**
- iii) **Report of Standing Committees**
  - a. Board of Health Executive Committee Unapproved Minutes dated July 11, 2018
- iv) **Report of the Medical Officer of Health / Chief Executive Officer**
  - a. MOH/CEO Report, September 2018
- v) **Correspondence**
  - a. Repeal of Section 43 of the Criminal Code Refresh 2017
    - Letter from the Perth Board of Health to the Minister of Justice dated June 14, 2018
  - b. Cannabis Sales Taxation Revenue
    - Letter from the Grey Bruce Health Unit Acting Medical Officer of Health to the Premier-Elect dated June 18, 2018
  - c. Recommendation/Resolution Report – Oral Health Report Update 2018
    - Letter from the Grey Bruce Health Unit Acting Medical Officer of Health to the Windsor-Essex County Health Unit dated June 18, 2018
  - d. Youth Exposure to Smoking in Movies
    - Letter from the Grey Bruce Health Unit Acting Medical Officer of Health to the Ontario Film Review Board dated June 18, 2018
  - e. Cancellation of the Basic Income Research Project
    - Letter from the Public Health Sudbury & Districts Board Chair to the Premier of Ontario dated August 3, 2018
    - Email from the Premier of Ontario to the Public Health Sudbury & Districts Board Chair dated August 7, 2018
    - Letter from the Association of Local Public Health Agencies to the Minister of Children, Community and Social Services dated August 2, 2018
    - Letter from the Simcoe Muskoka Board of Health to the Minister of Children, Community and Social Services dated August 1, 2018
    - Letter from the Peterborough Public Health Board of Health to the Minister of Children, Community and Social Services dated August 3, 2018
    - Letter from the North Bay Parry Sound District Board of Health to the Premier of Ontario and the Minister of Children, Community and Social Services dated August 16, 2018
    - Letter from the Haliburton, Kawartha, Pine Ridge District Board of Health to the Minister of Children, Community and Social Services dated August 17, 2018
    - Letter from the Timiskaming Board of Health to the Premier of Ontario dated August 8, 2018
    - Letter from the Leeds, Grenville and Lanark District Board of Health to the Premier of Ontario dated August 30, 2018
    - Letter from the Huron County Board of Health to the Premier of Ontario dated September 6, 2018

- f. Drug Policy Reform
  - Letter from the Simcoe Muskoka District Board of Health to the Minister of Health and the Minister of Justice and Attorney General of Canada dated July 10, 2018
  - Letters from the Toronto Board of Health to interested parties dated August 1, and August 3, 2018
- g. Smoke-Free Ontario Act, 2017
  - Letter from the President of the Association of Local Public Health Agencies to the Minister of Health and Long-Term Care dated July 4, 2018
  - Letter from the Timiskaming Board of Health to the Minister of Health and Long Term Care dated July 12, 2018
  - Letter from the Kingston, Frontenac and Lennox & Addington Board of Health to the Deputy Premier and Minister of Health and Long-Term Care dated July 16, 2018
  - Letter from the Premier of Ontario to the Public Health Sudbury & Districts' Board Chair dated July 17, 2018
  - Letter from the Windsor-Essex County Board of Health to the Premier of Ontario dated July 19, 2018
  - Letter from the Middlesex-London Board of Health to the Minister of Health and Long-Term Care dated July 20, 2018
  - Letter from the Chatham-Kent Board of Health to the Premier of Ontario dated July 23, 2018
  - Letter from the Association of Local Public Health Agencies President to the Minister of Health and Long-Term Care dated July 24, 2018
  - Letter from the Board of Health for the Grey Bruce Health Unit to the Premier of Ontario dated July 27, 2018
- h. Supervised Consumption Facilities
  - Letter from the Association of Local Public Health Agencies to the Minister of Health and Long-Term Care dated July 27, 2018
- i. Health and Physical Education Curriculum
  - Letter from the Ontario Physical and Health Education Association President and the Executive Director & CEO to Dr. Sutcliffe dated August 1, 2018
- j. Literacy in Ontario Curriculum
  - Letter from the Kingston, Frontenac and Lennox & Addington Board of Health to the Provincial Minister of Education/Minister Responsible for Early Years and Child Care dated April 26, 2018
  - Letter from the Grey Bruce Health Unit Acting Medical Officer of Health to the Provincial Minister of Education/Minister Responsible for Early Years and Child Care dated June 18, 2018
  - Letter from the Peterborough Public Health Board of Health to the Deputy Premier and Minister of Health and Long-Term Care and the Minister of Education dated July 16, 2018

**vi) Items of Information**

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|--|---------------------|
| a. Public Health Sudbury & Districts Workplace Health Newsletter, English and French                                 | 2018 Spring/Summer  |
| b. alPHa Information Break Newsletter  | July 24, 2018       |
| c. 2018 alPHa Conference Proceedings, The Changing Face of Public Health   | August 31, 2018     |
| d. The Globe and Mail Article Delving into the health data shows that Canadian kids aren't all right By André Picard | June 10 to 12, 2018 |
| e. Public Health must become a priority by Trevor Hancock and Sen. Art Eggleton                                      | September 4, 2018   |
|  | September 12, 2018  |

It was clarified that the *Health Matters* municipal election primer will be shared with all municipal candidates of PHSD constituent municipalities. The primer from alPHa and the primer we had developed for the provincial election candidates were used for the development of the municipal primer. The municipal primer will outline PHSD priority public health issues. It will be posted to the PHSD website and promoted through social media.

Board members were pleased with the Chair's letter to the provincial government on Ontario Basic Income Research Project and the Reduction in the Scheduled Social Assistance Rate.

**27-18 APPROVAL OF CONSENT AGENDA**

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

**CARRIED**

**6. NEW BUSINESS**

**i) Annual Board of Health Self-Evaluation**

- 2018 Board Self-Evaluation Questionnaire  
(electronic survey is available to Board members in BoardEffect app)

Board members are asked to complete the 2018 Board of Health self-evaluation survey by Tuesday, October 23, 2018. The completion rate for the annual Board of Health member self-evaluation will be included as one of the indicators in the 2018–2022 Accountability Monitoring Plan.

One new survey question that aligns with BOH Manual Policy C-I-14 BOH Self-Evaluation invites comments that would be helpful for the Chair as part of continuous

improvement. The electronic survey can be completed in BoardEffect and responses are anonymous. Reminders will be sent to the Board.

**ii) 2018 Annual Service Plan and Budget Submission**

- Ministry of Health and Long-Term Care (MOHLTC) Overview and Feedback Slide Deck, August 2018

Dr. Sutcliffe clarified that although there is no action nor decisions related to this agenda item, it has been placed under New Business to recap the background and review the current status of these provincial reporting requirements.

A summary was provided regarding the MOHLTC directions to public health units since the release the first Annual Service Plan and Budget Submission template. The 2018 Annual Service Plan was the first MOHLTC template that required all public health units to describe the complete picture of programs and services being delivered, demonstrate that programs align with community priorities, and demonstrate the use of funding per program and service.

All Boards of Health have received specific feedback on their 2018 Annual Service Plan submission.

The MOHLTC has shared summaries from the 2018 public health unit submissions including total budget and FTEs by Ontario Public Health Standard, total FTEs by job categories, as well as the programs and interventions.

Due to the variation in the 2018 Annual Service Plan submissions, the templates were reviewed in depth and health units are being asked to review proposed changes in the 2019 templates. A draft risk management template to be completed annually by health units was also shared by the MOHLTC for feedback. The MOHLTC template was developed by the same individual with whom we had previously consulted on for risk management. Public Health Sudbury & Districts has a risk management plan in place and is well prepared to report to the Ministry on this topic.

It was concluded that, overall MOHLTC feedback regarding our 2018 Annual Service Plan was positive. A lot of internal program planning work is taking place for the upcoming 2019 Annual Service Plan. There are still unknowns regarding provincial direction on a number of public health files. The Northeast public health units continue to work on the collaboration initiative to look for opportunities to best work collaboratively. Further information will be shared with the Board as this project progresses.

## **7. ADDENDUM**

## 28-18 ADDENDUM

***MOVED BY CRISPO– LOFTUS: THAT this Board of Health deals with the items on the Addendum.***

**CARRIED**

### ii) Opioid Overdoses Data

- Statement from the Co-Chairs of the Special Advisory Committee dated September 18, 2018, Public Health Agency of Canada

Data has been released on apparent opioid-related deaths and suspected overdoses in Canada for the first quarter. Locally, work continues to address the opioid crisis through surveillance and working with local community partners and there is a desire to pursue a feasibility study for a supervised injection site or overdose prevention site.

### iii) Environmental Public Health Week

- Public Health Sudbury & Districts Poster *Over 100 years of distinction in public health protection*

Board members were informed that Environmental Public Health Week will be celebrated the week of September 24 to 28, 2018. The work of environmental public health practitioners is highlighted in the shared poster that will be made visible in the lobby of 1300 Paris Street next week as well as a new release and social media posts.

## 8. ANNOUNCEMENTS / ENQUIRIES

The Board Executive Committee will be meeting to review the draft Indigenous Engagement Strategy next Tuesday before it is tabled at the October 18, 2018, Board of Health meeting. Board members are invited to attend the launch of the Public Health Sudbury & Districts Indigenous Engagement Strategy on October 18, 2018, at 3 p.m. in the Ramsey Room. An evening presentation will also be held that evening at 7 p.m. at Laurentian University with special guest Ken Lamoureux and live streamed. An email with the *Save the Date* has been sent to Board members who are asked to RSVP. Meeting requests will also be sent.

A print of 2018 Board of Health group photo was provided to all Board members.

## 9. ADJOURNMENT

### 29-18 ADJOURNMENT

***MOVED BY LOFTUS – CRISPO: THAT we do now adjourn. Time: 2:16 p.m.***

**CARRIED**

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(Chair)

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(Secretary)

**UNAPPROVED MEETING NOTES**  
**BOARD OF HEALTH EXECUTIVE COMMITTEE**  
**PUBLIC HEALTH SUDBURY & DISTRICTS, BOARDROOM, SECOND FLOOR**  
**TUESDAY, SEPTEMBER 25, 2018 – 10 A.M.**

**BOARD MEMBERS PRESENT**

Jeffery Huska	Paul Myre
René Lapierre	Ken Noland

**BOARD MEMBERS REGRETS**

Nicole Sykes

**STAFF MEMBERS PRESENT**

Rachel Quesnel	France Quirion	Dr. Penny Sutcliffe
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**GUESTS**

Sandra Laclé	Renée St Onge	Mariette Sutherland
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**J. HUSKA PRESIDING**

**1. CALL TO ORDER**

The meeting was called to order at 10 a.m. and a territorial acknowledgement followed. Guest staff were welcomed.

**2. ROLL CALL**

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

There were no declarations of conflict of interest.

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

4.1 Board Executive Committee Meeting Notes dated July 11, 2018

**11-18 APPROVAL OF BOARD OF HEALTH EXECUTIVE COMMITTEE MEETING NOTES**

***MOVED BY LAPIERRE – MYRE: THAT the meeting notes of the Board of Health Executive Committee meeting of July 11, 2018, be approved as distributed.***

**CARRIED**

**5. NEW BUSINESS**

**5.1 Indigenous Engagement Strategy**

- Briefing Note dated September 14, 2018
- Indigenous Engagement Strategy



Further to the June 21, 2018, Board of Health workshop, the Board Executive Committee is being asked to review the Indigenous Engagement Strategy prior to it being presented to the October 18, 2018, Board of Health meeting.

The briefing note summarizes the Board's work and motions since 2011 as well as steps undertaken in the development of the strategy and with consultation with Indigenous community partners and agencies who provide services to Indigenous People. Dr. Sutcliffe noted there has been an extensive collaborative process which has been helpful to learn about strengths, needs and interests related to public health.

The Board EC members were reminded that the Ministry of Health and Long-Term Care approved funding through one time allocations to support our Indigenous Engagement work.

M. Sutherland outlined the content of the Indigenous Engagement Strategy report titled *Finding our Path Together*, and described the artwork and its significance. Key words, including the title of the report will be translated into Anishnaabemowin, Cree syllabics, and Cree.

The Strategy will guide our organization's efforts to strengthen relationships with First Nations communities and Indigenous partners (motions 20-12 and 54-16), and we anticipate furthering our engagement with urban First Nation and Métis groups.

The internal and external consultation processes were summarized, including a description of how we developed the Indigenous Engagement vision, mission, values and strategic directions as stated in the Strategy. All components have strong alignment with the Public Health Sudbury & Districts' 2018 – 2022 Strategic Plan.

Feedback was provided regarding the Indigenous engagement vision, *Working together for healthy and vibrant Indigenous communities in their pursuit of self-determined health and wellbeing*, and the statement will be updated to ensure clarity.

The Indigenous engagement mission: *Public Health Sudbury & Districts works together with area Indigenous Peoples and communities to collaboratively strengthen public health programs and services for all* and the values: *respect, trust and humility* was reviewed.

Valuable quotes from roundtable participants have been included in the report.

The Medicine wheel framework depict the four strategic directions:

- i) Inform our work through Indigenous community voices and information
- ii) Engage in meaningful relationships to support Indigenous community wellbeing
- iii) Strengthen our capacity for a culturally competent workforce
- iv) Advocate and partner to improve health.

It was pointed out that these directions were shared with PHSD managers to elicit their feedback as to whether they were realistic and achievable.

Once the strategy is approved, next steps will include:

- Developing new internal and external committee structures to guide and support the implementation of the strategy
- Developing an implementation plan for the strategy
- Ensuring routine and structured reporting mechanisms for Senior Management and the Board of Health
- Ensuring effective mechanisms by which the Board of Health receives Indigenous knowledge appropriate to its governance role
- Developing and tracking collaboration indicators
- Updating the Indigenous community as well as our Board of Health, staff, and partners on progress using publicly available reporting mechanisms

It was clarified that the Indigenous Engagement Advisory Committee has sunsetted. Ongoing communication will be important to keep partners updated regarding our progress.

Comments and questions were entertained, and it confirmed that the Board motions will be hyperlinked in the report. Appendix A and B of the report will be reversed. Kudos were extended to the local Indigenous artists/firm who created the report layout. Credits will be noted in the report for the local graphic design artists/firm, who is within our service area.

The staff were congratulated on a wholesome and inclusive process throughout this long-standing work and for the development of the report.

These are positive steps forward to address the organizational risk assessment which identifies that *the organization may be at risk of poorly defined relationships with indigenous communities*. Dr. Sutcliffe and team were thanked for making this work a priority.

The Board Executive Committee members were supportive of the report going forward to the full Board at the October Board meeting for endorsement.

**6. ADJOURNMENT**

**12-18 ADJOURNMENT**

***MOVED BY MYRE – LAPIERRE: THAT we do now adjourn. Time: 11:02 a.m.***

**CARRIED**

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(Chair)

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(Secretary)

Unapproved

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

### Words for thought

37. The result is that while Government understands and can report what it has made investments in, in the vast majority of cases it cannot assess whether the investment has maximized returns when measured in productivity and performance terms (i.e., how public money has been spent and what it has achieved). This must be changed, and beyond the short-term requirement to initiate a new expenditure management program, is the single most important thing Government can do from a financial management perspective.

Source: Managing Transformation : a modernization action plan for Ontario. Ernst & Young. September 21, 2018

### *Chair and Members of the Board,*

The above quoted line-by-line review of Ontario Government Expenditures 2002/03–2017/18 was commissioned by the Ontario Provincial Government to identify programs and operations for which efficiencies could be generated in the order of four cents on the dollar. The significant public expenditures on health care are highlighted in the report. As the public health sector develops relationships with the new government, it will be important to be able to clearly articulate how public health interventions contribute to cost savings and improved health and health equity.

## General Report

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### 1. Public Health Sudbury & Districts Indigenous Engagement Strategy Launch

Reminder that Board of Health members are invited to the Public Health Sudbury & Districts launch of its first-ever Indigenous Engagement Strategy, “Finding our Path Together” on Thursday , October 18, 2018, at 3 p.m. in the Ramsey Room at Public Health Sudbury & Districts.

Board of Health members are also invited to the keynote presentation on October 18, at 7 p.m. by Kevin Lamoureux, Associate Vice-President, Indigenous Affairs, University of Winnipeg and former National Education lead for the National Centre for Truth and Reconciliation. The evening presentation will be held at the Indigenous Sharing and Learning Centre at Laurentian University, 935 Ramsey Lake Road.

## 2. Annual Board Self-Evaluation Survey

Board of Health members are reminded to complete the 2018 self-evaluation questionnaire in BoardEffect (under the Board of Health workroom – Collaborate – Surveys) by Tuesday, October 23, 2018.

## 3. United Way

Public Health Sudbury & Districts will launch its 2018 United Way Campaign on October 22, 2018. The 2018 United Way Campaign Chair and a representative from a community agency will speak to staff about the positive impact of United Way on our community over the last 36 years. The United Way provides much-needed funding to support essential programs and services to improve community well-being. Last year, Public Health Sudbury & Districts raised over \$10,000 for the United Way. We have set a goal of \$10,000 for this year.

## 4. Local and Provincial Meetings

I participated by teleconference in the Council of Ontario Medical Officers of Health (COMOH) general meeting on October 26 as well as the COMOH Executive meeting on October 11. S. Laclé and I both participated in the alPHA Board meeting on October 28, 2018. Along with Dr. Zbar, I participate in monthly northern medical officers of health meetings.

We continue to be involved with community planning for mental health and I attended a Mental Health and Addictions System Priority Action Table meeting on October 27 and a Mental Health System Transformation Steering Committee meeting at Health Sciences North on October 9. I look forward to bringing forward our mental health strategy for Public Health Sudbury & Districts at the November Board meeting.

As part of CMHA's engagement process for their 2019–2022 strategic plan, external partners are being invited to provide feedback and I have a phone meeting scheduled for October 15.

As a Board member, I will be attending a portion of the Collège Boréal board retreat on October 18 and Board meeting on October 19.

## 5. 2019 Budget and Program-Based Grant

Work on preparing the 2019 cost-shared operating budget is proceeding. The Senior Management Executive Committee is working on drafting the 2019 budget. The draft recommended cost-shared operating budget will be discussed at the Finance Standing Committee on October 29, 2018, prior to the November Board meeting.

## 6. Financial Report

The August year-to-date mandatory cost-shared financial statements report a positive variance of \$945,513 for the period ending August 31, 2018. Gapped salaries and benefits account for \$729,918 or 77%. This year, a significant portion of the gapped salaries is the result of the additional \$440,700 in base funding that was announced in May. Decisions relating to this funding have been operationalized over the summer with most of the expenses being realized from September to December. Operating expenses and other revenue account for \$215,595 or 23% of the variance. Monthly reviews of the financial statements ensure that shifting demands are adjusted in order to mitigate the variances caused by timing of activities.

In the month of August, a total of \$119,381 in available gapped funding was reallocated toward one-time operational priorities. The one-time items to date consisted of the following categories:

- Staffing – Program support (\$2,975)
- Programming & Research & Surveillance – (\$19,976)
- Staff Development – (\$10,700)
- Infrastructure - (\$85,730)

## 7. French Language Services

Public Health Sudbury & Districts has a long-standing history of making every effort to provide francophone residents within our service area access to French-language public health services in a culturally competent manner. On September 25, we celebrated both Franco-Ontarian day and the launch of Active Offer of French language services at Public Health Sudbury & Districts with a flag raising event. With the launch of the Active Offer initiative, we reinforce our work to ensure French-language services are readily available, accessible and visible, and that the quality of these services is comparable to our services offered in English. R. Lapierre, Board Chair, Dr. Sutcliffe, and a staff member all spoke at the event about the value of Active Offer for our community.

## 8. Winter Clothing Drive

Public Health Sudbury & Districts is once again a partner agency in the annual Winter Clothing Drive led by Cooper Equipment Rentals that runs from September 10 until October 31. During this time our agency will be collecting clothing donations from staff and the community. The clothing will be distributed to community members in need from November 3 to 7.

## 9. Municipal Elections

In late September, Public Health Sudbury & Districts distributed a municipal election primer that highlights eight public health priorities and recommendations to local municipal election candidates. This primer and related materials are on our website and are also promoted via social media in the weeks leading up to the election.

Following are the divisional program highlights.

## Clinical Services

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

#### ***Influenza***

There have been no cases of influenza A or B identified in the area. This was expected as Public Health Sudbury & Districts is currently between influenza seasons.

#### ***Respiratory Outbreaks***

There are currently no reported respiratory outbreaks.

#### ***Infection Prevention and Control (IPAC) Week: October 15 to 19, 2018***

The theme this year is “*IPAC No Borders*”. An activity is being planned by Environmental Health and the CID nurse for October 19, to provide learning opportunities and activities to promote infection prevention and control. This is an annual event occurring the third week of October. 2018 marks the 100<sup>th</sup> year since the Spanish flu killed more than 50 million people around the world between 1918 and 1919.

#### ***Preparation for Universal Influenza Immunization Program***

Influenza immunizations are underway for high-risk individuals. The vaccines are available at pharmacies and at our agency and are being ordered through primary care provider offices and walk-in clinics. The official launch of the influenza vaccine administration by the agency is October 22, 2018.

#### ***Cold Chain Inspections***

The cold chain inspection visits have been completed at all health care provider clinics and offices that administer publicly-funded vaccines in Sudbury and districts.

#### ***Vaccine Preventable Disease (VPD)***

In September, public health nurses began vaccines in schools for the following infectious diseases: meningococcus, human papillomavirus (HPV 4 and 9), and hepatitis B. This is the second year where HPV 9 is publicly funded and provided to both girls and boys in Grade 7.

### *VPD Education days*

On September 7, 2018, public health nurses provided education to community providers on vaccine-preventable diseases. Topics included rotavirus vaccine changes, the 2018/2019 influenza season, tuberculosis and latent tuberculosis infection and screening, as well as a focus on vaccine safety and how everyone plays a part in contributing to the success of immunization programs in our community. Discussions were had on vaccine exemptions, the new digital “yellow card” for reporting vaccines to Public Health and a review of the publicly-funded immunization schedule. The education day was well-attended and will be offered on Manitoulin Island and in French at Le Centre de santé communautaire de Sudbury in early October.

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

### ***Sexual Health Promotion***

Post-secondary students were the focus of sexual health promotion for the month of September and included:

- Staffing booths at Laurentian University’s Welcome Week Carnival and a sexual health focused event at Cambrian College. With a total of 809 attendees, information was provided to students on the prevention of sexually transmitted infections and Rainbow offices’ sexual health clinic services.
- A poster campaign promoting the use of condoms in the prevention of sexually transmitted infections was delivered at Laurentian University, Cambrian College, Collège Boréal.

### ***Sexual Health Clinic***

There were 242 client drop-in visits to the Rainbow office site related to sexually transmitted infections and pregnancy counselling.

Sexual health outreach services to seven Greater Sudbury and three district area high schools have restarted for the 2018-2019 school year.

### ***Needle Exchange Program (NEP)***

During the month of September there were 1239 visits to access harm reduction supplies at Public Health Sudbury & Districts office sites.

A total of 33 naloxone kits were distributed via the Rainbow office NEP site.



## **Environmental Health**

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

During the month of September, 14 sporadic enteric cases and three infection control complaints were investigated.

### **2. Food Safety**

In September, staff issued 43 special event food service permits to various organizations.

Through Food Handler Training and Certification Program sessions offered in September, 100 individuals were certified as food handlers.

### **3. Health Hazard**

In September, 23 health hazard complaints were received and investigated. Three of these complaints involved marginalized populations.

### **4. Ontario Building Code**

During the month of September, 34 sewage system permits, 16 renovation applications, two zoning applications, and one consent application were received.

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

Twenty-six rabies-related investigations were carried out in the month of September.

One specimen was submitted to the Canadian Food Inspection Agency Rabies Laboratory for analysis and was subsequently reported as negative.

On September 19 and 20, 2018, public health inspectors and health promoters provided dog bite prevention education sessions to Grade 3 students from local schools at the annual Children's Water Festival in Lively.

### **6. Safe Water**

During the month of September, one beach was resampled with a total of 50 samples collected during five visits. Re-sampling was conducted in response to three sampling results that exceeded the recreational water quality standard of 200 *E. coli* per 100 mL of water. All beach sample results have since returned to levels that are deemed to be acceptable for the public to swim in.

Public health inspectors investigated three blue-green algae complaints in the month of September, two of which were subsequently identified as blue-green algae capable of producing toxin.

During September, 66 residents were contacted regarding adverse private drinking water samples. Public health inspectors investigated 14 regulated adverse water sample results, as well as a drinking water lead exceedance at one local school.

Nine boil water orders, and three drinking water orders were issued. Furthermore seven boil water orders, and one drinking water order were rescinded.

During the month of September, one pool closure order was issued and has since been rescinded following corrective action.

## 7. Tobacco Enforcement

In September, tobacco enforcement officers charged one individual for smoking in an enclosed workplace, this charge was the result of smoking in a workplace vehicle. One retail employee was charged for selling tobacco to a person who is less than 19 years of age.

## 8. Vector Borne Diseases

In September, 1,078 mosquitoes were trapped and sent for analysis, resulting in a total of 53 mosquito pools being tested for Eastern Equine Encephalitis virus and for West Nile virus. All pools tested negative for West Nile virus and Eastern Equine Encephalitis.

# Health Promotion

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## 1. Chronic Disease Prevention and Well-Being

### *Healthy eating behaviours*

Health promotion staff partnered with a local Sudbury canteen operator to promote healthy eating options at Moonlight Beach and the Terry Fox Sports Complex. A new menu with healthier items was promoted via a social media campaign. Healthy options and nutrition standards for vending machines were also developed.

## 2. Healthy Growth and Development

### *Breastfeeding*

Two breastfeeding support groups were held.

### ***Growth and development***

Staff met with a kitchen manager at a daycare to discuss menu planning, infant feeding, and supportive nutrition environments.

### ***Healthy pregnancies***

In recognition of the International Fetal Alcohol Spectrum Disorder (FASD) Awareness day, the Sudbury Manitoulin FASD network held a community event to showcase a documentary titled “Moment to Moment: Teens Growing Up with FASD” by Dr. Ira Chasnoff. This was then followed by a panel discussion. Mayor Brian Bigger also declared it International FASD Awareness day with a proclamation. There were a total of 26 community partners and community members. Some of the community partners in attendance included Great Sudbury Police Services, YMCA, Sudbury Catholic School boards (English and French), Jubilee Heritage, Wahnapiatae First Nations, and Metis Nation.

Prenatal class was taught with 23 clients and their partners in attendance.

### ***Preconception health***

A booth was staffed at Cambrian College frosh week event, and provided information about preconception health, safer sex, tobacco, cannabis, and alcohol. 200 students were in attendance.

The “What’s Your Plan?” pin, aimed at promoting preconception health and encouraging reproductive life planning, was delivered to postsecondary students at Cambrian College, Laurentian University, and College Boreal during frosh week.

### ***Preparation for parenting***

Preparation for parenting class, is new programming being piloted in response to changing Ontario Public Health Standards and community need. This month 10 participants in total took part and it was deemed a success by all who attended.

## **3. School Health**

### ***Concussions and injury prevention***

Social media posts were created and used to raise awareness and educate our community about Rowan’s Law Day, September 26. Toolkits and resources for schools were shared to assist in raising awareness of the new legislation surrounding concussion safety. The School Health Promotion team is working with local school boards to update their concussion policies to align with the new Ontario Physical Education Safety Guidelines. The Ministry of Education has identified these concussion protocols to be the minimum standard in development and implementation of concussion policies in school boards in Ontario.

### ***Mental health promotion***

The School Health Promotion team partnered with a local school board to facilitate a resiliency training program, “Reaching In, Reaching Out”. During the training, educators gained knowledge and skills geared at preventing depression and promoting resilience in children eight years of age and under.

## **4. Substance Use and Injury Prevention**

### ***Comprehensive tobacco control***

In September, public health nurses from the Tobacco Cessation team hosted a STOP on the Road quit smoking workshop in partnership with the Centre for Addiction and Mental Health (CAMH). Thirteen clients attended the workshop and received a free 5-week supply of nicotine patches and vouchers to support the purchase of nicotine replacement therapy. Additionally, a total of 50 calls were received through the tobacco information line, and 3 clients were seen at the Quit Smoking Clinic. Public health nurses from the Tobacco Cessation team also manned a booth at Canada Revenue Agency (CRA) to promote our smoking cessation services and provided resources to over 3000 participants.

### ***Falls prevention***

On September 19, 2018, public health nurses from the Falls Prevention team attended an event at Canada Revenue Agency and promoted Stay on Your Feet (SOYF) strategy and resources including the 9 steps to prevent falls. There were approximately 3000 attendees.

On September 21, 2018, a public health nurse participated in the Active Living Information Fair at Parkside Centre for Older Adults and manned a booth to promote SOYF resources.

### ***Life promotion, suicide risk, and prevention***

Public Health Sudbury & Districts was one of 15 agencies to host a Life Promotion and Youth Suicide Prevention Summit at Laurentian University in September. This summit brought together 130 people to make a plan for a “suicide-safer” Sudbury. Outcomes from this event will be moved to various task teams, who will action the recommendations from the event.

The School Health Promotion team staffed a display and provided health information at a multi-day professional development event hosted by a local school board. School board staff and educators had the opportunity to circulate and meet with a public health nurse to learn about school health promotion programs.

### ***Substance use***

In September, public health nurses from the WATIF (Workplace Health, Alcohol Misuse Prevention, Tobacco Cessation, Injury Prevention, Falls Prevention) team staffed a booth at Laurentian University and Cambrian College in student residence during frosh week. Public health nurses also manned a booth at Canada Revenue Agency (CRA) as part of their wellness

day event and promoted Canada's Low-Risk Alcohol Drinking Guidelines and Canada's Lower-Risk Cannabis Use Guidelines. A pour challenge was held for students to educate on standard drink sizes. Additionally, a plinko game was set up to test student and CRA staff knowledge on the topics of alcohol and cannabis. The demonstrations were supplemented with the Canada's Lower-Risk Drinking Guidelines. Alcohol and youth pamphlets were available for students under the age of 19. A presentation related to alcohol use and the health of our community was delivered LaCloche Foothills Drug Strategy and the Manitoulin Drug Strategy Committee, and feedback was received which will be utilized to inform our alcohol report card. A presentation was also delivered to the BOH related to cannabis in preparation of cannabis legalization on October 17, 2018.

### ***Harm reduction – Naloxone***

We have signed an additional 7 memorandums of understanding with partner agencies and trained an additional 5 agencies to distribute naloxone kits, since our last report. Trained agencies indicate that they have trained a total of 323 clients and family members to administer naloxone, and in all have distributed 654 kits and 17 refills since the start of this harm reduction program.

## **Knowledge and Strategic Services**

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### **1. Health Equity**

Our commitment to lead a three-year Local Poverty Reduction Fund grant awarded by the Ontario government includes delivering Bridges out of Poverty, Circles Leader Training, and the Circles programs. In September, one three-hour English Bridges out of Poverty workshop was held with community members and new staff from our agency. A training session was also held in September with volunteers from the community to better prepare them in their role as Circles Allies in the Circles program. Circle Allies develop intentional relationships with participants from the Circles program ("Circles Leaders") and support them while they work on their action plans to exit poverty.

### **2. Population Health Assessment and Surveillance**

Two new Population Health Assessment and Surveillance team Internal Reports (PHAS-IR) were produced using 2016 data from the Rapid Risk Factor Surveillance System (RRFSS). The reports include Heat Related Illness (Protective Equipment) and Flu Immunization – Public Perception. Approximately 70% of respondents agree that the seasonal flu shot keeps people from getting sick with the flu. And, around 73% agree that people who receive the seasonal flu shot are less likely to spread the flu to others. Where practicable, breakdowns by age, sex, education, and income groups are presented.

### **3. Research and Evaluation**

Public Health Sudbury & Districts has played a leadership role in evaluating the Healthy Kids Community Challenge initiatives. In its final phase, our agency led the evaluation of the Mobile Adventure Playground (MAP) initiative using an innovative approach, which consisted of gathering children's feedback through the creation of an original movie. The MAP is a pop-up playground that traveled to city parks throughout the summer of 2018, providing various materials to children to enable free play. The movies were created during the City of Greater Sudbury's Recreation Department Creative Arts Summer Camp program in July. The movies, which highlighted children's challenges in engaging in free play, the problem solving and team work that was required, and their accomplishments through free play were the main source of data to evaluate this initiative.

### **4. Program Planning**

Boards of health are required to demonstrate the use of a systematic process to plan public health programs and services to address local needs. Over the last year, staff from Knowledge and Strategic Services led the revision of the agency's program planning process to align with the new Ontario Public Health Standards requirements. Across all standards, teams are utilizing this revised process to develop program plans for 2019. For four health promotion standards, managers and directors from across the agency came together in September to collectively review key population health data and community evidence to identify priority areas of focus for 2019. Program plans are currently being developed to reflect these priorities.

### **5. Staff Development**

An interactive online OnCore program is being delivered to 11 staff across the organization in efforts to build Public Health Core Competencies in the areas of public health sciences and assessment and analysis. There are 15 lessons in total that are accompanied by one hour facilitated sessions designed to engage and solidify learning presented in the course lessons.

### **6. Presentations**

On October 16, a presentation was delivered to third year nursing students at Laurentian University that outlined the role of epidemiology and various data sources to assess community health. Practical examples of data were also reviewed with the student nurses.

### **7. Strategic Engagement Unit and Communications**

Public Health Sudbury & Districts has launched standalone social media presences in French for Santé publique Sudbury et districts on Facebook and Twitter to better respond to our community's bilingual diversity and language preferences when using social media. The agency

also updated and enhanced its Social Media Terms of Use, which outline general practices and expectations, as well as the guidelines audience members must follow when engaging with the agency's social media accounts. The Terms are posted online at <https://www.phsd.ca/social-media-terms-of-use> and are linked through the agency's social media channels.

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 8 Periods Ending August 31, 2018**

**Cost Shared Programs**

	Annual Budget	Budget YTD	Current Expenditures YTD	Variance YTD (over)/under	Balance Available
<b>Revenue:</b>					
MOHLTC - General Program	15,127,700	9,791,333	9,791,333	0	5,336,367
MOHLTC - Unorganized Territory	819,400	546,267	546,267	(0)	273,133
MOHLTC - VBD Education & Surveillance	65,000	43,333	43,333	0	21,667
MOHLTC - SDWS	106,000	70,667	70,667	(0)	35,333
Municipal Levies	7,064,806	4,709,861	4,709,861	(0)	2,354,945
Municipal Levies - Small Drinking Water Syst	47,222	31,481	31,481	0	15,741
Municipal Levies - VBD Education & Surveill	21,646	14,431	14,431	(0)	7,215
Interest Earned	85,000	85,000	107,551	(22,551)	(22,551)
<b>Total Revenues:</b>	<b>\$23,336,774</b>	<b>\$15,292,373</b>	<b>\$15,314,924</b>	<b>\$(22,551)</b>	<b>\$8,021,850</b>
<b>Expenditures:</b>					
<b>Corporate Services:</b>					
Corporate Services	4,502,910	2,967,759	2,853,470	114,288	1,649,439
Print Shop	120,816	74,544	60,296	14,248	60,520
Espanola	119,921	79,098	73,447	5,651	46,473
Manitoulin	128,909	85,887	78,172	7,715	50,737
Chapleau	101,289	66,631	60,495	6,136	40,794
Sudbury East	16,508	11,005	11,236	(231)	5,272
Intake	323,006	210,811	200,301	10,510	122,705
Volunteer Services	5,711	3,807	664	3,143	5,047
<b>Total Corporate Services:</b>	<b>\$5,319,069</b>	<b>\$3,499,541</b>	<b>\$3,338,081</b>	<b>\$161,460</b>	<b>\$1,980,988</b>
<b>Clinical Services:</b>					
General	1,058,234	636,441	580,476	55,966	477,758
Clinical Services	1,323,969	894,843	890,142	4,701	433,827
Branches	221,693	146,407	139,109	7,298	82,584
Family	592,725	379,770	377,520	2,250	215,205
Risk Reduction	98,842	41,100	40,104	996	58,738
Clinical Preventative Services - Outreach	135,218	84,698	79,279	5,419	55,939
Sexual Health	936,267	602,123	597,570	4,553	338,697
Influenza	0	0	(1)	1	1
Meningitis	0	0	1	(1)	(1)
Dental - Clinic	503,983	322,506	302,731	19,775	201,252
<b>Total Clinical Services:</b>	<b>\$4,870,931</b>	<b>\$3,107,889</b>	<b>\$3,006,931</b>	<b>\$100,958</b>	<b>\$1,864,000</b>
<b>Environmental Health:</b>					
General	833,863	520,113	504,298	15,815	329,565
Environmental	2,470,303	1,577,750	1,477,732	100,018	992,571
Vector Borne Disease (VBD)	86,667	54,532	54,664	(133)	32,002
Small Drinking Water System	153,222	101,272	97,988	3,284	55,233
<b>Total Environmental Health:</b>	<b>\$3,544,054</b>	<b>\$2,253,667</b>	<b>\$2,134,683</b>	<b>\$118,984</b>	<b>\$1,409,371</b>
<b>Health Promotion:</b>					
General	1,268,895	792,647	779,036	13,611	489,860
School	1,335,915	844,367	777,625	66,743	558,290
Healthy Communities & Workplaces	145,513	95,534	91,029	4,504	54,484
Branches - Espanola / Manitoulin	334,250	226,107	195,443	30,663	138,807
Nutrition & Physical Activity	987,076	628,768	564,017	64,752	423,060
Branches - Chapleau / Sudbury East	386,609	253,762	246,810	6,952	139,799
Injury Prevention	356,869	225,197	132,834	92,364	224,036
Tobacco By-Law	275,085	183,609	157,051	26,558	118,034
Healthy Growth and Development	1,145,879	711,173	585,845	125,329	560,035
Substance Misuse Prevention	113,172	77,730	77,739	(8)	35,433
Mental Health and Addictions	384,066	223,285	191,119	32,166	192,947
Alcohol Misuse	203,980	109,367	103,129	6,238	100,851
<b>Total Health Promotion:</b>	<b>\$6,937,311</b>	<b>\$4,371,546</b>	<b>\$3,901,676</b>	<b>\$469,870</b>	<b>\$3,035,635</b>
<b>Knowledge and Strategic Services:</b>					
General	1,764,146	1,182,699	1,144,721	37,977	619,424
Workplace Capacity Development	29,001	12,777	12,869	(92)	16,133
Health Equity Office	223,182	135,457	127,503	7,954	95,679
Strategic Engagement	649,080	424,057	398,206	25,850	250,874
<b>Total Knowledge and Strategic Services:</b>	<b>\$2,665,409</b>	<b>\$1,754,989</b>	<b>\$1,683,299</b>	<b>\$71,690</b>	<b>\$982,110</b>
<b>Total Expenditures:</b>	<b>\$23,336,774</b>	<b>\$14,987,633</b>	<b>\$14,064,670</b>	<b>\$922,962</b>	<b>\$9,272,103</b>
<b>Net Surplus/(Deficit)</b>	<b>\$0</b>	<b>\$304,740</b>	<b>\$1,250,253</b>	<b>\$945,513</b>	



## Public Health Sudbury & Districts

### Cost Shared Programs

#### STATEMENT OF REVENUE & EXPENDITURES

Summary By Expenditure Category

For The 8 Periods Ending August 31, 2018

	BOH Annual Budget	Budget YTD	Current Expenditures YTD	Variance YTD (over) /under	Budget Available
<b>Revenues &amp; Expenditure Recoveries:</b>					
Funding	23,648,004	15,572,178	15,597,666	(25,488)	8,050,338
Other Revenue/Transfers	874,246	525,455	561,029	(35,573)	313,217
<b>Total Revenues &amp; Expenditure Recoveries:</b>	24,522,250	16,097,634	16,158,695	(61,061)	8,363,555
<b>Expenditures:</b>					
Salaries	16,013,588	10,188,533	9,624,356	564,178	6,389,232
Benefits	4,507,606	2,972,901	2,807,161	165,740	1,700,444
Travel	258,194	146,920	122,764	24,156	135,430
Program Expenses	1,016,244	604,926	560,694	44,232	455,550
Office Supplies	109,296	44,004	28,366	15,639	80,930
Postage & Courier Services	70,536	45,623	37,384	8,239	33,152
Photocopy Expenses	32,207	21,471	16,444	5,026	15,763
Telephone Expenses	62,306	41,470	36,402	5,068	25,904
Building Maintenance	456,440	287,847	279,851	7,997	176,589
Utilities	208,937	130,291	125,366	4,925	83,571
Rent	263,153	175,735	176,594	(858)	86,559
Insurance	103,774	98,774	98,756	18	5,018
Employee Assistance Program ( EAP)	34,969	23,740	22,799	941	12,170
Memberships	32,289	28,057	32,615	(4,558)	(326)
Staff Development	238,917	155,003	151,309	3,693	87,608
Books & Subscriptions	11,377	7,685	2,251	5,434	9,126
Media & Advertising	139,886	62,701	40,747	21,954	99,139
Professional Fees	163,822	114,088	106,775	7,313	57,046
Translation	48,995	36,209	37,933	(1,724)	11,062
Furniture & Equipment	27,224	20,922	21,671	(750)	5,553
Information Technology	722,491	585,993	578,203	7,790	144,288
<b>Total Expenditures</b>	24,522,250	15,792,893	14,908,442	884,452	9,613,808
<b>Net Surplus ( Deficit )</b>	0	304,740	1,250,253	945,513	

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

**100% Funded Programs**

Program	FTE	Annual Budget	Current YTD	Balance Available	% YTD	Program Year End	Expected % YTD
INFOWAY - Immunization Ontario	702	-	22,502	(22,502)	#DIV/0!	Dec./19	41.7%
MOHLTC Local Model for Indigenous Engagement	703	103,302	56,541	46,761	54.7%	Mar 31/19	41.7%
Pre/Postnatal Nurse Practitioner	704	139,000	90,853	48,147	65.4%	Dec 31	66.7%
OTF - Getting Ahead and Circles	706	216,800	81,713	135,087	37.7%	Mar 31/2020	53.7%
CGS - Local Poverty Reduction Evaluation	707	46,592	21,630	24,962	46.4%	Nov 30/2019	41.7%
SFO - Electronic Cigarette Act	722	36,700	11,704	24,996	31.9%	Dec 31	66.7%
SFO -TCAN - Prevention	724	97,200	25,567	71,633	26.3%	Dec 31	66.7%
SFO - Tobacco Control Area Network - TCAN	725	285,800	165,870	119,930	58.0%	Dec 31	66.7%
SFO - Local Capacity Building: Prevention & Protection	726	259,800	104,022	155,778	40.0%	Dec 31	66.7%
SFO - Tobacco Control Coordination	730	100,000	65,801	34,199	65.8%	Dec 31	66.7%
SFO - Youth Engagement	732	80,000	50,586	29,414	63.2%	Dec 31	66.7%
Infectious Disease Control	735	479,100	313,404	165,696	65.4%	Dec 31	66.7%
LHIN - Falls Prevention Project & LHIN Screen	736	100,000	31,461	68,539	31.5%	Mar 31/19	41.7%
MOHLTC - Special Nursing Initiative	738	180,500	120,074	60,426	66.5%	Dec 31	66.7%
MOHLTC - Northern Fruit and Vegetable Funding	743	156,600	103,361	53,239	66.0%	Dec 31	66.7%
Food Safety - Haines Funding	750	36,500	10,261	26,239	28.1%	Dec 31	66.7%
NE HU Collaborations/Shared Services Exploration	755	-	215	(215)	#DIV/0!	Mar 31/19	41.7%
Triple P Co-Ordination	766	27,263	27,263	-	100.0%	Dec 31	66.7%
MOHTLC - Harm Reduction Program	771	150,000	102,634	47,366	68.4%	Dec 31	66.7%
Healthy Babies Healthy Children	778	1,476,897	848,612	628,285	57.5%	Dec 31	66.7%
Healthy Smiles Ontario (HSO)	787	612,200	354,127	258,073	57.8%	Dec 31	66.7%
Anonymous Testing	788	61,193	25,784	35,409	42.1%	Mar 31/19	41.7%
PHO/LDCP First Nations Engagement	790	108,713	43,851	64,862	40.3%	May/17 to May/19	45.8%
MHPS- Diabetes Prevention Program	792	175,000	67,456	107,544	38.5%	Dec 31	66.7%
MOHLTC- Built Envir.-Climate Chg. - Disclosure & Healthy Menu	793	131,100	7,157	123,943	5.5%	Mar 31/19	41.7%
<b>Total</b>		<b>5,060,260</b>	<b>2,729,947</b>	<b>2,330,313</b>			



July 5, 2018

Office of the Regional Chair  
Halton Region  
1151 Bronte Road  
Oakville ON L6M 3L1

The Honourable Christine Elliott  
Minister of Health and Long-Term Care  
Hepburn Block 10th Floor,  
80 Grosvenor St, Toronto, ON  
M7A 2C4

Dear Minister Elliott:

On behalf of Halton Regional Council, I would like to congratulate you on your appointment as Minister of Health and Long-Term Care. We look forward to working with you to ensure the best possible health for all Ontario residents.

While we are encouraged by the *For the People, A Plan for Ontario* campaign promise to introduce free dental care for low-income seniors. We strongly believe that Ontario needs a publicly-funded oral health program for both low-income adults and older adults.

Oral health is an integral component of overall health and well-being. Poor oral health can have debilitating effects on quality of life, impacting physical, mental and social well-being.<sup>1</sup> Dental disease causes pain and infection and can contribute to the development of diabetes, respiratory infection and cardiovascular disease. Poor oral health conditions affect employability, work performance, self-esteem, and can limit an individual's ability to eat, speak and even smile.

As you know, the Ontario Health Insurance Plan (OHIP) does not cover the prevention and treatment of the majority of oral health conditions. This impacts the one-third of Ontario workers that the Wellesley Institute estimates do not have employee health or dental benefits and the 13.9 per cent<sup>2</sup> of the Ontario population who lives in low income. Financial barriers prevent many marginalized and low-income adults of all ages from accessing preventative and acute dental care who then turn to acute health care services.

As set out in previous correspondence to your predecessor from the Association of Local Public Health Agencies, in 2015 there were over 60,000 oral health-related visits to emergency departments across Ontario, costing an estimated \$38M. According to the Alliance for Healthier Communities, every year, often because they cannot afford to visit a dentist, Ontario residents make 222,000 visits to physicians for dental pain and infections. This is not an efficient use of health care dollars. These visits divert valuable resources from more pressing health care emergencies. Visits to emergency departments often fail to address underlying problems resulting instead in the issuing of prescriptions for pain and infection and repeat visits instead of treatment. Many of these visits and much of the pain experienced can be avoided with timely, preventative oral health care.

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<sup>1</sup> Halton Region: SS-08-18-MO-11-18 Adult Oral Health Programs Review, May 23, 2018 p 50

<sup>2</sup> alpha RESOLUTION A17-1

**The Regional Municipality of Halton**

HEAD OFFICE 1151 Bronte Road, Oakville, Ontario L6M 3L1 • Tel: 905-825-6000 • Toll free: 1-866-442-5866 • TTY: 905-827-9833 • [www.halton.ca](http://www.halton.ca)

It is estimated that there will be 23,054 adults aged 18-64 and 4,218 older adults aged 65+ living in low income in Halton by 2027. Already, 50% of Halton adults aged 65+ report not having dental insurance and that financial circumstances are the most significant barrier to accessing dental care. While the Region's dental programs provide important services to low-income residents in Halton, these services are not mandated and do not receive funding from the Ontario Government.

For more than 180 years, Ontarians have enjoyed a strong public health system that places local communities and their health at the forefront of health and social policy. The creation of a publicly funded oral health program for both low-income adults and older adults would support seniors and help reduce inequities among low-income adults of all ages.

At Halton's Regional Council Meeting on May 23, 2018, Council approved a recommendation to write to the Minister of Health and Long-Term Care in support of a provincially-funded oral health program for low-income adults and older adults. As you develop your priorities and budgets in the months ahead, I urge you to follow through on Premier Ford's commitment to invest in dental care for low-income seniors and to broaden the scope of the promise to include low-income adults of all ages.

Thank you for your attention to this matter and I look forward to working with you to support the health and well-being of all residents, in Halton and across the province.

Sincerely,



Gary Carr  
Regional Chair

CC: Carmen McGregor, President, Association of Local Public Health Agencies  
Ted Arnott, MPP, Wellington-Halton Hills  
Stephen Crawford, MPP, Oakville  
Parm Gill, MPP, Milton  
Jane McKenna, MPP, Burlington  
Effie Triantafilopoulos, MPP, Oakville-North Burlington



The Regional  
Municipality  
of Durham

Corporate Services  
Department  
Legislative Services

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

September 13, 2018

The Honourable Doug Ford  
Premier of Ontario  
Minister of Intergovernmental Affairs  
Room 281  
Legislative Building, Queen's Park  
Premier's Office  
Toronto ON M7A 1A1

SUDBURY & DISTRICT HEALTH UNIT	
Medical Officer of Health and CEO	
SEP 20 2018	
Environ Health	ARRD
CFS	SEO
Corporate Services	Board
Health Promotion	Committee
File ( ) Circulate ( ) Return ( ) F.Y.I ( )	

Dear Minister Ford:

**RE: Memorandum from Dr. R. Kyle, Commissioner and Medical Officer of Health – re: A Publicly Funded Oral Health Program for Low Income Adults and Older Adults**  
**Our File: P00**

Council of the Region of Durham, at a meeting held on June 13, 2018, adopted the following recommendations of the Committee of the Whole:

- "A) That the correspondence from the Halton Regional Chair regarding a provincially-funded oral health program for low-income adults and older adults be endorsed; and
- B) That the Premier of Ontario, Ministers of Finance and Health and Long-Term Care, Durham's MPPs, Chief Medical Officer of Health and all Ontario boards of health be so advised."

Please find enclosed a copy of the Memorandum from Dr. R. Kyle re: A Publicly Funded Oral Health Program for Low Income Adults and Older Adults your information.

Ralph Walton,  
Regional Clerk/Director of Legislative Services

RW/np

C: Please see attached list

If you require this information in an accessible format, please contact 1-800-372-1102 ext. 2097.

c. Honourable Victor Fedeli, Minister of Finance  
Honourable Christine Elliott, Minister of Health and Long-Term Care  
Rod Phillips, MPP (Ajax/Pickering)  
Lorne Coe, MPP (Whitby/Oshawa)  
Lindsey Park (Durham)  
Jennifer French, MPP (Oshawa)  
Laurie Scott, MPP (Haliburton/Kawartha Lakes/Brock)  
Peter Bethlenfalvy, MPP (Pickering/Uxbridge)  
David Piccini, MPP (Northumberland-Peterborough South)  
Dr. David Williams, Chief Medical Officer of Health  
Ontario Boards of Health  
Dr. R.J. Kyle, Commissioner and Medical Officer of Health

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

**alPHa Sections:**

Boards of Health  
Section

Council of Ontario  
Medical Officers of  
Health (COMOH)

**Affiliate  
Organizations:**

Association of Ontario  
Public Health Business  
Administrators

Association of  
Public Health  
Epidemiologists  
in Ontario

Association of  
Supervisors of Public  
Health Inspectors of  
Ontario

Health Promotion  
Ontario

Ontario Association of  
Public Health Dentistry

Ontario Association of  
Public Health Nursing  
Leaders

Ontario Dietitians in  
Public Health

October 4, 2018

Laura Pisko, Director  
Health Protection Policy and Programs Branch  
Ministry of Health and Long-Term Care  
393 University Avenue, Suite 2100  
Toronto, ON M7A 2S1

**Re: EBR Proposal 18-HLTC024, Smoke-Free Ontario Act, 2017 Regulation 268/18**

---

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 provide our feedback on the amendments to the Smoke-Free Ontario Act that have been proposed as noted above.

We have expressed our strong support for harmonizing the rules about the sale, promotion, display and consumption of tobacco, vape products and combustible cannabis in public places. Not only is it sound public health policy, but it also reduces confusion among the public, allows for consistent public health messaging and simplifies related compliance and enforcement activities.

We are pleased with the decision to retain and extend legislated protections from exposure to cannabis smoke in enclosed spaces, based on the known health risks of inhaling smoke of any kind. We are also pleased that similar restrictions on vaping have been retained while the possible negative health impacts of exposure and long-term use are assessed. These harmonized and stringent restrictions will reinforce public health's ongoing efforts to reduce the use of tobacco and its associated or analogous products.

On the subject of such exposure, we are disappointed with the ongoing exclusion of water pipes from the provisions of the Smoke-Free Ontario Act. Also known as "hookah" or "shisha", the negative health impacts of smoking herbal concoctions through these devices are more clearly demonstrated than those of vaping. Ontario's ongoing permission of the use of water pipes in enclosed public places is already inconsistent with the aims of the Smoke-Free Ontario Act, and this inconsistency is only magnified by placing stricter limitations on vaping. Please find attached alPHa Resolution A13-5, which provides more background on this issue. We strongly urge you take this opportunity to add these devices to the proposed amendments.

Public health agencies and associations in Ontario have been vocal and consistent about the need for strong regulations for the sale, promotion and use of e-cigarettes and other vape products. We are becoming increasingly aware of the appeal and popularity of these products among children and youth, and there can be no argument that the wide array of available baked-goods and candy-flavoured vape juices are aimed at a younger demographic. Use of vape products among youth has risen sharply over the past two years and will continue to do so without strict prohibitions on their promotion and marketing.

We are therefore strongly supportive of restoring restrictions that will prevent youth exposure to such marketing, as has already been achieved with tobacco. We disagree completely with the decision to relax requirements related to the display and promotion of vape and e-cigarette products and strongly recommend that these be subject to the same limitations currently placed on the display, sale and promotion of tobacco. Our position on this is only reinforced by the increasing availability of addictive nicotine-infused vape liquids in the Ontario market.

Once the new regulations are in place, Tobacco Enforcement Officers in Ontario's public health units will have enforcement responsibilities for certain provisions, and we also ask that these responsibilities be consistent with those related to existing tobacco control activities and that consideration be given to the resources that may be required to ensure enforcement capacity.

Earlier this year, our Council of Ontario Medical Officers of Health (COMOH) endorsed a position that local boards of health should be empowered by the province to enforce consumption prohibitions in the Ontario Cannabis Act (OCA) in locations that correspond to where tobacco smoking and vaping is prohibited under the SFOA, but not any of the other provisions within the OCA such as cannabis seizure, or age and medical use verification. As part of this position, COMOH also calls for centralized training resources, proprietor and public awareness and education, and the provision of additional resources to local public health to successfully carry out its responsibilities under the new regulatory regime.

The Smoke-Free Ontario Act remains a worldwide standard for effective tobacco control, and we are pleased that the Government of Ontario has recognized its value as a framework to address the emerging public health issues of vaping and cannabis use. We hope that the feedback we have provided will strengthen the next iteration of this important legislation. We also hope that you will give careful consideration to the responses that are being provided individually by our member boards of health as they will almost certainly address some of the operational implications of the proposed amendments in more detail.

Please contact Loretta Ryan, Executive Director, alPHa at 647-325-9594 or [loretta@alphaweb.org](mailto:loretta@alphaweb.org) should you have any questions or require further information regarding this submission.

Yours sincerely,



Dr. Robert Kyle,  
alPHa President

**COPY:** Hon. Christine Elliott, Minister of Health and Long-Term Care  
Helen Angus, Deputy Minister, Health and Long-Term Care  
Dr. David Williams, Chief Medical Officer of Health  
Roselle Martino, Assistant Deputy Minister, Population and Public Health Division (Health and Long-Term Care)  
France G  linas, Health Critic, New Democratic Party of Ontario

**ENCL.**



**TITLE:** Provincial Legislation to Prohibit the Use of Waterpipes in Enclosed Public Places and Enclosed Workplaces

**SPONSOR:** Simcoe Muskoka District Health Unit

**WHEREAS** the emerging use of waterpipes in enclosed public places and enclosed workplaces has the potential to undermine the success of the Smoke-Free Ontario Act; and

**WHEREAS** tobacco-free (“herbal”) waterpipe smoke has been demonstrated to have concentrations of toxins comparable to tobacco waterpipe smoke<sup>1</sup>; and

**WHEREAS** the environmental smoke from waterpipe use in indoor public places and workplaces has been demonstrated to contain toxins at harmful concentrations<sup>2</sup>; and

**WHEREAS** the alleged “herbal” preparations are poorly regulated and often contain tobacco even when they are labelled tobacco free<sup>3</sup>; and

**WHEREAS** the Tobacco Strategy Advisory Group report recommends an amendment of the Smoke-Free Ontario Act, with “the addition of controls on the indoor use of waterpipes such as hookahs”;

**NOW THEREFORE BE IT RESOLVED** that the Association of Local Public Health Agencies (alPHa) advocate for provincial legislation to be enacted to prohibit the use of waterpipes (regardless of the substance being smoked) in all enclosed public places and enclosed workplaces.

**ACTION FROM CONFERENCE:** Resolution CARRIED

## References

1 Shidadeh A; Salman R; Jaroud E; Saliba N; Sepetdjian E; Blank M; Does switching to a tobacco-free waterpipe reduce toxicant intake? A crossover study comparing CO, NO, PAH, volatile aldehydes, tar and nicotine yields. Food and Chemical Toxicology Journal Vol. 50, Issue 5, 2012.

2 The Ontario Tobacco Research Unit, OTRU Update, Waterpipe Smoking: A Growing Health Concern, January 31, 2011.

3 The Non-Smokers’ Rights Association, Hooked on Hookah: Issue Analysis and Policy Options for Waterpipe Smoking in Ontario, March 2011.

*The Council of Ontario  
Medical Officers of  
Health (COMOH) is a  
Section of*



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

**alPHA Sections:**

Boards of Health  
Section

Council of Ontario  
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Health (COMOH)

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Association of Ontario  
Public Health Business  
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Supervisors of Public  
Health Inspectors of  
Ontario

Health Promotion  
Ontario

Ontario Association of  
Public Health Dentistry

Ontario Association of  
Public Health Nursing  
Leaders

Ontario Dietitians in  
Public Health

October 8, 2018

Laura Pisko, Director  
Health Protection Policy and Programs Branch  
Ministry of Health and Long-Term Care  
393 University Avenue, Suite 2100  
Toronto, ON M7A 2S1

**Re: Proposal 18-HLTC024, Smoke-Free Ontario Act, 2017 Regulation 268/18**

---

Dear Ms. Pisko,

On behalf of the Council of Ontario Medical Officers of Health (COMOH), I am writing to provide our feedback on the proposed amendments to the Smoke-Free Ontario Act, and to indicate COMOH's support for the input submitted by the Association of Local Public Health Agencies (alPHA).

Regulation 268/18, as currently proposed, has the potential to result in the largest increase in psychotropic drug use in Ontario, and perhaps Canadian, history.

While there are several components of the regulation that may increase the use of cannabis, it is the absence of limits to the number of vendors that is the most concerning. Allowing for the sale of cannabis at an unlimited number of vendors will most likely result in fierce competition for consumer attention and may lead some retailers to use more and more aggressive tactics to entice clients to purchase their cannabis products. Please consider limiting the number and density of cannabis retailers in municipalities, or at a minimum, allowing municipalities the leeway to do so through cannabis zoning bylaws.

Allowing the smoking of cannabis (by default) in all except a limited subset of public spaces will significantly increase exposure to second-hand cannabis smoke. Currently, individuals wishing to avoid exposure to cannabis smoke are easily able to do so. If cannabis smoking is allowed in places like sidewalks, we anticipate a dramatic increase in complaints about cannabis smoke from people who are being unwillingly exposed. The attendant normalization of cannabis smoking will likely result in further increases in its use.

Tobacco remains the number one killer of Ontarians and costs the people of Ontario \$4.5 billion dollars in healthcare costs and lost productivity each year. Cannabis smoke, being generally unfiltered, presents unique, and by some measures, more potent health risks. COMOH and alPHA both firmly believe that policy interventions aimed at reducing the use of both tobacco and cannabis have the potential for major positive health impacts, and government savings.

Please find attached a collation and synthesis of input gathered from COMOH members and their local tobacco control staff.

As a section of the Association of Local Public Health Agencies (alPHA), COMO H is part of a committed, professional, and capable organization that is a valuable healthcare system asset. You will already have received [alPHA's feedback](#) on the proposed amendments, and we support this submission implicitly. We trust that you will accept this letter and the attached Collated and Referenced Notes as input from Ontario's public health leadership and give it due consideration.

Please contact Loretta Ryan, Executive Director, alPHA at 647-325-9594 or [loretta@alphaweb.org](mailto:loretta@alphaweb.org), should you have any questions or require further information regarding this submission.

Yours sincerely,



Dr. Chris Mackie  
Chair, Council of Ontario Medical Officers of Health

**COPY:** Hon. Christine Elliott, Minister of Health and Long-Term Care  
Dr. David Williams, Chief Medical Officer of Health  
Roselle Martino, Assistant Deputy Minister, Health and Long-Term Care, Population and Public Health Division  
Dr. Robert Kyle, President, Association of Local Public Health Agencies  
France G  linas, Health Critic, New Democratic Party of Ontario

**Encl.**

Ontario Regulation 268/18 Collated, Referenced Notes for COMO H

**Bill 36-SCHEDULE 4: Amendments to the *Smoke Free Ontario Act, 2017* and amendments to  
Ontario Regulation 268/18  
Collated, Referenced Notes for COMOH**

**BACKGROUND**

[Bill 36, Cannabis Statute Law Amendment Act, 2018](#) proposes to amend several Ontario statutes, including the [SFOA, 2017](#) and the *Cannabis Act, 2017*. The proposed amendments, if passed, would:

- Make the *Smoke Free Ontario Act (SFOA), 2017* apply to the smoking and vaping of cannabis, both medical and non-medical;
- Prohibit the smoking of cannabis in the same places where the smoking of tobacco and the use of electronic cigarettes are prohibited, and prohibit any method of cannabis consumption (e.g. smoking, vaping, ingestion) in a vehicle or boat that is being driven or under a person's care or control; and,
- Amends the *SFOA, 2017* to create regulations for the display and promotion of vapour products and other products/ substance prescribed in the regulations, that are less than the restrictions on the display, promotion and handling of tobacco products.

[Proposed amendments to Ontario Regulation 268/18](#) under the *SFOA, 2017* would:

- Permit the display and promotion of vapour products in stores, as long as the display or promotion complies with the *Tobacco and Vaping Products Act (Canada)*
- Remove the rules for the display and promotion of tobacco products and tobacco product accessories from applying to vapour products manufactured or sold for use with tobacco but packaged without a tobacco component.

**COMMENTS**

**Places of Consumption**

- The smoking of tobacco, the use of e-cigarettes and the smoking and vaping of cannabis, whether or not it is used for medical purposes, will be under one single legislative framework, banning use in enclosed workplaces and many public spaces.
- Voluntary compliance tends to increase when the rules are consistent; consistency in rules increases understanding and awareness, while also supporting enforcement. Therefore, this direction is generally positive.
- However, allowing cannabis to be consumed wherever tobacco can be consumed raises concerns regarding the risk of normalization, second-hand smoke exposure and impairment:
  - **Smoke from cannabis** is similar to that of tobacco, containing fine particles, cancer causing compounds, volatile organic chemicals, carbon monoxide and heavy metals. There is no safe level of exposure to second hand smoke [i, ii]
  - **Children tend to copy what they observe** and are influenced by normality of any type of smoking around them. From the lessons learned from tobacco and alcohol, normalization of cannabis use could lead to increases in rates of cannabis use [ii, iii, iv].
  - **Cannabis impairment** can have side effects including paranoia, panic, confusion, anxiety, and hallucinations. Public safety and unintended cannabis smoke exposure related to cannabis impairment should be considered [v].

- **Areas that are not included under the proposed changes to Regulation 268/18** that are of public health concern, include entranceways to public buildings and workplaces, transit stops, sidewalks in downtown cores, and post-secondary campuses:
  - Research on tobacco use suggests that social exposure to tobacco smoke, which includes exposure to visual and sensory cues related to the use of tobacco or related products, can influence individual smoking behaviour, including initiation and relapse [ii, iii].
  - Existing research also shows that second-hand cannabis smoke contains many of the same toxic chemicals as those found in tobacco smoke which are known to cause cancer, and heart and respiratory diseases [vi]. Special risk groups including children, pregnant women, older adults and those with pre-existing conditions such as asthma, chronic obstructive pulmonary disease and heart conditions, should avoid exposure [i, v, ix].
- Public Health also supports the Provincial Government to consider amendments to the *Ontario Municipal Act/City of Toronto Act* to allow municipalities to create bylaws which further protect public health and safety through greater controls on tobacco, e-cigarette and cannabis use.
- Public Health recommends the Province align with the City of Toronto Bylaw Municipal Code, [Chapter 709](#) and ten other Provinces in establishing a nine metre smoke-free perimeter from all entrances/exits and air intakes to all publicly accessible buildings.

### **Display, Promotion and In-Store Testing**

- Public Health recommends that the same rules for tobacco product display, promotion and handling at retail be applied to vapour products. It is recommended that the proposed amendment to the provisions in section 4 (1) and (2) of the *SFOA, 2017* NOT PROCEED.
  - Evidence suggests that there is a positive association between exposure to point of sale tobacco promotion and increased smoking. In the U.S., point-of-sale displays have been demonstrated to increase sales by 12 to 28% [vii]. This same principle can be applied to the promotion of e-cigarette products.
  - Children and youth will be exposed to products and promotional material in places where they frequent (convenience stores, gas station kiosks, etc.). Display and promotion of e-cigarettes at all vendors will continue to support youth uptake of e-cigarette use. There is substantial evidence that the use of vapour products by youth and young adults increases their risk of initiating combustible tobacco (cigarette) smoking over time [viii]. The role vapour products play in initiating cannabis use among youth is not clear, however, it should be noted that over one quarter (28%) of those who had used cannabis in 2017 reported using a vaporizer to consume cannabis including 33.0% of youth aged 15–24 [ix]. Several provinces including New Brunswick and Nova Scotia have already banned visible vapour product displays at retail outlets.
  - The federal restrictions under the *Tobacco and Vaping Products Act* prohibit advertising that is appealing to youth, that displays a vaping product-related brand element by means of lifestyle advertising, and vapour company event sponsorship; however, does not prohibit displays and advertising for information, which will be difficult to enforce, and will not stop the use of 3D displays, signs and posters at retail.
- Public health units recommend that the province take a precautionary approach to flavoured vapour products by prohibiting flavours that are attractive to youth (e.g., unicorn vomit, candy-flavours, and fruit).
- Public Health has concerns regarding in-store testing. Allowing sampling may create loopholes that could be used by retailers to allow employees to vape in the store or to allow customers to socialize

and vape (“vaping lounge”). From an enforcement perspective it may difficult to ensure that only “two people at a time are sampling vapour products”.

- Even if only legitimate sampling is occurring, we would still have concerns about the possible health effects for the employees due to unknown long-term health effects from exposure to vapour.
- Reusing e-cigarettes while only requiring a new one-time use mouthpiece is a public health concern. Saliva is able to transfer disease to another mouth with samples of tuberculosis, *Neisseria meningitidis*, Herpes simplex, *Helicobacter pylori*, *Shigella sonnei* and *Salmonella infantis* [x]. Beyond the single use mouth piece, there needs to be a cleaning and disinfection process for all surfaces where saliva is present. It is not recommended for an e-cigarette to be shared between customers.

### **Public Education**

- Is there a comprehensive province-wide education campaign planned regarding the laws (*SFOA, 2017, Cannabis Act 2017*), health risks of cannabis use, and lower risk cannabis use guidelines?
- Given some of the possible challenges in trying to enforce some of the amendments named under the *SFOA, 2017*, it would be important that effective community messaging be designed and implemented to help enhance community awareness. In addition, a collaborative approach amongst Ministries at the Provincial and local level would be beneficial to ensure a coordinated approach with the roll out of these amendments.

### **Public Health Unit Capacity**

- Will there be dedicated funding and training to support enforcement, population health surveillance, and public education-related activities?
  - Public health anticipates that there will be a significant increase in complaint investigations and inquiries from the public regarding health concerns related to both vaping and cannabis.
  - Will there be public health funding over and above the allocations that are being provided to municipalities (\$40 million across Ontario municipalities)?

### **Other/Questions**

- It was announced that there would be a minimum buffer distance between cannabis retail locations and schools, which is supported by public health. Would the government consider application of a minimum buffer zone around other youth-serving facilities and other cannabis retail stores to reduce store density, and underage exposure/access?
- Consider adding herbal (non-tobacco) shisha as a prescribed product under the *SFOA, 2017*. While the *SFOA, 2017* will comprehensively regulate tobacco, vapour products and the smoking/vaping of cannabis, it does not address herbal shisha despite the allowance in the *Act* to add prescribed products and substances in the regulation. Herbal shisha smoking in enclosed public places poses a health risk to both the user and to those exposed to the second-hand smoke.

- 
- i Smoking and Health Action Foundation. Secondhand Marijuana Smoke: Health effects of exposure (2016). Smoking and Health Action Foundation. Retrieved from: <https://nsra-adnf.ca/key-issue/secondhand-marijuana-smoke/>
- ii Smoke-Free Ontario Scientific Advisory Committee. Evidence to Guide Action: Comprehensive tobacco control in Ontario (2016). Public Health Ontario (April 2017): 193.  
[https://www.publichealthontario.ca/en/eRepository/SFOSAC%202016\\_FullReport.pdf](https://www.publichealthontario.ca/en/eRepository/SFOSAC%202016_FullReport.pdf)
- iii Smoke-Free Ontario Scientific Advisory Committee. Evidence to Guide Action: Comprehensive Tobacco Control in Ontario (2010). Toronto, Ontario: Ontario Agency for Health Protection and Promotion. Retrieved from <http://www.oahpp.ca/services/documents/evidence-to-guide-action/Evidence%20to%20Guide%20Action%20-%20CTC%20in%20Ontario%20SFO-SAC%202010E.PDF>
- iv Linkenbach, J. The Main Frame: Strategies for Generating Social Norms News. Montana, US: Montana State University, 2002.
- v National Academies of Sciences, Engineering, and Medicine. *The health effects of cannabis and cannabinoids: The current state of evidence and recommendations for research*. Washington, DC: The National Academies Press. 2017. doi: 10.17226/24625.
- vi Moir D et al. A comparison of mainstream and sidestream marijuana and tobacco cigarette smoke produced under two machine smoking conditions. *Chemical research in toxicology* 21.2 (2007): 494-502.
- vii Robertson L, McGee R, Marsh L, Hoek J. A systematic review on the impact of point-of-sale tobacco promotion on smoking. *Nicotine Tob Res.* 2015;17(1):2-17. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4832971/>
- viii Soneji, S., Barrington-Trimis, J., Wills, T., et al. Association Between Initial Use of e-Cigarettes and Subsequent Cigarette Smoking Among Adolescents and Young Adults: A Systematic Review and Meta-analysis. *JAMA Pediatrics*. 2017; 171(8): 788-797.
- ix Canadian Centre on Substance Use and Addiction. Canadian Drug Summary: Cannabis (2018). Retrieved from: <http://www.ccsa.ca/Resource%20Library/CCSA-Canadian-Drug-Summary-Cannabis-2018-en.pdf>.
- x Arend. Transmission of infectious diseases through mouth-to-mouth ventilation: Evidence-Based or Emotion-Based medicine? *Arq Bras Cardiol.* 2000; 74(1): 86-97.



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**Woodstock Site**  
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Woodstock, ON  
N4S 4N2

September 25, 2018

The Honourable Jody Wilson-Raybould  
Minister of Justice  
House of Commons  
Ottawa, ON K1A 0A6

*Delivered via email*  
[Jody.Wilson-Raybould@parl.gc.ca](mailto:Jody.Wilson-Raybould@parl.gc.ca)

The Honourable Jody Wilson-Raybould,

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

In December 2015, Senator Celine Hervieux-Payette introduced Bill S-206 to the Senate calling for the repeal of Section 43 of the Criminal Code of Canada. Today, Bill S-206 is still only at second reading. At its meeting on September 20, 2018, the Board of Health for Southwestern Public Health (SWPH) endorsed the motion received by Peterborough Health Unit to repeal Section 43, which has been enclosed for your reference. SWPH believes that physical punishment is neither appropriate nor effective. The goal of the Ontario Standards for Public Health Programs and Services (2017) Healthy Growth and Development Standard is to achieve optimal maternal, newborn, child and youth and family health. Section 43 of the Criminal Code of Canada justifies physical punishment of children thereby conflicting with the beliefs and mandate of SWPH.

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

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



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

Sincerely,

A handwritten signature in black ink, appearing to read "Bernie Wiehle". The signature is fluid and cursive, with the first name "Bernie" and last name "Wiehle" clearly distinguishable.

Bernie Wiehle  
Chair, Southwestern Public Health

enclosure

- c.      The Right Honourable Justin Trudeau, Prime Minister of Canada  
         Honourable Karen Vecchio, Member of Parliament, Elgin-Middlesex-London  
         Honourable Dave Mackenzie, Member of Parliament for Oxford  
         Honourable Jeff Yurek, Member of Provincial Parliament, Elgin-Middlesex-London  
         Honourable Ernie Hardeman, Member of Provincial Parliament, Oxford  
         Linda Staudt, Director of Education, London District Catholic School Board  
         Laura Elliott, Director of Education and Secretary of the Board, Thames Valley District School  
         Board  
         Joseph Picard, Director of Education and Secretary of the Board, Conseil scolaire catholique  
         Providence  
         Association of Local Public Health Agencies  
         Ontario Boards of Health

September 25, 2018

Honourable Minister Lisa MacLeod  
Minister of Children, Community and Social Services  
80 Grosvenor Street, 6th Floor, Hepburn Block  
Ministry of Community and Social Services  
Toronto, ON M7A 1E9

Dear Minister MacLeod:

On behalf of the Board of Health for Southwestern Public Health, I am writing to express our concern about the province's decision to cancel the Ontario Basic Income Pilot Project. As such, we are endorsing the letters of concern you received from several health units as well as other provincial/public health agencies.

Our Board and staff believe that the decision to cancel this innovative project, aimed at solution-finding for systemic poverty, is premature. We ask that you reconsider this decision and support the Pilot Project to go forward to its scheduled 3-year completion date. This will allow all parties, including the provincial government, to analyze and learn from the successes and challenges associated with income support strategies of this nature. We are particularly interested in the results of this project given Oxford County Council's recent publication of its Zero Poverty Plan which commits to collective work with stakeholders to eliminate poverty.

As stated by Simcoe Muskoka District Health Unit in its letter of concern, Ontario can learn if, in fact, this policy option will help people in poverty – as well as those with precarious employment - in a meaningful way. We urge you to maintain this pilot and its planned evaluation, so that future generations may benefit from its lessons. If, however, you decide to pursue alternative strategies, staff and the Board of Southwestern Public Health want you to know we are committed to working with government to develop a modern, responsive, efficient, and fiscally accountable income security system. We believe that public health participation in this discourse is essential and therefore ask for public health representation on any task forces, committees, and working groups that are struck for this purpose.

Thank you for considering this request.



Bernie Wiehle  
Chair, Board of Health  
Southwestern Public Health

c: Honourable Ernie Hardeman, MPP Oxford  
Honourable Jeff Yurek, MPP Elgin-Middlesex-London



## Information Break

September 28, 2018

*This update is a tool to keep alPHA's members apprised of the latest news in public health including provincial announcements, legislation, alPHA activities, correspondence and events.*

### **MPP Meetings**

September has been a busy month that saw alPHA meeting with key Members of Provincial Parliament (MPPs) to not only raise awareness of local public health's role in healthy communities, but also profile pressing public health issues and concerns. On September 24, alPHA participated in a Legislative Day at Queen's Park as a member of the [Ontario Chronic Disease Prevention Alliance](#). Along with other health organizations in the Alliance, alPHA met with MPPs and their staff to discuss the benefits of prevention and the need for a provincial chronic disease strategy. On September 27, alPHA representatives held a follow-up meeting with the Hon. Jeff Yurek, Minister of Natural Resources and Forestry and former health critic for the PC Party. Minister Yurek is known to be a strong supporter of public health. The Association has also requested to meet with the Minister of Health and Long-Term Care, the Hon. Christine Elliott, and is awaiting a response. Up next on Monday, October 1, alPHA officials will meet with MPP France Gelinas, Health Care Critic and Chief Opposition Whip.

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### **Promotional Brochure**

The Association has produced a brochure to promote its work on behalf of members and to highlight the importance of public health programs and services. It will be used as a leave-behind marketing tool at stakeholder meetings.

[View the new alPHA promotional brochure here](#)

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## **alPHA Needs Your Help**

alPHA invites health units to share any information they may have that demonstrates public health's return on investment (ROI) such as data, infographics, etc. Please send these to [loretta@alphaweb.org](mailto:loretta@alphaweb.org)

Health units and their boards of health are also invited to send alPHA feedback on its [Orientation Manual for Boards of Health](#) (login and password required for access). alPHA staff will be updating this document in anticipation of board of health turnover following the fall municipal election. Please send comments by October 3 to [susan@alphaweb.org](mailto:susan@alphaweb.org)

---

## **Government News Round Up**

[Public comments welcomed re Smoke-Free Ontario Act, 2017 Regulation \(O. Reg 268/18\)](#) - 2018/9/27

[Ontario introduces legislation on regulating private cannabis retail stores](#) - 2018/9/26

[Province develops concussion awareness campaign](#) - 2018/9/26

[Ontario releases line-by-line review of government spending](#) - 2018/9/25

[Province releases independent findings on 2017-18 public accounts](#) - 2018/9/21

[Public Health Agency of Canada releases latest data on opioid crisis](#) - 2018/9/18

[Ontario winds down Basic Income research project](#) - 2018/8/31

---

## **alPHA February 2019 Symposium**

Please note that alPHA's Winter Symposium will now be held on February 21, 2019 only. Previously, it was indicated there would be a second day. On February 21, alPHA will be holding a morning plenary session followed by Section meetings for both COMOH members and board of health members in the afternoon. The one-day event will be held at the Chestnut Conference Centre, 89 Chestnut Street, in downtown Toronto. Please further note attendees will need to book their own accommodations as there will not be a block of rooms reserved for this event. Program details will be shared in the coming weeks.

---

### Upcoming Events - Mark your calendars!

**October 30, 2018** - COMOH General Meeting, Chestnut Conference Centre, 89 Chestnut Street, Toronto, Ontario. Registration details coming soon.

*Note: A Boards of Health Section Meeting will **not** be held in Fall 2018 due to the municipal election.*

**February 21, 2019\*** - Winter Symposium & Section Meetings, Chestnut Conference Centre, 89 Chestnut Street, Toronto, Ontario. Includes half-day plenary (morning), and half-day COMOH Meeting and BOH Section Meeting (afternoon)

*\*Note: This event has changed from a previously advertised 2-day format to a 1-day format.*

**March 27, 28 & 29, 2019** - [TOPHC 2019](#), Beanfield Centre, Toronto, Ontario. Call for abstracts close October 22, 2018.

**June 9, 10 & 11, 2019** - Annual General Meeting & Conference, Kingston, Ontario. Co-hosted with KFL&A Public Health. [Four Points by Sheraton](#), 285 King St. E., Kingston, Ontario.

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

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**From:** Ontario News <[newsroom@ontario.ca](mailto:newsroom@ontario.ca)>

**Sent:** Tuesday, September 25, 2018 10:12 AM

**To:** Penny Sutcliffe <[sutcliffe@phsd.ca](mailto:sutcliffe@phsd.ca)>

**Subject:** Ontario's Government for the People Restoring Trust and Accountability with Release of the Line-by-Line Review



*News Release*

**Ontario's Government for the People Restoring Trust and Accountability with Release of the Line-by-Line Review**

September 25, 2018

**A Modernized, More Sustainable Government will Transform Province's Finances**

TORONTO - Ontario's Government for the People is continuing to take action to restore trust and accountability in the province's public finances. Today, the Hon. Peter Bethlenfalvy, President of the Treasury Board, announced the much anticipated release of EY Canada's line-by-line review of government spending, *Managing Transformation - A Modernization Action Plan for Ontario*. The document reveals rapid expenditure growth across key sectors and public programs under the previous government.

"I would like to thank EY Canada for their expert analysis of the past 15 years of government spending," said Bethlenfalvy. "This detailed analysis of Ontario's current spending will help us build a modern, more sustainable government while avoiding job cuts. Together we are creating a roadmap that embraces innovation, while ensuring that we achieve better fiscal outcomes for the people of this great province. Expenditure management is the means toward that end, but it is not the end in and of itself."

The line-by-line review is based on extensive analysis of government financial and program data, and builds on the work of Ontario's Auditor General and the Financial Accountability Officer. The report identifies a number of ways the government could transform programs and services to ensure sustainability and value for money.

**The report includes:**

- An analysis of government spending, spanning the fiscal period 2002/03 to 2017/18.
- An overview of direct and transfer payment spending in five major sectors: health and long-term care; children, community and social services; education; justice; and post-secondary and training.

- Recommendations to improve value for every tax dollar it spends and ways to track whether those investments are delivering productive results.

#### **Key findings reveal that since fiscal 2002/03:**

- Ontario's total operating expenditures have increased by 55 per cent or \$2,226 per person in today's dollars
- Had expenditures increased in line with population growth, 2017/18 expenditures would have been \$31.9 billion less, and in total, would have been \$331 billion lower over 15 years
- Growth of total operating expenditures has outpaced Ontario population growth by 1.9 per cent
- Operating expenditure through transfer payments including to the broader public sector has grown \$46.3 billion, or 99.8 per cent of total real growth in operating expenditures.

"We are taking important steps to get Ontario back on the road to fiscal health, and we will continue to be open and transparent about the state of Ontario's finances," added Bethlenfalvy. "To move forward we must restore trust, and that means giving Ontarians the confidence that they can trust their government's administration of the province's finances. That's why we have reflected the advice of the Independent Financial Commission of Inquiry in the recently released 2017-18 Public Accounts and commissioned the line-by-line review."

The government will carefully review the areas highlighted by the line-by-line review and use this information to inform strategic changes to service delivery planning as part of the multi-year planning process. This report will help make government more effective and efficient, and will ensure all government spending is delivering the best value for the people of Ontario.

#### **QUICK FACTS**

- The line-by-line review complements the Planning for Prosperity online consultation.
- This consultation provided Ontarians with the opportunity to rank the importance and effectiveness of a range of government services, and to suggest new ideas to transform the way those services are delivered, which has gathered over 15,000 submissions from Ontarians across the province, and the Big Bold Ideas Challenge, which gathered over 1,500 ideas from Ontario Public Servants.
- The Public Accounts of Ontario outline the province's financial performance for the past fiscal year, present Ontario's audited financial statements, and look back at Ontario's revenues and expenses, assets and liabilities.
- The Independent Financial Commission of Inquiry conducted a report.
- Ontario has the highest subnational debt of any jurisdiction in the world. The line-by-line review will establish a more sustainable baseline to ensure a fiscally healthy government for future generations.

## BACKGROUND INFORMATION

- [Line-by-Line Review](#)

## ADDITIONAL RESOURCES

- [Managing Transformation – A Modernization Action Plan for Ontario](#)
- [Commission of Inquiry Report](#)
- [Public Accounts of Ontario, 2017-18](#)

## CONTACTS

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## **Ontario to Introduce Legislation to Move Forward with Tightly-Regulated Private Cannabis Retail Marketplace**

*Province will propose licensed and regulated private retail model to sell cannabis responsibly*

September 26, 2018 4:45 P.M.

Today Caroline Mulroney, Attorney General, and Vic Fedeli, Minister of Finance, announced the government's plans to introduce legislation that, if passed, would protect public health and public safety through a tightly-regulated private cannabis retail store model.

"As the federal government's legalization of cannabis approaches, our government is determined to impose a strict licensing regime that will protect young people and effectively combat the criminal market," said Mulroney.

The ministers announced the proposed legislation would establish the Alcohol and Gaming Commission of Ontario (AGCO) as the provincial regulator authorized to grant store licences. The AGCO would have the authority to enforce compliance, including, if necessary, revoking licences from stores that fail to comply with the conditions set by the province.

The proposed legislation would give municipalities the flexibility to opt-out of having cannabis retail stores in their communities, before January 22, 2019, and allows the province to establish distance buffers separating these stores from schools.

"The legislation approved by cabinet will, if passed, provide certainty to the marketplace along with peace of mind to parents and families that — when it comes to public health, public safety and protecting youth — our government will never compromise on our commitment to the people," said Fedeli.

The proposed legislation would prohibit smoking cannabis in places where smoking tobacco and using e-cigarettes would be prohibited. It includes exemptions in enclosed workplaces such as long-term care homes, hospices and designated guest rooms in hotels, motels and inns. The maximum fines on conviction would be \$1,000 for a first offence, and \$5,000 for subsequent offences.

The Ontario Cannabis Store will be the exclusive wholesaler and distributor to private retail stores and will sell cannabis online with safe home delivery across the province.

The proposed legislation includes changes to the governance structure of the Ontario Cannabis Retail Corporation that would result in the agency reporting directly to the Minister of Finance. This change would better support the mandate of the Ontario Cannabis Store as Ontario's online retailer and cannabis wholesaler. As a result, it would no longer be a subsidiary of the LCBO.

## QUICK FACTS

- The private retail store model would be tightly regulated and strictly enforced and include a zero-tolerance approach for any retailer who provides cannabis to a minor or to anyone who tries to sell cannabis without a licence.
- The government will continue to consult with municipalities, Indigenous communities, law enforcement, public health advocates, businesses and consumer groups and representatives of the other provinces on the implementation of the private retail model.
- The AGCO would leverage its existing experience to regulate cannabis retail stores, building on its mandate to regulate in the public interest and its 20 years of experience as the Ontario regulator of alcohol, gaming and horse racing. It also has a dedicated, fully integrated OPP bureau which works with other law enforcement agencies to ensure integrity and public safety.
- It is illegal to drive drug-impaired and it's just as dangerous as driving drunk.

## LEARN MORE

- [Ontario announces cannabis retail model](#)

---

**Jessica Trepanier** Minister's Office  
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[Available Online](#)  
[Disponible en Français](#)

**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:** October 11, 2018

**Re:** Indigenous Engagement Strategy

---

☐ For Information

☐ For Discussion

☒ For a Decision

---

**Issue:**

A highly collaborative process was undertaken to develop an Indigenous Engagement Strategy pursuant to the Board's direction. The Strategy will guide the efforts of Public Health Sudbury & Districts to strengthen relationships with First Nation communities and Indigenous partners, recognizing that there are important next steps to include urban Indigenous<sup>1</sup> Peoples.

As per discussion at the June 21, 2018, Board of Health workshop, the Board Executive Committee reviewed the penultimate version of the Strategy at its meeting on September 18, 2018, and supported it for full Board review and endorsement.

**Recommended Action:**

That the Board of Health for Public Health Sudbury & Districts approve the Indigenous Engagement Strategy, October 2018, Finding our Path Together - Maamwi MKaamidaa Gdoo-Miikaansminan - Kahkinaw e mikskamahk ki meskanaw.

**Background:**

Beginning in November 2011, the Board of Health has been considering its relationship with First Nations and Indigenous communities. The Board recognized the worse overall health status and socio-economic challenges facing many First Nations people in Canada. They also understood the historic separation between provincial public health systems and federally funded public health systems. The Board directed the Medical Officer of Health to convene a workshop for the Board for the purposes of orienting itself to relevant issues and determining board direction in these matters.

<sup>1</sup> In Canada, First Nations, Inuit, and Metis are legally recognized in the constitution as the Aboriginal Peoples of Canada. In recent years, the term Indigenous has been more widely adopted by various governments and Indigenous associations in place of the term Aboriginal. The term urban Indigenous people refers primarily to First Nations, Metis and Inuit individuals currently residing in urban areas.  
<https://www.aadnc-aandc.gc.ca/eng/1100100014265/1369225120949>

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

The Board of Health supported the following motion in 2012, furthering its commitment ([Motion #20-12](#)):

That the Sudbury & District Board of Health, having carefully considered issues of health status, health services, historical relationships, and applicable legislation concerning area First Nations on-reserve; and having given thoughtful consideration to its strategic priorities of championing equitable opportunities for health, strengthening relationships with priority communities and partners, and supporting community voices to speak about issues that impact health equity;

Hereby direct the Medical Officer of Health to engage in dialogue with area First Nations' leaders to explore needs and strategies for strengthening public health programs and services with area First Nations.

In November 2016, the Board of Health reaffirmed its 2012 commitment to strengthening public health programs and services with area First Nations ([Motion #20-12](#)) and further committed to developing an engagement strategy with Indigenous communities and people ([Motion #54-16](#)). The Medical Officer of Health was directed to develop a comprehensive strategy for the organization's engagement with Indigenous people and communities for the purpose of collaboratively strengthening public health programs and services for all.

To develop the strategy the following steps were undertaken:

- Executive Committee and Board of Health Retreats – September to November 2016
- Board of Health Risk Management Plan identified a risk of stakeholder and public perception of poorly defined relationships with Indigenous communities – October 2016.
- Board of Health Motion # 54-16 – November 2016
- Board of Health 100% funding request to the Ministry of Health and Long-Term Care – 2017/18. Received \$227,718
- Manager, Indigenous Engagement hired – January 3, 2017
- Indigenous Engagement Team and Indigenous Engagement Steering Committee (internal) structured – January – March 2017
- Interviews, staff survey, and document review completed – May to October 2017
- First Nations and Aboriginal Health Access Centres meetings held – June to October 2017
- Indigenous Engagement Strategy Advisory Committee established – November 2017
- Board of Health 100% funding request to the Ministry of Health and Long-Term Care – 2017/18. Received \$103,300
- Relationship principles and values workshop conducted– February 2018
- Roundtable planning sessions with First Nations – March to June 2018
- Board of Health workshop – June 2018
- Strategy development including strategic directions, actions, mission & vision drafted – July – September 2018
- Strategy review and validation – July – September 2018

---

2018–2022 Strategic Priorities:

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

O: October 19, 2001  
R: January 2017

Throughout 2017 and into 2018, the Board of Health has been apprised on the development of this strategy via a number of mechanisms including, the Medical Officer of Health reports to the Board, narrative reports as part of the 2013-2017 Performance Monitoring Plan, annual report statistical report and a workshop.

As per discussion at the June 21, 2018, Board of Health workshop, the Board Executive Committee at its meeting of September 18, 2018, reviewed the penultimate version of the Strategy and provided feedback. The Executive Committee supported the Strategy for full Board review and endorsement.

**Financial Implications:**

Ministry of Health and Long-Term Care Indigenous Engagement 100% grants were approved in the amounts of \$227,718 for 2017/2018 and \$103,300 for 2018/2019 (to March 31, 2019) to carry out this work. The costs associated with Strategy implementation work are part of future budget deliberations.

**Ontario Public Health Standard:**

Health Equity

**Strategic Priority:**

Meaningful engagement

**Contact:**

Sandra Laclé, RN, MScN

Director Health Promotion and Chief Nursing Officer

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




# Finding Our Path Together

Maamowi Mkamang Gdoo-miikaansminaa  
ᑲᑭᑦᑲᑦᑲᑦ ᐃᑦᑲᑦᑲᑦ ᑭᑦᑲᑦᑲᑦ  
Kahkinaw e mikskamahk ki meskanaw



**Public Health**  
**Santé publique**  
SUDBURY & DISTRICTS



This beautiful cover image invokes the spirit of the bear, or “mukwa”. As shared by local Elders, the bear gives us many medicines and is symbolic of a healer and protector. The path is emblematic of a journey of discovery – connecting and guiding people step by step towards a common destination.

Though challenging at times, the journey is aided by the guideposts of respect, trust, and humility. Together, they help strengthen relationships and illuminate the path. We reflect and appreciate the path taken thus far. We look forward to walking together with anticipation, commitment, and excitement about what lays ahead.

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O: October 2018



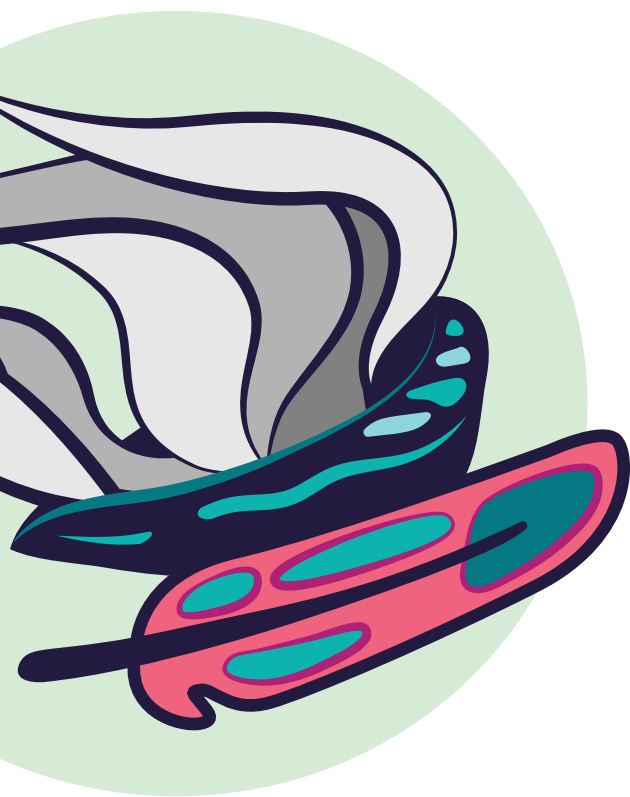
# Table of contents

Territorial acknowledgements	4
Acknowledgements	4
A message from the Board of Health Chair	5
A message from the Medical Officer of Health, Chief Executive Officer, and Co-Chair, Indigenous Engagement Strategy Advisory Committee	5
A Message from the Co-Chair, Indigenous Engagement Strategy Advisory Committee	6
Executive summary	8
Introduction	12
Demographic profile of Indigenous Peoples	14
What is public health?	16
Public Health Sudbury & Districts collaborative partnerships with Indigenous Peoples	17
The pathway in developing the strategy	18
The strategy	20
The vision	20
The mission	20
The relationship values	21
Medicine wheel framework	22
The strategic directions	23
Strategic direction I	23
Strategic direction II	23
Strategic direction III	24
Strategic direction IV	25
The path forward: implementing our strategy	28
Our unified commitment	29
Appendix: A Indigenous Engagement Strategy Advisory Committee	30
Appendix: B Indigenous Engagement Steering Committee	30
Appendix: C Members of the Board of Health for Public Health Sudbury & Districts	31
Appendix: D Motions: Board of Health for Public Health Sudbury & Districts	31

# Territorial acknowledgement

Public Health Sudbury & Districts operates within the traditional lands of the Robinson Huron Treaty and Treaty 9. These lands encompass strong and vibrant communities with Anishinabek, Ininiwak (Cree), and Métis Peoples. We acknowledge the original Peoples of this land. Their enduring presence and resilience is felt throughout our shared history and in the present day.

## Acknowledgements



Public Health Sudbury & Districts has embarked on a journey to develop an Indigenous Engagement Strategy with an initial primary focus on engagement with First Nations, acknowledging that important next steps must be inclusive of urban Indigenous Peoples.<sup>1</sup>

Public Health Sudbury & Districts wishes to acknowledge the many groups (Appendix A and B) and individuals who contributed to the development of this Indigenous Engagement Strategy, including:

- ❶ Elders Julie Ozawagosh, Donna Debassige, Martina Osawamick, and Marion McGregor
- ❶ Area First Nation community health directors and health staff from Chapleau Cree, Chapleau Ojibwe, Brunswick House, Mattagami, Wahnapiatae, Atikameksheng Anishnawbek, Sagamok, Whitefish River, Wiikwemkoong, Sheguiandah, Aundeck Omni Kaning, M'Chigeeng, Sheshegwaning, and Zhiibaahaasing First Nations
- ❶ Local Indigenous health and organizational partners including Shkagamik-kwe Health Centre, N'Swakamok Friendship Centre, Misiway Milopemahtesewin Community Health Centre, Noojmowin Teg Health Centre, Mnaamodzawin Health Services, and Wabun Tribal Council
- ❶ Public Health Sudbury & Districts Board of Health (Appendix C), Medical Officer of Health, directors, managers, and staff

<sup>1</sup> In Canada, First Nations, Inuit, and Metis are legally recognized in the constitution as the Aboriginal Peoples of Canada. In recent years, the term Indigenous has been more widely adopted by various governments and Indigenous associations in place of the term Aboriginal. The term urban Indigenous Peoples refers primarily to First Nations, Metis and Inuit individuals currently residing in urban areas.



The strong commitment to collaboration with First Nations and Indigenous health partners has been a cornerstone of the Board of Health's process in developing this strategy. The Board of Health for Public Health Sudbury & Districts is excited about the path forward as we take steps together to develop respectful and productive relationships to improve public health programs and services for all.



Working with Indigenous community partners to develop the strategy has been a rewarding learning journey for our organization. I fully expect that this learning journey will continue into the future, as we expand our efforts to engage further with urban Indigenous Peoples and to refine and strengthen relations. I look forward to celebrating each small step with First Nations and Indigenous community partners as we put our strategy into action over the coming years.



## Donna Debassige

**Gidinmikaagoom nji-sa Public Health miiniwaa Districts' Indigenous Engagement Strategy Advisory Committee!**

E waciyemikawiyek aniki ohci omaminohkemowi  
otapishtamakewak ka pimihtacik misiwi mino pimatisiwinihk  
Sudbury nesta papeskici askiya ininiwak ohci e wici atoskemihcik.

**Aabji-go gchi-mnaadendimoowin miiniwaa gchi-towaa-  
zhiyaawin maanda ji-maandookiiaang aabji-ntam  
Indigenous Engagement Strategy nji-sa Public Health  
Sudbury & Districts.**

E kistentakwahk nesta e kistentamahk e pakitinamahk  
mawaci nistam ininiwak ohci ketocikatek misiwe mino  
pimatisiwin ohci Sudbury nesta papeskici askiya.

Our committee is comprised of eleven community voices from health, education, environment, research, and child welfare. We are all committed to the same goal – improving holistic health and well-being in First Nations and Indigenous communities. Over the past several months, the committee has embraced the opportunity to work with Public Health Sudbury & Districts to build a bridge and improve health for all.

Niinwi debendaagoziyaang mompji enmadibijig mdaaswi-shi-bezhig ngodoodenaawziwin enoondaagaazojig nji-sa ezhi-noojimong, ezhi-kinoomaading, aki-eshseg, ezhi-ndikenjigeng, miiniwaa ezhi-gnowendimind binoojiinh. Kina-go naasaab ndoo-nkweshkaanaa zhichiganan – gweksidoong mooshkin mina-noojimowin miiniwaa minabimaadizowin nji-sa Ntam Anishinaabekaaning miiniwaa Anishinaabek ezhi-ngodoodenaawziwaad. Zhaazhigo minik niibina nso-giizis, gonda debendaagozijig gii-mina-daapinaanaawaa zhisewin ji-nokiitaadiwaad nji- Public Health Sudbury & Districts, nooj gegoo be-miikang public health nokiwiin, ji-zhitoong aazhigan miiniwaa ji-maamowi-nokiitaading ji-minaseg noojimoowin nji-sa kina-wayaa.



e mikskamahk ki meskanaw **7**

Page 65 of 144





# Executive summary

**Finding Our Path Together  
Maamowi Mkamang  
Gdoo-miikaansminaa**

ᑲᑭᑎᑦᑯ ᐃᑭᑭᑎᑦᑯ  
ᑲᑭᑎᑦᑯ

**Kahkinaw e mikskamahk  
ki meskanaw**

Public Health Sudbury & Districts Indigenous Engagement Strategy is an expression of the commitment and leadership of the Board of Health. Board of Health motion #54-16 (Appendix D) directed the Medical Officer of Health to develop a comprehensive strategy for the organization's engagement with

Indigenous Peoples and communities starting with a focus on First Nations. The strategy aims to collaboratively strengthen public health programs and services for all, recognizing that important next steps must be inclusive of urban Indigenous Peoples.

The strategy was developed from November 2016 to October 2018 with guidance from external Indigenous Engagement Strategy Advisory Committee (Appendix A) and an internal Indigenous Engagement Steering Committee (Appendix B). The external Indigenous Engagement Strategy Advisory Committee was comprised of Indigenous community representatives with diverse backgrounds and experiences. They provided culturally appropriate and community-driven direction to support the development of the strategy. The internal committee, comprised of key managers and directors, advised on organizational processes and information gathering activities.

A comprehensive community engagement process was used to develop the strategy, including communications, information gathering, organizational strengthening, and relationship development.

Public Health Sudbury & Districts Indigenous Engagement Strategy sets out a vision, mission, values, and strategic directions. The strategy guides the organization's efforts to further define and strengthen relationships with First Nation communities and Indigenous partners.



## The mission

Misiwe mino pimatisiwin Sudbury nesta papeskici askiy wici apatisimewak anihî kesiwak ininiwa nesta ihtawina tapiskoc kici nocihtacik e mashkawahtacik misiwe mino pimatisiwi atoskewina nesta wicihiwewina misiwe kinanaw ohci.

## The relationship values

**Humility**  
**miiniwaa dibadendizowin**  
C<UσJ•Δ³  
Kistenimiwewin

**Executive summary continued on pages 10 and 11**





## The strategic directions

Our strategy is built around four strategic directions and associated actions. They include:

- ❶ Strategic direction I: Inform our work through Indigenous community voices and information
- ❶ Strategic direction II: Engage in meaningful relationships to support Indigenous community well-being
- ❶ Strategic direction III: Strengthen our capacity for a culturally competent workforce
- ❶ Strategic direction IV: Advocate and partner to improve health





## The path forward: Implementing our strategy

To move forward on this strategy, Public Health Sudbury & Districts will:

- ❶ Develop new internal and external committee structures to guide and support the implementation of the strategy
- ❷ Develop an implementation plan for the strategy
- ❸ Ensure routine and structured reporting mechanisms for Senior Management and the Board of Health
- ❹ Ensure effective mechanisms by which the Board of Health receives Indigenous knowledge appropriate to its governance role
- ❺ Develop and track collaboration indicators
- ❻ Update the Indigenous community as well as our Board of Health, staff, and partners on progress using publicly available reporting mechanisms

Though each step cannot be known or predicted, we will find our path together toward strengthened relationships with Indigenous communities, a unified common vision of health and well-being for Indigenous communities and improved opportunities for health for all.



# Introduction


Recently, our organization has embarked on a learning journey with First Nation community partners and area urban Indigenous health and social service organizations to develop an Indigenous Engagement Strategy.

The Public Health Sudbury & Districts Indigenous Engagement Strategy is an expression of the longstanding commitment and leadership of the Board of Health. In November 2016, the Board of Health reaffirmed its 2012 commitment to strengthening public health programs and services with area First Nations (Appendix D) and further committed to developing an engagement strategy with Indigenous communities and Peoples (Appendix D). The Medical Officer of Health was directed to develop a comprehensive strategy for the organization's engagement with Indigenous Peoples and communities for the purpose of collaboratively strengthening public health programs and services for all.

Public Health Sudbury & Districts organizational commitment to health equity means that we work to examine and change the differences in determinants of health that unfairly impact health experiences across different populations. This is particularly important for Indigenous communities and Peoples whose unique legal and constitutional recognition, complex history, and shared experiences of colonialization have contributed to poorer population health outcomes than that of other Ontarians.

At the same time, we recognize that Indigenous Peoples and communities have mobilized to reclaim their health and well-being, assert their aims in self-determination, and revitalize cultural and community strengths and resiliency.





Public Health Sudbury & Districts Indigenous Engagement Strategy is premised on understanding this unique context as the essential starting point for building relationships.

Beyond the social determinants of health, it is important to also consider factors such as systemic racism, dispossession of land and rights, processes of colonization such as Indian Residential Schools and more recently the “Sixties Scoop”, and child welfare injustices. Ensuring equal opportunities for health requires understanding and redressing the “Indigenous determinants of health”.<sup>1</sup> For example, the 2015 Truth and Reconciliation Commission’s Final Report outlines specific calls to action in health to redress the legacy of Indian Residential Schools and advance the process of reconciliation.

More recently, the revised Ontario Public Health Standards (2018) include reference to Indigenous communities.<sup>2</sup> In the newly established Health Equity Foundational Standard, boards of health are now mandated to strengthen relationships with Indigenous communities. This new requirement is accompanied by a companion guidance document entitled: Relationship with Indigenous Communities Guideline 2018, from which this strategy has drawn direction.

Public Health Sudbury & Districts Indigenous Engagement Strategy is congruent with these key policy directions and fulfills the requirements outlined in the new standard. The strategy, framed by a longstanding commitment to address health equity and the social determinants of health, is the first step in a long journey towards reconciliation for Public Health Sudbury & Districts and ensuring equal health opportunities for all.

Reference: <sup>1</sup> Tait Neufeld, Hannah. (2017). Determinants of Indigenous Peoples’ Health in Canada: Beyond the Social. *Canadian Studies in Population*. 44. 108. 10.25336/P6MC71.

Reference: <sup>2</sup> Ministry of Health and Long-Term Care, Ontario Public Health Standards: Requirements for programs, services, and accountability (2018) found at [http://www.health.gov.on.ca/en/pro/programs/publichealth/oph\\_standards/](http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/)

# Demographic profile of Indigenous Peoples

The Public Health Sudbury & Districts catchment area is home to over 24 000<sup>3</sup> Indigenous Peoples (13%), comprised of First Nations (North American Indians) (57%) and Métis Peoples (40%).<sup>4</sup> A small subset of the Indigenous population identifies as Inuit or as having multiple Indigenous identities (3%).<sup>4</sup> Anishinaabemowin (Ojibwe language) is the Indigenous language most spoken in the area.<sup>4</sup> The Indigenous population is younger than the non-Indigenous population in Greater Sudbury, and the Sudbury and Manitoulin districts.<sup>4</sup>

Indigenous Peoples live in both urban settings and in the area's thirteen First Nation communities, with a total population of 6 379<sup>3</sup> living on-reserve. Five First Nations are in the Sudbury district, one in Greater Sudbury, and seven are located on or near Manitoulin Island. First Nations in this region are signatory to Treaties 9 and Robinson Huron, and belong to one of five Tribal Councils. Wiikwemkoong First Nation remains an unceded territory.

## 13 First Nations within Public Health Sudbury & Districts service area

Each First Nation community is unique, with different demographics, needs, resources, assets, and challenges.



## Métis groups within Public Health Sudbury & Districts service area

The Métis Nation of Ontario has an office in Sudbury serving Métis citizens in and around Greater Sudbury as well as Chapleau with whom we work.

Reference: <sup>3</sup> Statistics Canada, 2016 Census

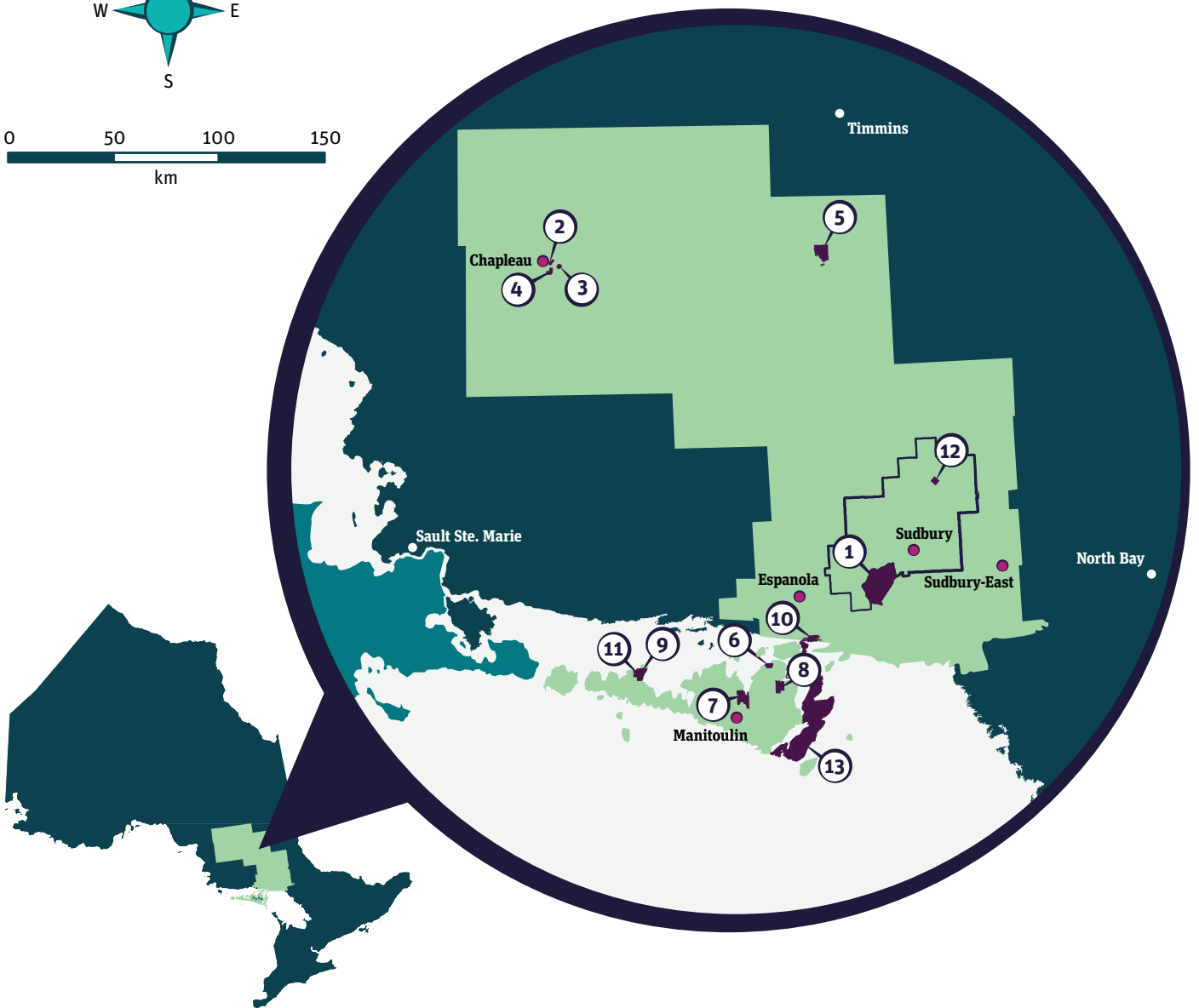
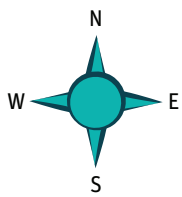
Reference: <sup>4</sup> Registered Indian Population by Sex and Residence 2016, Indigenous and Northern Affairs Canada; and 2016 Census, Statistics Canada, 25% Sample

### Legend

-  Public Health Sudbury & Districts Offices
-  Public Health Sudbury & Districts

### First Nations

- ① Atikameksheng Anishnawbek
- ② Chapleau Cree
- ③ Brunswick House
- ④ Chapleau Ojibway
- ⑤ Mattagami
- ⑥ Aundeck-Omni-Kaning
- ⑦ M'Chigeeng
- ⑧ Sheguindah
- ⑨ Sheshegwaning
- ⑩ Whitefish River
- ⑪ Zhiibaahaasing
- ⑫ Wahnapiatae
- ⑬ Wikwemikong





## What is public health?

The work of public health touches all our lives in one form or another. Public health works to improve health equity and promote and protect the health and well-being of people and communities as well as prevent disease and injury. Public health reaches people in all communities through a wide array of programs and interventions. Examples include chronic disease prevention, mental health promotion, food safety, healthy built and natural environments, healthy growth and development, and clinical and family health services.

## What is health equity?

Health equity seeks to ensure that everyone has equal opportunities for health. Health equity is achieved by addressing health differences that are socially determined and therefore considered unfair and unjust. In this regard, public health works within a population health approach, to improve and protect health. Health equity, the social determinants of health, and health across the life course is an important part of the public health lens.

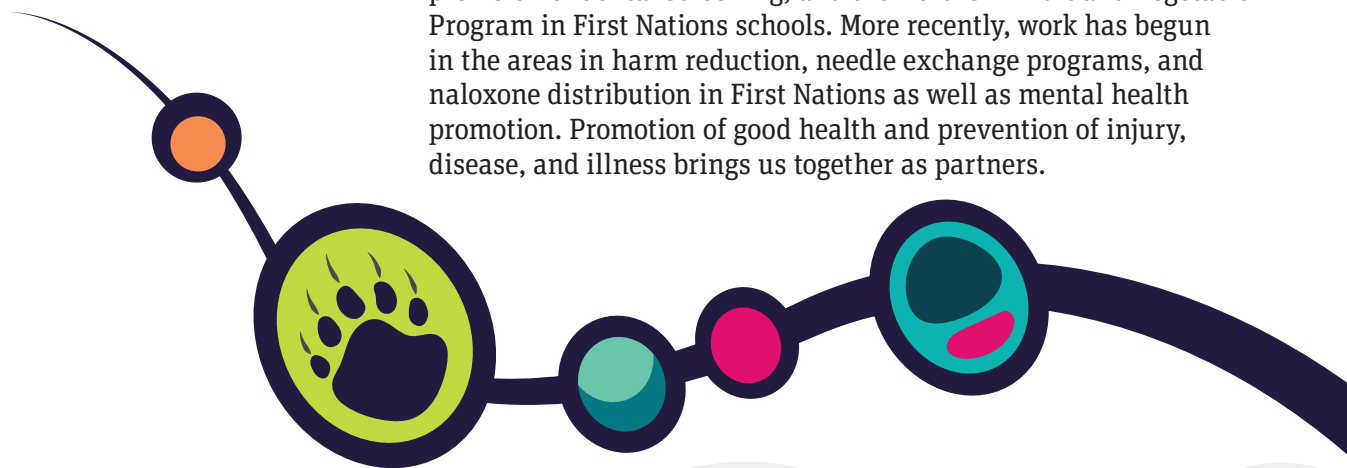




## Public Health Sudbury & Districts collaborative partnerships with Indigenous Peoples

Public Health Sudbury & Districts has many longstanding and diverse partnerships with First Nations and Indigenous health services organizations. We are engaged in information sharing, planning, education, service provision, and research. In a few instances, specific agreements have been developed. We have participated in various national, provincial, and regional meetings since 2005 to help us understand and contribute to system-wide efforts to ensure equitable access to public health programs and services.

Partnerships with Indigenous groups and communities are diverse and broad in scope. Examples include collaborating on the development of an Indigenous diabetes prevention strategy, co-creation of culturally appropriate tobacco resources, the provision of dental screening, and the Northern Fruit and Vegetable Program in First Nations schools. More recently, work has begun in the areas in harm reduction, needle exchange programs, and naloxone distribution in First Nations as well as mental health promotion. Promotion of good health and prevention of injury, disease, and illness brings us together as partners.



# The pathway in developing the strategy

Public Health Sudbury & Districts developed the strategy in collaboration with many contributors, both internal and external to the organization. An external Indigenous Engagement Strategy Advisory Committee (Appendix A), comprised of Indigenous community representatives, provided culturally appropriate, and community-driven direction to support the development of the strategy. An internal Indigenous Engagement Steering Committee (Appendix B) helped guide the work. Steering committee members provided guidance on information gathering activities, organizational processes, and structures.

Many key steps were taken to develop the strategy. Our learning journey has included communications and information gathering, organizational strengthening, and relationship development. Values of trust, respect, and humility guide each step along the way. Though our work to date on the strategy focussed primarily on First Nation community engagement with some urban Indigenous engagement, this is only the starting point. We envision broadening this effort to include more engagement with urban Indigenous Peoples over time.



**Planning the path forward**



**Information gathering**



**Community engagement**



**Strategy approval**

**Board of Health Motion # 54-16**  
November 2016

**Executive Committee and Board of Health retreats**  
September to November 2016

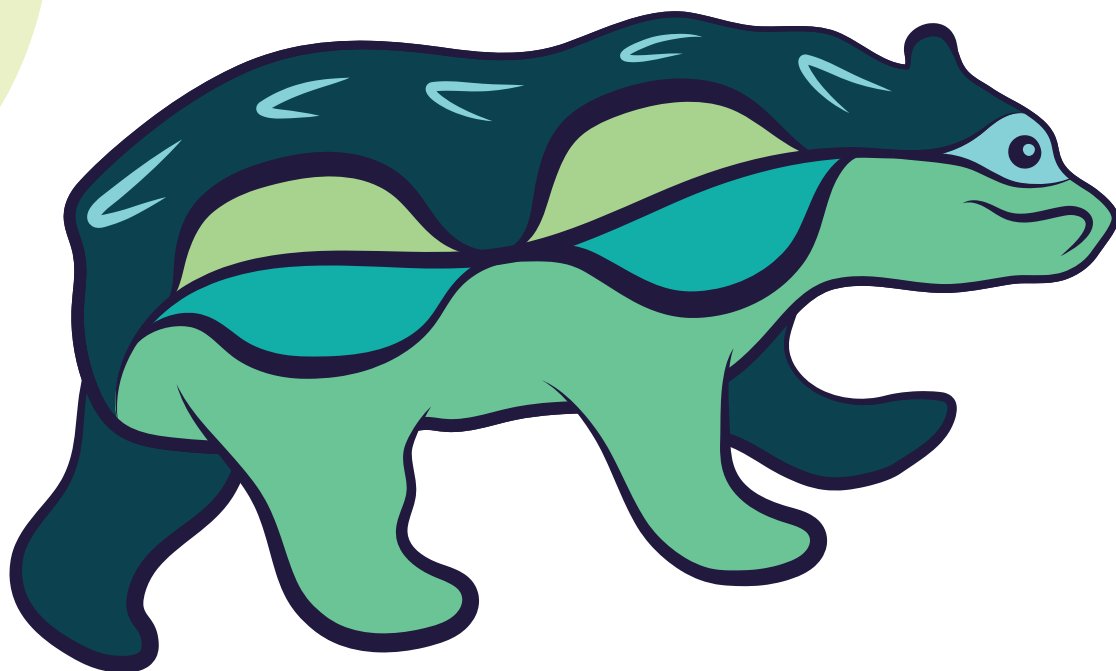
**Indigenous Engagement Team and Indigenous Engagement Steering Committee (internal) structured**  
January to March 2017

**Interviews, staff survey, and document review**  
May to October 2017

**Meetings with First Nations and Aboriginal Health Access Centres**  
June to October 2017

**Indigenous Engagement Strategy Advisory Committee established**  
November 2017





**Roundtable  
planning sessions  
with First Nations**  
March to June 2018

**Board of Health  
workshop**  
June 2018

**Strategy review  
and validation**  
July to September 2018

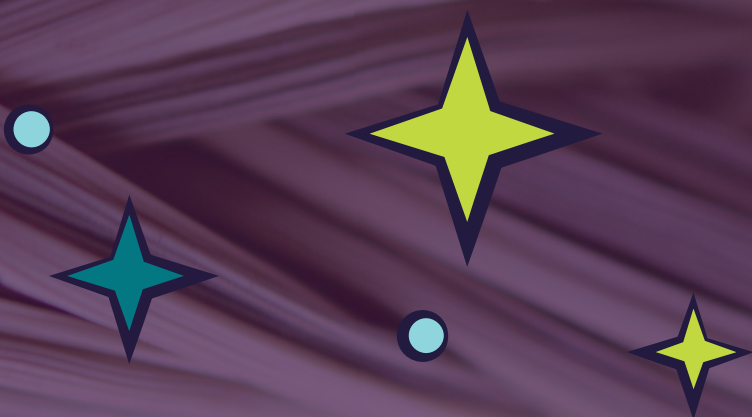


**Strategy development  
including strategic  
directions, actions,  
mission, and vision**  
July to September 2018

**Board of Health  
input, approval,  
and launch**  
October 2018

**Relationship principles  
and values workshop**  
February 2018





The Public Health Sudbury & Districts Indigenous Engagement Strategy sets out a vision, mission, values, and strategic directions. All have strong alignment with our agency's Strategic Plan (2018-2022) and its four strategic priorities of equitable opportunities, meaningful relationships, practice excellence, and organizational commitment.

Working together towards healthy and vibrant Indigenous communities in their pursuit of self-determined health and well-being.

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 $\Delta f \leq \langle \nabla f, \nabla f \rangle$

Public Health Sudbury & Districts works together with area Indigenous Peoples and communities to collaboratively strengthen public health programs and services for all.

[illegible]

Page 78 of 144



Page 79 of 144



# Medicine wheel framework

The medicine wheel embodies local cultural teachings used by generations for health and healing and is helpful in conceptualizing our path in the Indigenous Engagement Strategy.

From the medicine wheel we draw inspiration as each of the four directions calls upon us together to act – north, see – east, relate – south, and understand – west.

The circle depicts the interconnectedness of the four dimensions of health—mental, emotional, spiritual, and physical—as well as the stages of life.

The circle represents the ongoing and continuous nature of the relationships built with Indigenous Peoples and communities, by which there is no beginning and no end.

The circle further reminds us that we all are equal, that no one is greater or better than anyone else, and that when we come together, there is strength.





## The strategic directions

The need for an Indigenous Engagement Strategy was identified by the Board of Health. The Board of Health motion #54-16 (Appendix D) directed the Medical Officer of Health to lead the development of “a comprehensive strategy for the organization’s engagement with Indigenous Peoples and communities in its service area for the purpose of collaboratively strengthening public health programs and services for all”. The motion went further to direct that the strategy should include “among others, strategic, governance, risk management, and operational components”. The strategic directions as described contain elements of each component.

### Strategic direction I:

#### Inform our work through Indigenous community voices and information

Supporting Public Health Sudbury & Districts strategic priority of striving for ongoing excellence in public health practice including program and service development and delivery.

To achieve this, we will:

- ❶ Tailor public health approaches to build on the strengths and diversity of the Indigenous population
- ❷ Engage and plan with Indigenous partners in a culturally appropriate and responsive way
- ❸ Adapt new and existing public health programs to be culturally appropriate
- ❹ Develop mechanisms to ensure participation of Indigenous Peoples through our planning processes
- ❺ Create processes for effective, ongoing dialogue with Indigenous communities and partners
- ❻ Develop mechanisms for sustained and meaningful Indigenous community input to the Board of Health

### Strategic direction II:

#### Engage in meaningful relationships to support Indigenous community well-being

Supporting Public Health Sudbury & Districts strategic priority of establishing meaningful relationships that lead to successful partnerships, collaborations, and engagement.

To achieve this, we will:

- ❶ Develop mutually beneficial, respectful relationships to improve the public health systems with and for Indigenous Peoples
- ❷ Ensure sustainable relationships through culturally safe, meaningful, and mutually beneficial engagement
- ❸ Ensure two-way knowledge exchange with Indigenous communities
- ❹ Support reciprocal learning to build organizational capacity in working with Indigenous communities as well as support Indigenous community capacity building in public health
- ❺ Support Indigenous efforts to improve health and well-being



### Strategic direction III:

#### Strengthen our capacity for a culturally competent workforce

Supporting Public Health Sudbury & Districts priority of advancing organization-wide commitment and ensure that we are well positioned to support the work of public health.

To achieve this, we will:

- ❶ Provide opportunities to staff for networking, training, and skills development to build cultural competence
- ❶ Learn from and share staff experiences in working with Indigenous Peoples
- ❶ Provide leadership and guidance to support implementation of the Indigenous Engagement Strategy
- ❶ Share respectful Indigenous engagement principles, protocols, and practices
- ❶ Create culturally safe, welcoming, and inclusive public health environments
- ❶ Consider needs for Indigenous engagement within existing workforce development and human resources strategies
- ❶ Provide ongoing education opportunities for Board of Health members



## Strategic direction IV:

### Advocate and partner to improve health

Supporting Public Health Sudbury & Districts priority of striving for health equity and championing equal opportunities for health.

To achieve this, we will:

- 1 Understand and support Indigenous self-determined aspirations in public health
- 1 Act as a supportive ally within Indigenous community-led efforts to improve public health
- 1 Support advocacy efforts to address Indigenous social determinants of health
- 1 Strengthen relationships with external partners working to improve public health services to Indigenous communities
- 1 Work with Indigenous partners to improve access to and utilization of community level health data
- 1 Collaborate across jurisdictions to respond to Truth and Reconciliation Commission Calls to Action in health (particularly in educating the public)

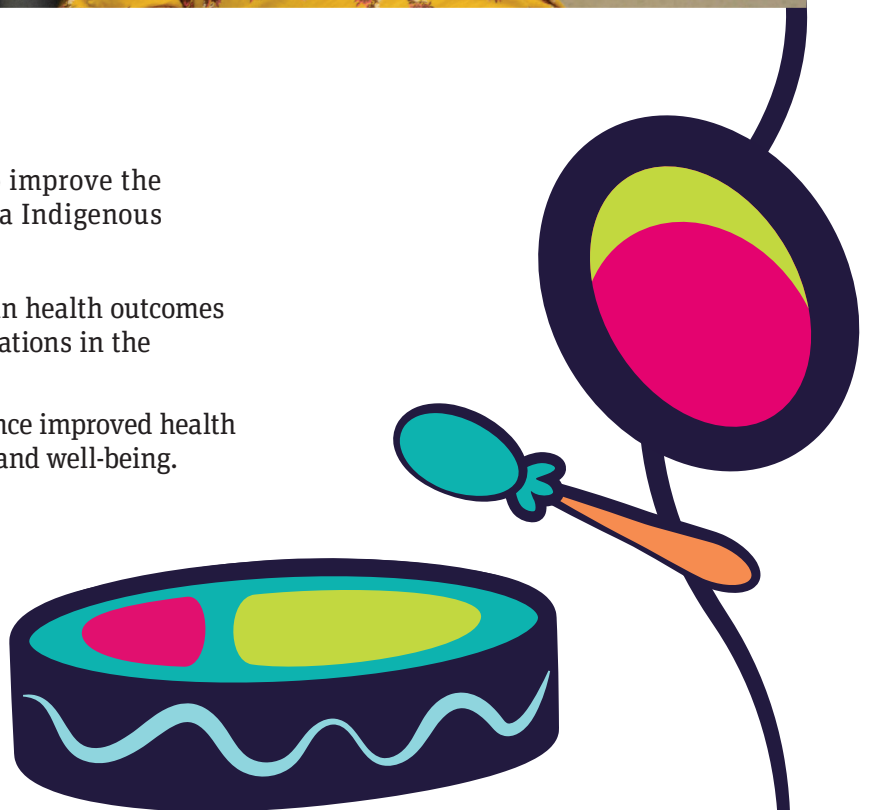




## Our destination

Public Health Sudbury & Districts will work to improve the overall health and health opportunities of area Indigenous communities and Peoples so that:

- ① Health inequities are addressed and the gap in health outcomes between Indigenous Peoples and other populations in the northeast is narrowed;
- ① Indigenous communities and Peoples experience improved health and have equal opportunities for good health and well-being.







# Preliminary

We will know we have st

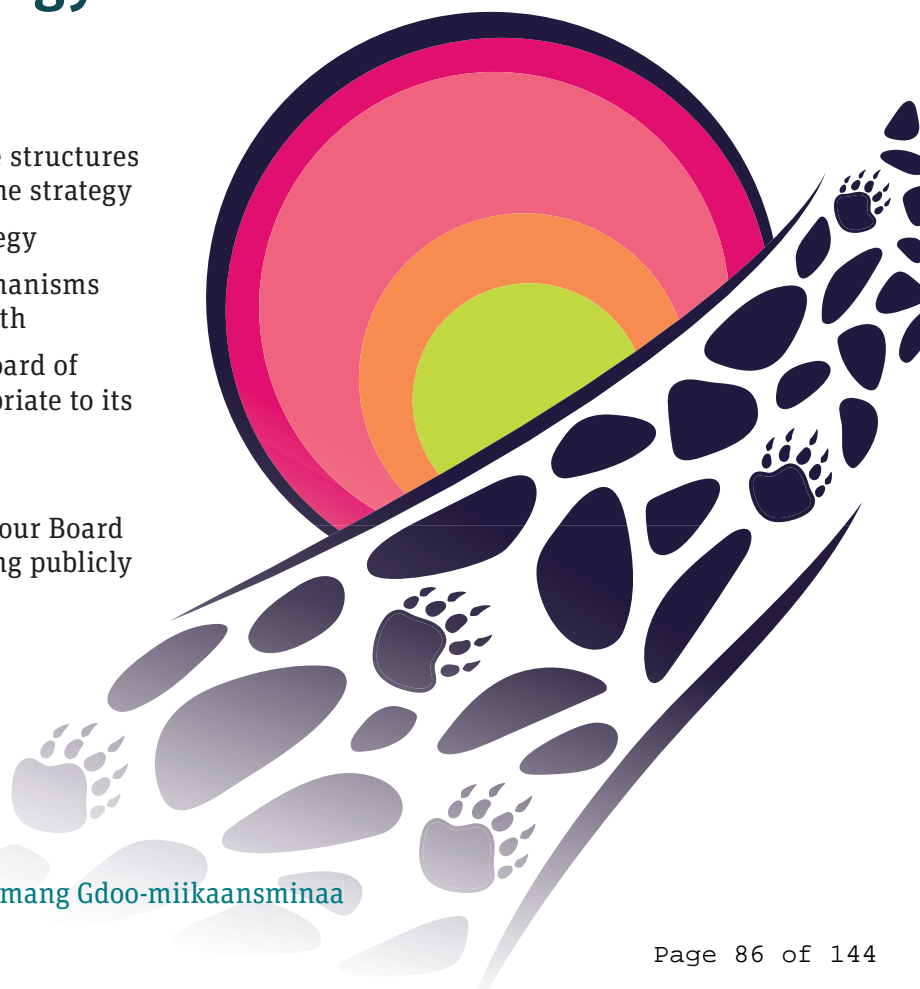
## Indigenous communities



## The path forward: implementing our strategy

To move forward on this strategy, Public Health Sudbury & Districts will:

- ❶ Develop new internal and external committee structures to guide and support the implementation of the strategy
- ❷ Develop an implementation plan for the strategy
- ❸ Ensure routine and structured reporting mechanisms for Senior Management and the Board of Health
- ❹ Ensure effective mechanisms by which the Board of Health receives Indigenous knowledge appropriate to its governance role
- ❺ Develop and track collaboration indicators
- ❻ Update the Indigenous community as well as our Board of Health, staff, and partners on progress using publicly available reporting mechanisms







## Our unified commitment

This strategy and the actions described are the culmination of an extensive collaborative process intended to be mutually beneficial, respectful, and strengths-based. It involved staff from Public Health Sudbury & Districts, Indigenous partners, Elders, and community voices.

The process itself was designed to “walk our talk” as an example of putting strengthening relationships into practice. Public Health Sudbury & Districts will honour the contributions and commitment of those involved. We will continue to work collaboratively to support holistic health and well-being for Indigenous communities. We will expand our efforts to be more inclusive and continually refine our strategy with further engagement with urban First Nation and Métis groups.

Though each step along the path ahead cannot be known, we will see together, learn together, understand together, and act together so that with humility, trust, and respect, the vision and mission of the Indigenous Engagement Strategy of Public Health Sudbury & Districts will be achieved.

Miigwetch, ᑭᓯᓂᓄᓐ, mikwech, and thank you for taking these important steps in our journey together!

# Appendix: A

## Indigenous Engagement Strategy Advisory Committee

### **Kim Aelick**

Director of Services, Nogdawindamin Child and Family Services

### **Marnie Anderson**

Research Coordinator, Evaluating Children's Health Outcomes

### **Nathalie Barsalou**

Councillor, Chapleau Cree First Nation

### **Donna Debassige (Co-chair)**

Elder

### **Brenda Francis**

Director of Operations, Kenjegin Teg Educational Institute

### **Sandra Laclé**

Director, Health Promotion Division and Chief Nursing Officer,  
Public Health Sudbury & Districts

### **Jean Lemieux**

Health Director, Wabun Tribal Council

### **Tim Ominika**

Indigenous Program Director, Northwood Recovery Clinic  
and Wiikwemkoong Band Councillor

### **Julie Ozawagosh**

Elder

### **Angela Recollet**

Executive Director, Shkagamik-Kwe Health Centre

### **Harmony Restoule**

Registered Nurse, Dokis First Nation

### **Elizabeth Richer**

Executive Director, Niigaaniin Services and Knowledge Keeper

### **Penny Sutcliffe (Co-chair)**

Medical Officer of Health and Chief Executive Officer,  
Public Health Sudbury & Districts

### **Mariette Sutherland**

Manager, Indigenous Engagement,  
Public Health Sudbury & Districts

### **Renée St Onge**

Director, Knowledge and Strategic Services,  
Public Health Sudbury & Districts

# Appendix: B

## Indigenous Engagement Steering Committee

### **Colette Barrette**

Manager, Accounting Services,  
Public Health Sudbury & Districts

### **Holly Browne**

Manager, Environmental Health, Public Health Sudbury & Districts

### **Shana Calixte**

Manager, Mental Health and Addictions,  
Public Health Sudbury & Districts

### **Nicole Frappier**

Assistant Director, Strategic Engagement Unit,  
Public Health Sudbury & Districts

### **Sandra Laclé**

Director, Health Promotion and Chief Nursing Officer,  
Public Health Sudbury & Districts

### **Stacey Laforest**

Director, Environmental Health,  
Public Health Sudbury & Districts

### **Charlene Plexman**

Manager, Clinical Services, Public Health Sudbury & Districts

### **France Quirion**

Director, Corporate Services, Public Health Sudbury & Districts

### **Renée St Onge**

Director, Knowledge and Strategic Services,  
Public Health Sudbury & Districts

### **Penny Sutcliffe (Chair)**

Medical Officer of Health and Chief Executive Officer,  
Public Health Sudbury & Districts

### **Mariette Sutherland**

Manager, Indigenous Engagement, Public Health Sudbury & Districts

### **Tracey Weatherbe**

Manager, Health Promotion, Public Health Sudbury & Districts

### **Dana Wilson**

Manager, Health Equity, Public Health Sudbury & Districts

### **Ariella Zbar**

Associate Medical Officer of Health and Director,  
Clinical Services, Public Health Sudbury & Districts

# Appendix: C

## Members of the Board of Health for Public Health Sudbury & Districts

**René Lapierre (Chair)**

**Jeffery Paul Huska (Vice-Chair)**

**Maigan Bailey**

**Janet Bradley**

**James Crispo**

**Robert Kirwan**

**Monica Loftus**

**Thoma Crabs**

**Paul Vincent Myre**

**Ken Noland**

**Rita Pilon**

**Mark Signoretti**

**Nicole Sykes**

**Carolyn Thain**

# Appendix: D

## Motions: Board of Health for Public Health Sudbury & Districts

### First Nations and Public Health (Motion #20-12)

**THAT** the Sudbury & District Board of Health, having carefully considered issues of health status, health services, historical relationships, and applicable legislation concerning area First Nations on-reserve; and having given thoughtful consideration to its strategic priorities of championing equitable opportunities for health, strengthening relationships with priority communities and partners, and supporting community voices to speak about issues that impact health equity; hereby direct the Medical Officer of Health to engage in dialogue with area First Nations' leaders to explore the potential needs and strategies for strengthening public health programs and services with area First Nations.

#### **CARRIED**

April 19, 2012

### Engagement with Indigenous Peoples (Motion #54-16)

**WHEREAS** the Board of Health is committed to ensuring all people in the Sudbury & District Health Unit service area, including Indigenous people and communities, have equal opportunities for health; and

**WHEREAS** the Board of Health identified the need to better define relationships with Indigenous communities as part of its risk management strategy;

**THEREFORE BE IT RESOLVED THAT** the Sudbury & District Board of Health reaffirm its commitment to motion #20-12; and

**FURTHER THAT** the Board direct the Medical Officer of Health to develop a comprehensive strategy for the organization's engagement with Indigenous people and communities in its service area for the purpose of collaboratively strengthening public health programs and services for all; and

**FURTHER THAT** this strategy include, among others, strategic, governance, risk management and operational components; and

**THAT** the Board of Health direct the Medical Officer of Health to regularly report on the progress of this strategy.

#### **CARRIED**

November 24, 2016





**Public Health**  
**Santé publique**  
SUDBURY & DISTRICTS

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705.522.9200



1.866.522.9200




# Trouver notre voie ensemble

Maamowi Mkamang Gdoo-miikaansminaa  
ᑲᑭᑦᑲᑦ ᐃᑦ ᐱᑦᑲᑦ ᑭᑦ ᐱᑦᑲᑦ  
Kahkinaw e mikskamahk ki meskanaw



**Public Health  
Santé publique**  
SUDBURY & DISTRICTS



Cette image magnifique évoque l'esprit de l'ours, aussi appelé « mukwa ». Comme l'affirment les aînés locaux, l'ours est la source de nombreux médicaments et il est le symbole de la guérison et de la protection. La voie représente un parcours découvertes dont le but est de relier et de guider les gens, pas à pas, vers une destination commune.

Même s'il est difficile par moments, le voyage est facilité par les balises de respect, de confiance et d'humilité. Ensemble, ces balises contribuent à consolider les relations et à éclairer la voie. Nous réfléchissons à la voie empruntée jusqu'à maintenant, et nous l'apprécions. Nous nous réjouissons à l'idée de marcher ensemble avec anticipation, engagement et enthousiasme envers l'avenir.

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#### **Droit d'auteur**

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O: octobre 2018



# Contenu

Reconnaissance territoriale	5
Remerciements	5
Un message du président du Conseil de santé	6
Un message du médecin-hygiéniste, chef de la direction et coprésidente du Comité consultatif de la Stratégie d'engagement auprès des Autochtones	7
Un message de la coprésidente du comité consultatif de la Stratégie d'engagement auprès des Autochtones	8
Sommaire	10
Introduction	14
Profil démographique des peuples autochtones	16
Qu'est-ce que la santé publique?	18
Qu'est-ce que l'équité en santé?	18
Partenariats collaboratifs de Santé publique Sudbury et districts avec les peuples autochtones	19
La voie pour élaborer la stratégie	20
La stratégie	22
La vision	22
La mission	22
Les valeurs relationnelles	23
Cadre du cercle d'influence	24
Les orientations stratégiques	25
Orientation stratégique I	25
Orientation stratégique II	25
Orientation stratégique III	26
Orientation stratégique IV	27
Notre destination	28
Jalons préliminaires	29
La voie à suivre : mise en œuvre de notre stratégie	30
Notre engagement unifié	31
Annexe : A Comité consultatif de la Stratégie d'engagement auprès des Autochtones	32
Annexe : B Comité directeur de l'engagement auprès des Autochtones	33
Annexe : C Membres du Conseil de santé publique Sudbury et districts	34
Annexe : D Propositions : Conseil de santé publique Sudbury et districts	35



# Reconnaissance territoriale

Santé publique Sudbury et districts agit dans le cadre des terres ancestrales du Traité Robinson Huron et du Traité 9. Ces terres abritent des communautés dynamiques et fortes, dont les peuples anishinabek, oniniwak (cris) et métis. Nous reconnaissons les peuples autochtones de ces terres. Leur pérennité et leur résilience se font sentir dans notre histoire commune et dans le monde d'aujourd'hui.

## Remerciements

Santé publique Sudbury et districts s'est lancée dans un parcours d'apprentissage pour élaborer une Stratégie d'engagement auprès des Autochtones, dont l'objectif premier est la participation des Premières Nations, en reconnaissant que les prochaines étapes importantes doivent inclure les peuples autochtones vivant en milieu urbain.<sup>1</sup>

Santé publique Sudbury et districts souhaite remercier les nombreux groupes (annexes A et B) et les personnes qui ont contribué à l'élaboration de la Stratégie d'engagement auprès des Autochtones, notamment :

- ❶ Les aînées Julie Ozawagosh, Donna Debassige, Martina Osawamick et Marion McGregor
- ❶ Les directeurs et le personnel de la santé communautaire du territoire des Premières Nations Chapleau Cree, Chapleau Ojibway, Brunswick House, Mattagami, Wahnapiatae, Atikameksheng Anishnawbek, Sagamok, Whitefish River, Wiikwemkoong, Sheshegwaning, Aundeck Omni Kaning, M'Chigeeng, Sheshegwaning et Zhiibaahaasing
- ❶ Les partenaires organisationnels et de la santé des peuples autochtones locaux, notamment le Shkagamik-kwe Health Centre, le N'Swakamok Friendship Centre, le Misiway Milopemahtesewin Community Health Centre, le Noojmowin Teg Health Centre, les Mnaamodzawin Health Services et le conseil tribal Wabun
- ❶ Le Conseil de santé (annexe C), le médecin-hygiéniste, les directeurs, les gestionnaires et le personnel de Santé publique Sudbury et districts

<sup>1</sup> Au Canada, les Premières Nations, les Inuits et les Métis sont reconnus légalement par la constitution comme des peuples autochtones du Canada. Par les années passées, le terme autochtone a été adopté plus largement par divers gouvernements et associations autochtones au lieu du terme aborigène. Le terme peuples autochtones urbains renvoie principalement aux Premières Nations, aux Métis et aux Inuits vivant actuellement dans les régions urbaines.



## Un message du président du Conseil de santé

**René Lapierre**

Je suis heureux de vous communiquer la Stratégie d'engagement auprès des Autochtones de Santé publique Sudbury et districts. Le Conseil de santé reconnaît que les déterminants sociaux de la santé des Autochtones ont influencé la santé et le bien-être de tous les peuples autochtones, y compris ceux des Premières Nations et des Métis dans la région desservi par Santé publique Sudbury et districts. Au fil du temps, nous avons commencé à nous renseigner et à nous informer au sujet du contexte unique, des circonstances et de l'état de santé des peuples autochtones dans le territoire desservi par Santé publique Sudbury et districts.

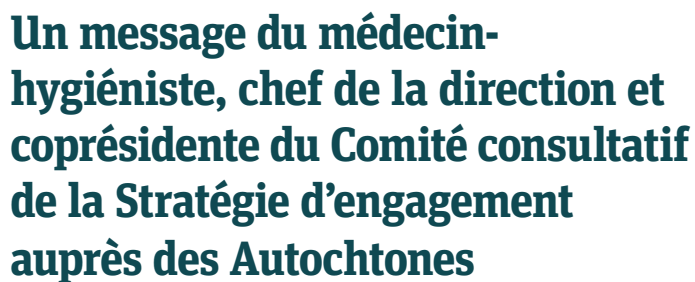
En novembre 2016, le Conseil de santé a réaffirmé son engagement de 2012 qui consistait à consolider les programmes et les services de santé publique auprès des Premières Nations de la région (annexe D); il s'est ensuite engagé à mettre en place une

stratégie d'engagement auprès des communautés et des peuples autochtones (annexe D). Le médecin-hygiéniste a été chargé d'élaborer une vaste stratégie d'engagement de l'organisation auprès des communautés et des peuples autochtones, dans le but de consolider conjointement les programmes et les services de santé publique pour tous.

Cette stratégie guide les efforts de l'organisation afin de consolider les relations avec les communautés des Premières Nations et les partenaires autochtones, tout en reconnaissant que les prochaines étapes importantes doivent inclure les peuples autochtones vivant en milieu urbain.

L'engagement ferme envers une collaboration avec les Premières Nations et les partenaires de santé autochtones a été la pierre angulaire du processus du Conseil de santé dans l'élaboration de cette stratégie. Le Conseil de santé pour Santé publique Sudbury et districts s'est montré très enthousiaste envers la voie à suivre au moment où nous prenons ensemble les mesures pour établir des relations respectueuses et productives afin d'améliorer les programmes et les services de santé publique pour tous.





Santé publique Sudbury et districts s'est engagée à s'assurer que toutes les personnes de la région qu'elle dessert, y compris les peuples autochtones, ont des chances égales en matière de santé. Par conséquent, depuis de nombreuses années, notre organisation travaille avec les Premières Nations et les partenaires communautaires autochtones. Une collaboration dans les domaines de la promotion de la santé, des services de santé familiale et cliniques ainsi que de la santé environnementale nous a appris que les valeurs essentielles sont le respect, la confiance et l'humilité. La Stratégie d'engagement auprès des Autochtones pour Santé publique Sudbury et districts repose sur ces valeurs relationnelles.

Travailler avec des partenaires communautaires autochtones dans le but d'élaborer la stratégie a été un parcours d'apprentissage gratifiant pour notre organisation. Je m'attends vraiment à ce que ce parcours se poursuive à l'avenir, alors que nous intensifions nos efforts pour nous engager davantage auprès des peuples autochtones vivant en milieu urbain, et à ce que nous améliorions et consolidions nos relations. Je me réjouis à l'idée de souligner chaque petite étape franchie avec les Premières Nations et les partenaires communautaires autochtones au cours des prochaines années, alors que nous mettrons en œuvre notre stratégie.

## Donna Debassige

**Gidinmikaagoom nji-sa Public Health miiniwaa Districts' Indigenous Engagement Strategy Advisory Committee!**

C'est avec un grand respect et une grande fierté que nous participons à cette toute première Stratégie d'engagement auprès des Autochtones pour Santé publique Sudbury et districts.

[illegible]

Notre comité est composé de onze voix communautaires provenant des domaines de la santé, de l'éducation, de l'environnement, de la recherche et du bien-être des enfants. Nous avons tous le même objectif : améliorer la santé holistique et le bien-être des communautés des Premières Nations et des Autochtones. Au cours des derniers mois, le Comité a eu l'occasion de travailler avec Santé publique Sudbury et districts pour établir des ponts et améliorer la santé pour tous.

Niinwi debendaagoziyaang mompii enmadibijig mdaaswi-shi-bezhig ngodoodenaawziwin enoondaagaazojig nji-sa ezhi-noojimong, ezhi-kinoomaading, aki-eshseg, ezhi-ndikenjigeng, miiniwaa ezhi-gnowendimind binoojiinh. Kina-go naasaab ndoo-nkweshkaanaa zhichiganan – gweksidoong mooshkin mina-noojimowin miiniwaa minabimaadizowin nji-sa Ntam Anishinaabekaaning miiniwaa Anishinaabek ezhi-ngodoodenaawziwaad. Zhaazhigo minik niibina nso-giizis, gonda debendaagozijig gii-mina-daapinaanaawaa zhisewin ji-nokiitaadiwaad nji- Public Health Sudbury & Districts, nooj gegoo be-miikang public health nokiiwin, ji-zhitoong aazhigan miiniwaa ji-maamowi-nokiitaading ji-minaseg noojimoowin nji-sa kina-wayaa.

[illegible]





# Sommaire

## Trouver notre voie ensemble

Maamowi Mkamang  
Gdoo-miikaansminaa

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ᑲᑦᑲᑦ ᐃᑦᑲᑦ

Kahkinaw e mikskamahk  
ki meskanaw

La Stratégie d'engagement auprès des Autochtones de Santé publique Sudbury et districts est l'expression de l'engagement et du leadership du Conseil de santé. La proposition du Conseil de santé 54-16 (annexe D) a confié au médecin-hygiéniste la responsabilité d'élaborer une vaste stratégie pour l'engagement de l'organisation envers les peuples et les communautés autochtones, en mettant tout d'abord l'accent sur les Premières Nations. La stratégie vise à consolider conjointement

les programmes et les services de santé publique pour tous, tout en reconnaissant que les prochaines étapes importantes doivent inclure les peuples autochtones vivant en milieu urbain.

La stratégie a été élaborée de novembre 2016 à octobre 2018 avec l'engagement du Comité consultatif externe de la Stratégie d'engagement auprès des Autochtones (annexe A) et d'un Comité directeur interne de la Stratégie d'engagement auprès des Autochtones (annexe B). Le Comité consultatif externe de la Stratégie d'engagement auprès des Autochtones était composé de représentants des communautés autochtones possédant des expériences et des antécédents variés. Il a fourni une orientation axée sur la communauté et adaptée sur le plan culturel afin d'appuyer l'élaboration de la stratégie. Le Comité interne, composé de gestionnaires et de directeurs clés, a donné des conseils sur les processus organisationnels et les activités de collecte de renseignements.

Un vaste processus d'engagement communautaire a servi de base à l'élaboration de la stratégie, y compris pour les aspects communications, collecte de renseignements, consolidation organisationnelle et développement de relations.

La Stratégie d'engagement auprès des Autochtones de Santé publique Sudbury et districts propose une vision, une mission, des valeurs et des orientations stratégiques. La stratégie guide les efforts de l'organisation pour mieux définir et consolider les relations avec les communautés des Premières Nations et les partenaires autochtones.







## Les orientations stratégiques

Notre stratégie s'articule autour de quatre orientations stratégiques et de mesures connexes.

- ❶ Orientation stratégique I : Orienter notre travail à l'aide des connaissances de la communauté autochtone et aux renseignements qu'elle nous fournit
- ❷ Orientation stratégique II : S'engager dans des rapports significatifs pour soutenir le bien-être de la communauté autochtone
- ❸ Orientation stratégique III : Améliorer notre capacité à disposer d'un personnel adaptée sur le plan culturel
- ❹ Orientation stratégique IV : Préconiser la santé et s'associer pour l'améliorer



## La voie à suivre : mise en œuvre de notre stratégie

Pour faire progresser cette stratégie, Santé publique Sudbury et districts :

- ❶ élaborera de nouvelles structures de comité interne et de comité externe afin de guider et d'appuyer la mise en œuvre de la stratégie
- ❶ élaborera un plan de mise en œuvre de la stratégie
- ❶ assurera la mise en place de mécanismes routiniers et structurés de production de rapports pour la haute direction et le Conseil de santé
- ❶ assurera la mise en place de mécanismes efficaces qui permettront au Conseil de santé d'avoir accès aux connaissances autochtones appropriées pour assurer son rôle de gouvernance
- ❶ développera et suivra les indicateurs de collaboration
- ❶ informera les communautés autochtones ainsi que notre Conseil de santé, notre personnel et nos partenaires des progrès réalisés, à l'aide de mécanismes de production de rapports mis à la disposition du public

Même si chaque étape ne peut être connue ou prédite, nous trouverons ensemble notre voie vers des relations améliorées avec les communautés autochtones, une vision commune unifiée de la santé et du bien-être pour les communautés autochtones ainsi que de meilleures chances de santé pour tous.





# Introduction

Dernièrement, notre organisation s'est lancée dans un parcours d'apprentissage avec les partenaires des communautés des Premières Nations et les organismes de santé et de services sociaux des Autochtones vivant en milieu urbain pour élaborer une Stratégie d'engagement auprès des Autochtones.

La Stratégie d'engagement auprès des Autochtones de Santé publique Sudbury et districts est l'expression d'un engagement et d'un leadership de longue date du Conseil de santé. En novembre 2016, le Conseil de santé a réaffirmé son engagement de 2012 qui consistait à consolider les programmes et les services de santé publique auprès des Premières Nations de la région (annexe D); il s'est ensuite engagé à mettre en place une stratégie d'engagement auprès des communautés et des peuples autochtones (annexe D). Le médecin-hygiéniste a été chargé d'élaborer une vaste stratégie d'engagement de l'organisation

auprès des communautés et des peuples autochtones, dans le but de consolider conjointement les programmes et les services de santé publique pour tous.

L'engagement organisationnel de Santé publique Sudbury et districts envers l'équité en santé signifie que nous travaillons à examiner et à éliminer les différences sur le plan des déterminants de la santé, car ceux-ci ont des répercussions inévitables sur la santé des différentes populations. Cela est particulièrement important pour les communautés et les peuples autochtones chez qui la reconnaissance légale et constitutionnelle unique, l'histoire complexe et les expériences partagées de colonisation se sont traduites par des résultats de santé moins bons que ceux du reste de la population ontarienne.

En même temps, nous reconnaissons que les peuples et les communautés autochtones se sont mobilisés pour recouvrer leur santé et leur bien-être, affirmer leurs objectifs d'autodétermination et redonner vie aux forces et à la résilience culturelles et communautaires.

La Stratégie d'engagement auprès des Autochtones de Santé publique Sudbury et districts est fondée sur une compréhension de ce contexte unique comme point de départ essentiel à l'établissement de relations.

Au-delà des déterminants sociaux de la santé, il est également important de considérer des facteurs comme le racisme systémique, la dépossession des terres et des droits, les processus de colonisation, comme les pensionnats indiens, et plus récemment, la « rafle des années soixante », ainsi que les injustices touchant le bien-être des enfants. Pour assurer des chances égales en matière de santé, il faut comprendre et corriger les « déterminants de la santé autochtones ».<sup>1</sup> Par exemple, le rapport final de la Commission vérité et réconciliation de 2015 met en lumière des appels à l'action précis en matière de santé pour corriger les séquelles des pensionnats indiens et pour faire avancer le processus de réconciliation.

Plus récemment, les Normes de santé publique de l'Ontario révisées (2018) incluent une référence aux communautés autochtones.<sup>2</sup> Dans la norme fondamentale sur l'équité en santé nouvellement établie, les conseils de santé sont maintenant mandatés pour consolider les relations avec les communautés autochtones. Cette nouvelle exigence est accompagnée d'un document d'orientation intitulé : Lignes directrices concernant les relations avec les communautés autochtones 2018, duquel cette stratégie a tiré son orientation.

La Stratégie d'engagement auprès des Autochtones de Santé publique Sudbury et districts cadre parfaitement avec ces orientations politiques clés et satisfait aux exigences décrites dans la nouvelle norme. La stratégie, encadrée par un engagement de longue date visant à aborder l'équité en santé et les déterminants sociaux de la santé, est la première étape d'un long parcours vers la réconciliation pour Santé publique Sudbury et districts, et pour assurer des chances égales pour tous en matière de santé.

Référence : <sup>1</sup> Tait Neufeld, Hannah. (2017). Determinants of Indigenous Peoples' Health in Canada: Beyond the Social. Canadian Studies in Population. 44. 108. 10.25336/P6MC71.

Référence : <sup>2</sup> Ministère de la Santé et des Soins de longue durée : Normes de santé publique de l'Ontario : exigences relatives aux programmes, aux services et à la responsabilisation (2018) tiré du site : [http://www.health.gov.on.ca/fr/pro/programs/publichealth/oph\\_standards/default.aspx](http://www.health.gov.on.ca/fr/pro/programs/publichealth/oph_standards/default.aspx)



# Profil démographique des peuples autochtones

La zone desservie par Santé publique Sudbury et districts accueille plus de 24 000<sup>3</sup> personnes autochtones (13 %), dont des peuples des Premières Nations (Indiens de l'Amérique du Nord) (57 %) et des peuples métis (40 %).<sup>4</sup> Un petit sous-groupe de la population autochtone s'identifie comme étant Inuit ou comme ayant de multiples identités autochtones (3 %).<sup>4</sup> L'anishinaabemowin (langue ojibwé) est la langue autochtone la plus parlée dans la région.<sup>4</sup> La population autochtone est plus jeune que la population non autochtone du Grand Sudbury, des districts de Sudbury et de Manitoulin.<sup>4</sup>

Les peuples autochtones vivent à la fois dans les milieux urbains et dans les 13 communautés des Premières Nations de la région; au total, 6 379<sup>3</sup> personnes vivent dans des réserves. Cinq Premières Nations sont établies dans le district de Sudbury, une dans le Grand Sudbury et sept sur l'Île Manitoulin ou près de celle-ci. Les Premières Nations de cette région sont signataires du Traité 9 et du Traité Robinson Huron, et elles appartiennent à l'un des cinq conseils tribaux. La Première Nation Wiikwemkoong demeure un territoire non cédé à ce jour.



## 13 Premières Nations dans la région de Santé publique Sudbury et districts

Chaque communauté des Premières Nations est unique, a ses propres besoins et possède ses propres caractéristiques démographiques, ses ressources et ses biens, et tout en vivant des difficultés différentes.

## Groupes métis dans la région de Santé publique Sudbury et districts

La Nation métisse de l'Ontario a un bureau à Sudbury pour servir les citoyens métis du Grand Sudbury, de ses environs et de Chapleau, avec lequel nous travaillons.

### Légende

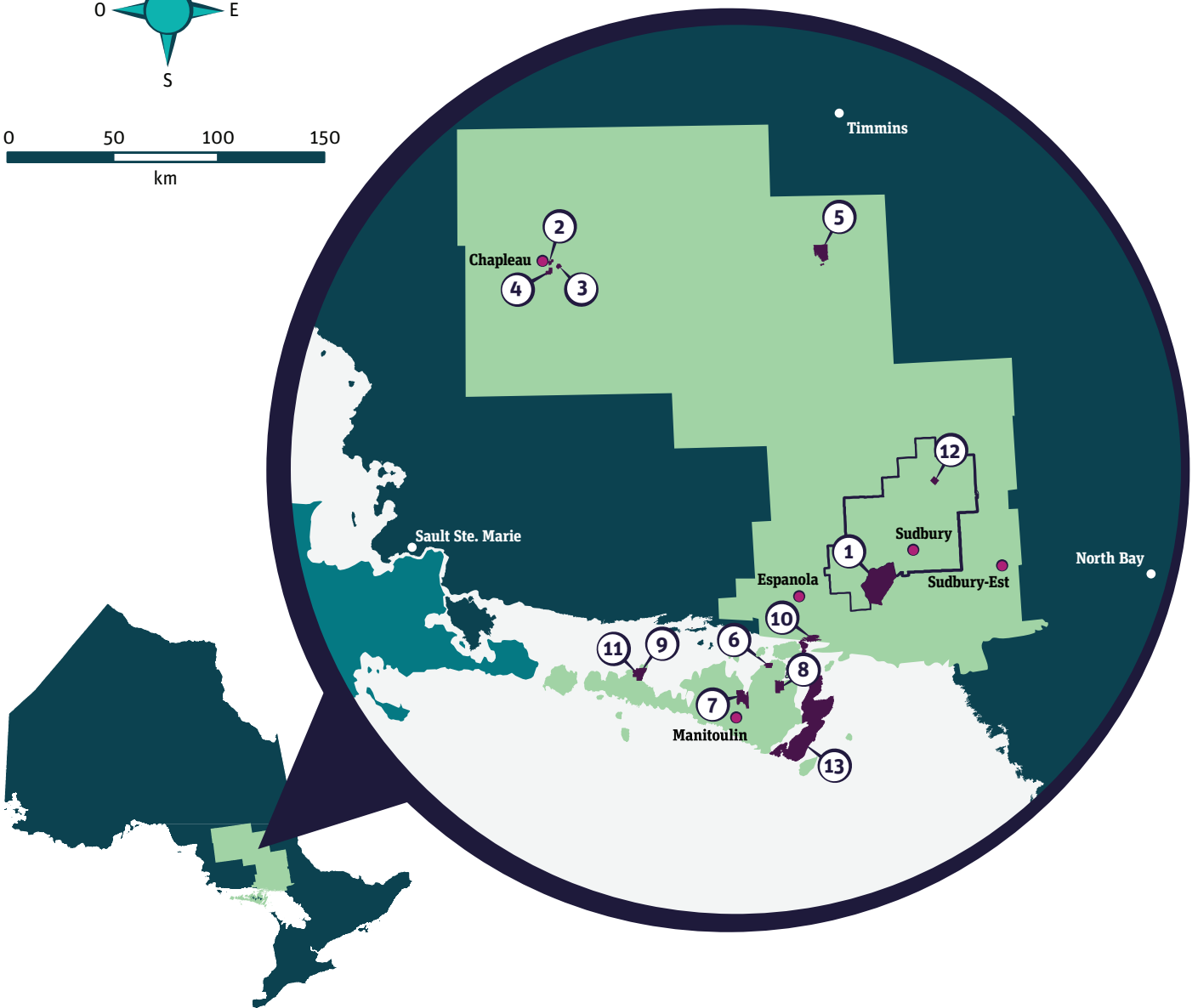
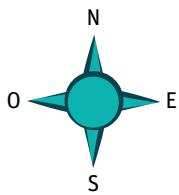
-  Bureaux de Santé publique Sudbury et districts
-  Santé publique Sudbury et districts

### Premières Nations

- 1 Atikameksheng Anishnawbek
- 2 Chapleau Cree
- 3 Brunswick House
- 4 Chapleau Ojibway
- 5 Mattagami
- 6 Aundeck-Omni-Kaning
- 7 M'Chigeeng
- 8 Sheguiandah
- 9 Sheshegwaning
- 10 Whitefish River
- 11 Zhiibaahaasing
- 12 Wahnapiatae
- 13 Wikwemikong

Référence : <sup>3</sup> Statistique Canada, Recensement 2016

Référence : <sup>4</sup> Population indienne inscrite selon le sexe et la résidence 2016, Affaires autochtones et du Nord Canada; et Recensement 2016, Statistique Canada, échantillonnage de 25 %





## Qu'est-ce que la santé publique?

Le travail de la santé publique touche tous les aspects de nos vies, sous une forme ou une autre. La santé publique travaille à améliorer l'équité en santé, à promouvoir et à protéger la santé et le bien-être des personnes et des communautés ainsi qu'à prévenir les maladies et les blessures. La santé publique touche les personnes de toutes les communautés grâce à une vaste gamme de programmes et d'interventions. Il peut s'agir de prévention de maladies chroniques, de promotion de la santé mentale, de salubrité alimentaire, d'environnements naturels et aménagés sainement, de croissance et de développement sains, et de services de santé familiale et cliniques.

## Qu'est-ce que l'équité en santé?

L'équité en santé cherche à s'assurer que tous ont des chances égales en matière de santé. L'équité en santé est atteinte en abordant les écarts en santé qui sont déterminés socialement, et par conséquent, considérés comme inégaux et injustes. À cet égard, la santé publique œuvre dans le cadre d'une approche axée sur la santé de la population en vue d'améliorer et de protéger la santé. L'équité en santé, les déterminants sociaux de la santé et la santé tout au long de la vie sont des éléments importants sur lesquels veille la santé publique.

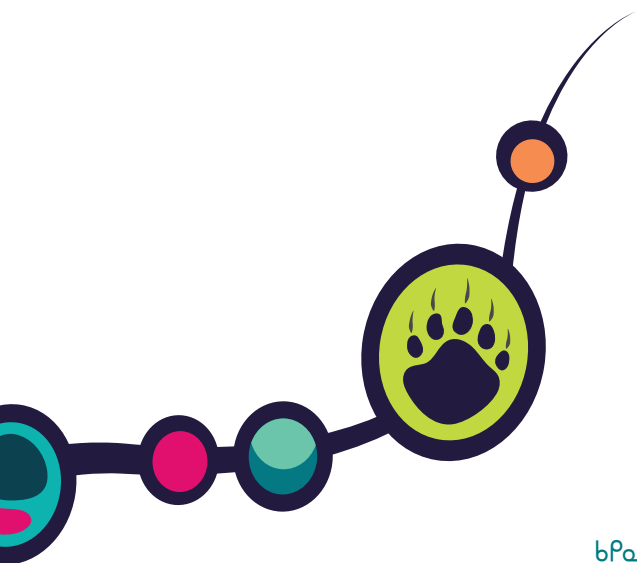




## Partenariats collaboratifs de Santé publique Sudbury et districts avec les peuples autochtones

Santé publique Sudbury et districts compte de multiples et divers partenariats de longue date avec des organismes offrant des services aux Premières Nations et aux Autochtones. Nous sommes engagés à communiquer des renseignements, à planifier, à éduquer, à assurer la prestation de services et à mener des recherches. Dans quelques cas, des ententes précises ont été élaborées. Depuis 2005, nous avons participé à diverses réunions nationales, provinciales et régionales pour nous aider à comprendre les efforts déployés dans l'ensemble du système et à y contribuer afin d'assurer un accès équitable aux programmes et aux services de santé publique.

Les partenariats avec les groupes et les communautés autochtones sont multiples et ont une vaste portée. Il peut s'agir d'une collaboration pour élaborer une stratégie de prévention du diabète chez les Autochtones, d'une cocréation de ressources sur le tabac adaptée sur le plan culturel, d'un dépistage dentaire et du Programme de fruits et de légumes du Nord de l'Ontario offerts dans les écoles des Premières Nations. Plus récemment, un travail a été commencé, notamment en matière de réduction des méfaits, de programmes d'échange de seringues et de distribution de naloxone chez les Premières Nations, ainsi que de promotion de la santé mentale. La promotion d'une bonne santé et de la prévention des blessures, des maladies et des affections nous réunit en tant que partenaires.



# La voie pour élaborer la stratégie

Santé publique Sudbury et districts a élaboré une stratégie en collaboration avec de nombreux collaborateurs internes et externes de l'organisation. Un Comité consultatif externe (annexe A) sur la Stratégie d'engagement auprès des Autochtones, composé de représentants des communautés autochtones, a fourni une orientation culturellement adaptée et axée sur la communauté pour appuyer l'élaboration de la stratégie. Un Comité directeur interne (annexe B) sur la Stratégie d'engagement auprès des Autochtones a contribué à orienter le travail. Les membres du comité ont offert des directives sur les activités de collecte de renseignements, les processus organisationnels et les structures.

De nombreuses étapes clés ont été franchies pour élaborer la stratégie. Notre parcours d'apprentissage a inclus des communications et de la collecte de renseignements, du renforcement organisationnel et le développement de relations. Les valeurs de confiance, de respect et d'humilité guident chacune des étapes du parcours. À ce jour, notre travail sur la stratégie s'est surtout concentré sur l'engagement auprès des communautés des Premières Nations, avec un certain engagement auprès des Autochtones vivant en milieu urbain, mais il ne s'agit là que d'un point de départ. Au fil du temps, nous prévoyons intensifier cet effort et accorder de plus en plus d'importance aux peuples autochtones vivant en milieu urbain.



**Planification de la voie à suivre**



**Collecte de renseignements**



**Engagement auprès de la communauté**



**Approbation de la stratégie**

**Proposition  
du Conseil de  
santé 54-16**  
novembre 2016

**Entrevues, sondage  
auprès des employés et  
révision de documents**  
de mai à octobre 2017

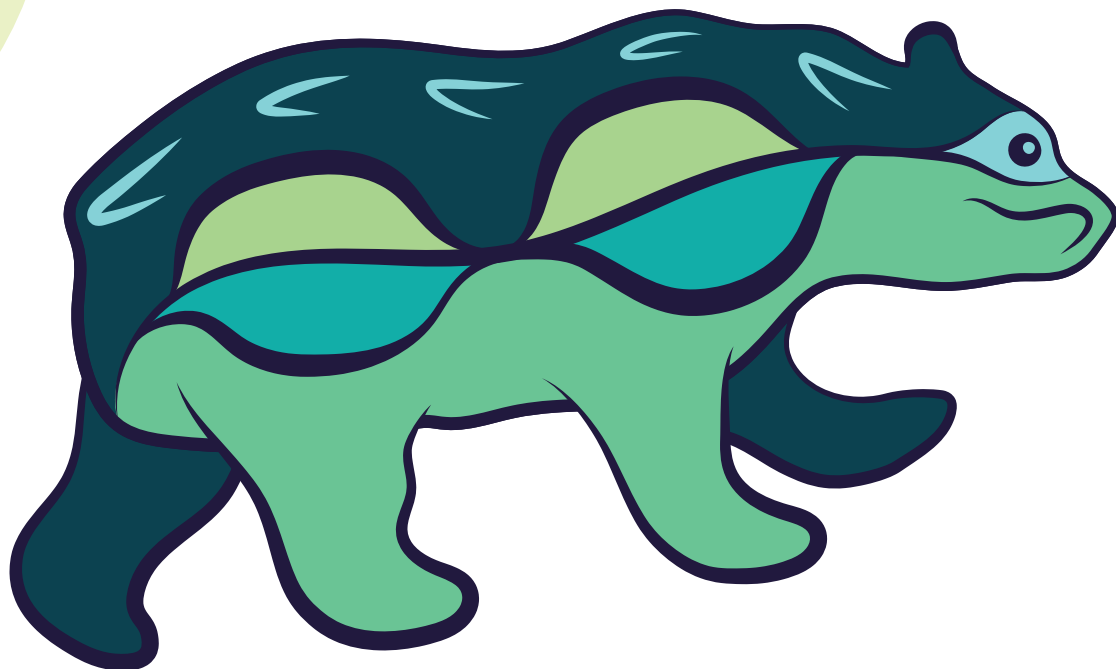
**Établissement du  
Comité consultatif  
de la Stratégie  
d'engagement  
auprès des  
Autochtones**  
novembre 2017

**Retraites du Comité  
de direction et du  
Conseil de santé**  
de septembre à  
novembre 2016

**Équipe de l'engagement  
auprès des Autochtones  
et Comité directeur de  
l'engagement auprès  
des Autochtones  
(interne) structuré**  
de janvier à mars 2017

**Réunions avec les  
centres d'accès  
aux soins de santé  
pour peuples des  
Premières Nations  
et Autochtones**  
de juin à octobre 2017





**Séances de planification et de discussions avec les peuples des Premières Nations**  
de mars à juin 2018

**Atelier du Conseil de santé**  
juin 2018

**Examen et validation de la stratégie**  
de juillet à septembre 2018

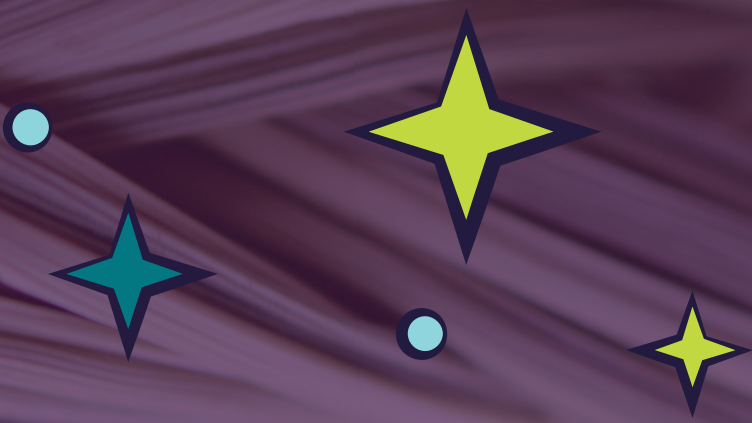


**Atelier sur les principes et les valeurs des relations**  
février 2018

**Élaboration de la stratégie, y compris les orientations stratégiques, les mesures, la mission et la vision**  
de juillet à septembre 2018

**Approbation du Conseil de santé et lancement de la stratégie**  
octobre 2018





La Stratégie d'engagement auprès des Autochtones de Santé publique Sudbury et districts établit une vision, une mission, des valeurs et des orientations stratégiques. Elles s'appuient toutes fortement sur le Plan stratégique de notre organisation (2018-2022) et sur ses quatre priorités stratégiques : possibilités équitables, rapports significatifs, excellence en matière de pratique et engagement organisationnel.

En vertu de la priorité stratégique des rapports significatifs, la Stratégie d'engagement envers les Autochtones vise à établir des relations avec les communautés et les partenaires autochtones d'une façon significative et efficace à leurs yeux. Au fil du temps, la stratégie a pour but de créer des collaborations fructueuses et des communautés plus saines pour tous.



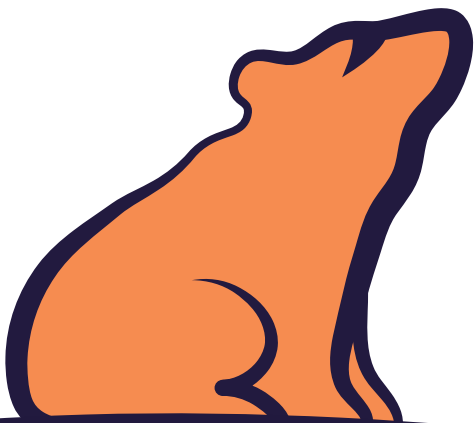
**Maamowi nokiing nji-sa ji-mina-noojimong miiniwaa ji-mshkooziimgak  
Ansihinaabek ezhi-ngodoodenaawziwaad pii-ezhi-gweji-mkamowaad  
dibendizowinwaa noojimoowin miiniwaa mina-bi-maadiziwin.**

E wici apatisimitonaniwahk kici mino pimatishimahkhi nesta mocikentahkik  
 ininiwi ihtawina e pimitishahakikh ke ohci tipenimitishimahkhi mino  
 pimatisiwin nesta minwenihtamowin.

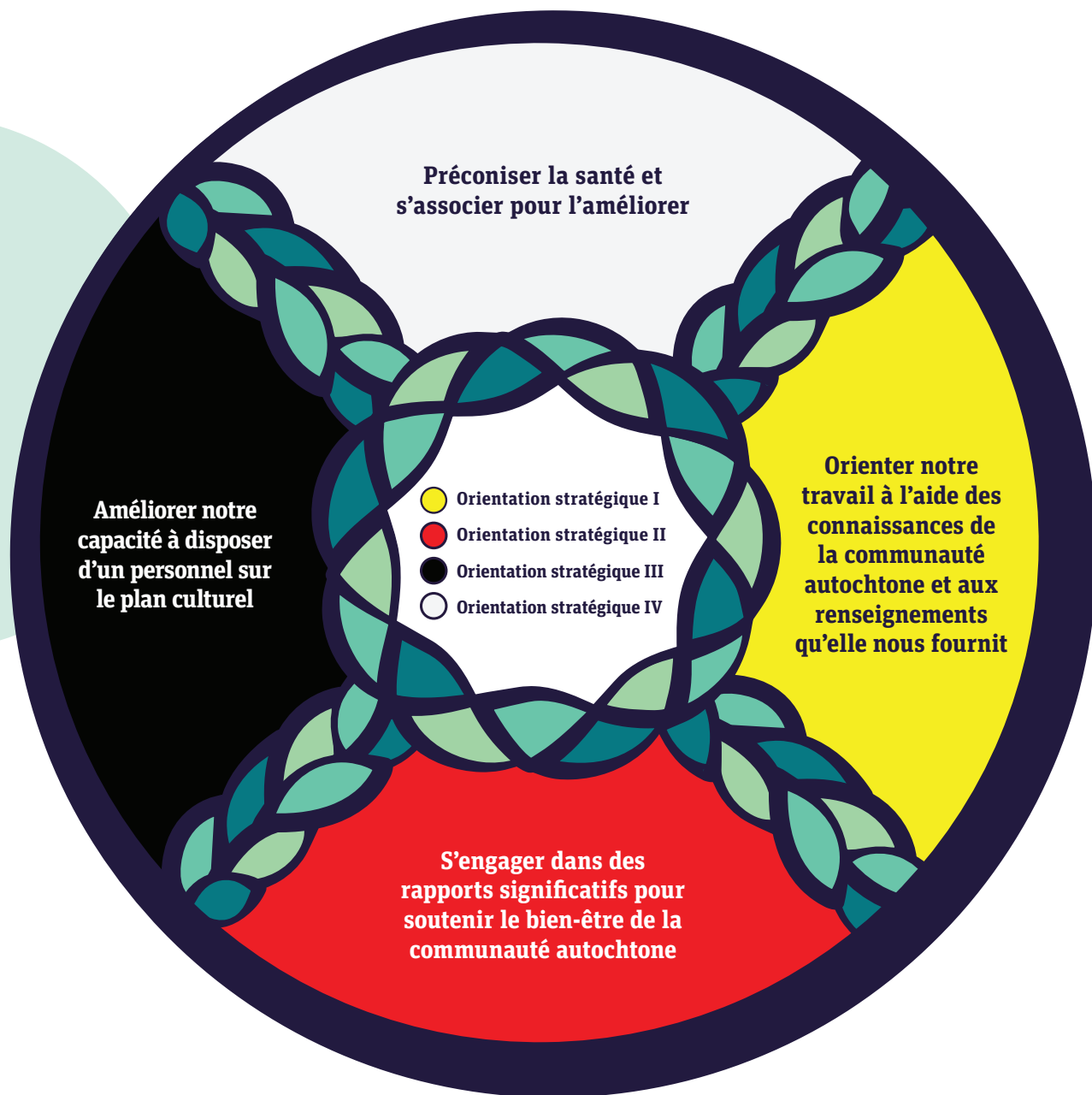
## La mission

**Public Health Sudbury & Districts maamowi nokiitaadiwag kina gaataaying Anishinaabek bemaadizijig miiniwaa ezhi-ngodoodenaawzing temgok gishkiweziwin ji-mshkooziimgak public health nokiawaansan miiniwaa naadimaagewinan nji-sa kina-waya.**

Misiwe mino pimatisiwin Sudbury nesta papeskici askiy wici  
apatisimewak anihi kesiwak ininiwa nesta ihtawina tapiskoc kici  
nocihtacik e mashkawahtacik misiwe mino pimatisiwi atoskewina nesta  
wicihiwewina misiwe kinanaw ohci.







## Cadre du cercle d'influence

Le cercle d'influence incarne les enseignements culturels locaux utilisés par de nombreuses générations en matière de santé et de guérison; il est utile pour conceptualiser notre parcours dans le cadre de la Stratégie d'engagement auprès des Autochtones.

Nous nous inspirons du cercle d'influence, dont chacune des quatre orientations nous interpelle pour voir – est, s'associer – sud, comprendre – ouest et agir – nord.

Le cercle illustre l'interconnexion des quatre dimensions de la santé : mentale, émotionnelle, spirituelle et physique, ainsi que les étapes de la vie.

Le cercle représente la nature permanente et continue des relations établies avec les peuples et les communautés autochtones, selon lequel il n'y a ni commencement ni fin.

Le cercle nous rappelle de plus que nous sommes tous égaux, que nul n'est plus grand ou meilleur que l'autre et que l'union fait la force.



...nes a été établie  
...seil de santé  
...e « stratégie  
...et des  
...onjointement  
...a proposition  
...des volets  
...nel ». Les  
...chaque volet.

**entation stratégique II :**

**ager dans des rapports significatifs pour**



# Stratégie II :

## Supports significatifs pour

## Orientation stratégique I :

Pour ce faire, nous :

- ## Orientation stratégique II :

Pour ce faire, nous :

- ❶ développerons des relations mutuellement bénéfiques et respectueuses dans le but d'améliorer les systèmes de soins de santé avec et pour les peuples autochtones
- ❷ assurerons des relations durables par un engagement sécuritaire, significatif et mutuellement bénéfique sur le plan culturel
- ❸ assurerons un échange bilatéral de connaissances avec les communautés autochtones
- ❹ appuierons l'apprentissage mutuel pour bâtir une capacité organisationnelle en travaillant auprès des communautés autochtones et pour soutenir le perfectionnement des compétences en santé publique des communautés autochtones
- ❺ appuierons les efforts autochtones pour améliorer la santé et le bien-être





## Orientation stratégique III :

### Améliorer notre capacité à disposer d'un personnel adaptée sur le plan culturel

Appuyer la priorité de Santé publique Sudbury et districts en vue de favoriser un engagement à l'échelle organisationnelle et de nous assurer d'être en bonne position pour soutenir le travail de santé publique. Nous allons

Pour ce faire, nous :

- ❶ fournirons des occasions au personnel de faire du réseautage, de recevoir de la formation et d'améliorer ses compétences afin d'améliorer ses compétences culturelles
- ❶ apprendrons des expériences du personnel et partagerons celles-ci en travaillant avec les peuples autochtones
- ❶ offrirons un leadership et une orientation pour appuyer la mise en œuvre de la Stratégie d'engagement auprès des Autochtones
- ❶ communiquerons des principes, des protocoles et des pratiques respectueuses en ce qui concerne l'engagement auprès des Autochtones
- ❶ créerons des environnements de santé publique sécuritaires, accueillants et inclusifs sur le plan culturel
- ❶ considérerons les besoins d'engagement auprès des Autochtones dans le cadre du perfectionnement de la main-d'œuvre actuelle et des stratégies de ressources humaines
- ❶ fournirons des occasions de formation continue aux membres du Conseil de santé



## Orientation stratégique IV :

### Préconiser la santé et s'associer pour l'améliorer

Appuyer la priorité de Santé publique Sudbury et districts en vue de réduire les iniquités en matière de santé et de nous efforcer d'offrir des possibilités équitables d'être en santé.

Pour ce faire, nous :

- ❶ comprendrons et soutiendront les aspirations autodéterminées des Autochtones en santé publique
- ❶ agirons à titre d'allié dans le cadre d'efforts menés par la communauté autochtone pour améliorer la santé publique
- ❶ appuierons les efforts de revendication pour aborder les déterminants sociaux de la santé chez les Autochtones
- ❶ consoliderons les relations avec les partenaires externes qui travaillent à améliorer les services de santé pour les communautés autochtones
- ❶ travaillerons avec les partenaires autochtones pour améliorer l'accès et l'utilisation des données en santé à l'échelle de la communauté
- ❶ collaborerons avec les autres territoires pour répondre aux appels à l'action de la Commission de vérité et de réconciliation en santé (particulièrement en éduquant le public)

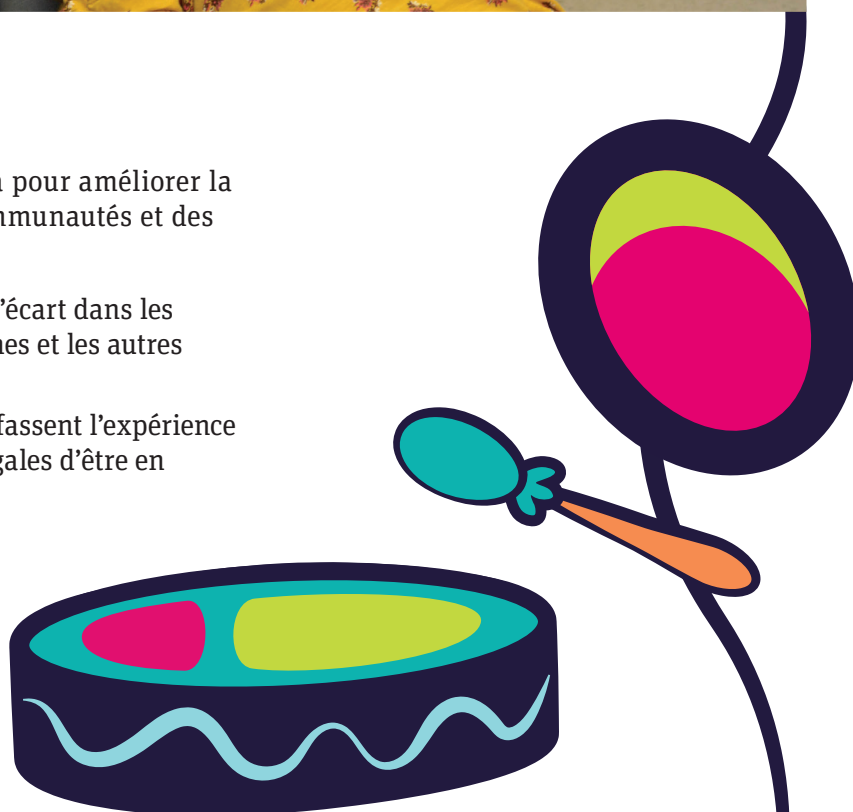




## Notre destination

Santé publique Sudbury et districts travaillera pour améliorer la santé générale et les chances de santé des communautés et des peuples autochtones dans la région afin que :

- ❶ les iniquités en santé soient abordées et que l'écart dans les résultats de santé entre les peuples autochtones et les autres populations du Nord-Est soit réduit;
- ❶ les communautés et les peuples autochtones fassent l'expérience d'une santé améliorée et aient des chances égales d'être en bonne santé et de jouir d'un bien-être.









## La voie à suivre : mise en œuvre de notre stratégie

Pour faire progresser cette stratégie, Santé publique Sudbury et districts :

- ❶ élaborera de nouvelles structures de comité interne et de comité externe afin de guider et d'appuyer la mise en œuvre de la stratégie
- ❶ élaborera un plan de mise en œuvre de la stratégie
- ❶ assurera la mise en place de mécanismes routiniers et structurés de production de rapports pour la haute direction et le Conseil de santé
- ❶ assurera la mise en place de mécanismes efficaces qui permettront au Conseil de santé d'avoir accès aux connaissances autochtones appropriées pour assurer son rôle de gouvernance
- ❶ développera et suivra les indicateurs de collaboration
- ❶ informera les communautés autochtones ainsi que notre Conseil de santé, notre personnel et nos partenaires de progrès réalisés à l'aide de mécanismes de production de rapports mis à la disposition du public







## Notre engagement unifié

Cette stratégie et les mesures décrites sont l'aboutissement d'un vaste processus de collaboration qui se veut mutuellement bénéfique, respectueux et axé sur les forces. Il comprend le personnel de Santé publique Sudbury et districts, les partenaires autochtones, les aînés et la voix des communautés.

Le processus lui-même a été conçu pour « joindre le geste à la parole » et pour servir d'exemple de mise en pratique de consolidation des relations. Santé publique Sudbury et districts honorera les contributions et l'engagement des personnes qui ont participé. Nous continuerons de travailler en collaboration pour soutenir la santé holistique et le bien-être des communautés autochtones. Nous intensifierons nos efforts afin d'être plus inclusifs et de peaufiner continuellement notre stratégie en nous engageant davantage auprès des groupes des Premières Nations et des Métis.

Même si toutes les étapes qu'il nous reste à parcourir ne peuvent être connues, nous verrons ensemble, découvrirons ensemble, comprendrons ensemble et agirons ensemble afin que la vision et la mission de la Stratégie d'engagement auprès des Autochtones de Santé publique Sudbury et districts soient accomplies avec humilité, confiance et respect.

Miigwetch, ᑭᓯᓄᓂ, mikwech et merci d'avoir franchi avec nous ces étapes très importantes de notre parcours!

# Annexe : A

## Comité consultatif de la Stratégie d'engagement auprès des Autochtones

### **Kim Aelick**

Directrice des services, Nogdawindamin  
Child and Family Services

### **Marnie Anderson**

Coordonnatrice de recherche, Centre de recherche  
Evaluating Children's Health Outcomes

### **Nathalie Barsalou**

Conseillère, Chapleau Cree First Nation

### **Donna Debassige (coprésidente)**

Aînée

### **Brenda Francis**

Directrice des opérations,  
Kenjgewin Teg Educational Institute

### **Sandra Lacle**

Directrice, Promotion de la santé et infirmière en  
chef, Santé publique Sudbury et districts

### **Jean Lemieux**

Directeur de la santé, Wabun Tribal Council

### **Tim Ominika**

Directeur du programme autochtone,  
Northwood Recovery Clinic et conseiller  
de bande Wiikwemkoong

### **Julie Ozawagosh**

Aînée

### **Angela Recollet**

Directrice générale, Shkagamik-Kwe Health Centre

### **Harmony Restoule**

Infirmière autorisée, Dokis First Nation

### **Elizabeth Richer**

Directrice générale, Niigaaniin Services et  
gardienne du savoir

### **Penny Sutcliffe (coprésidente)**

Médecin-hygiéniste en chef et chef de la direction,  
Santé publique Sudbury et districts

### **Mariette Sutherland**

Gestionnaire, Engagement auprès des Autochtones,  
Santé publique Sudbury et districts

### **Renée St Onge**

Directrice, Services stratégiques et du savoir,  
Santé publique Sudbury et districts

# Annexe : B

## Comité directeur de l'engagement auprès des Autochtones

### Colette Barrette

Gestionnaire, Services de comptabilité,  
Santé publique Sudbury et districts

### Holly Browne

Gestionnaire, Santé environnementale,  
Santé publique Sudbury et districts

### Shana Calixte

Gestionnaire, Santé mentale et toxicomanies,  
Santé publique Sudbury et districts

### Nicole Frappier

Directrice adjointe, Service d'engagement  
stratégique, Santé publique Sudbury et districts

### Sandra Laclé

Directrice, Promotion de la santé et infirmière en  
chef, Santé publique Sudbury et districts

### Stacey Laforest

Directrice, Santé environnementale,  
Santé publique Sudbury et districts

### Charlene Plexman

Gestionnaire, Services cliniques,  
Santé publique Sudbury et districts

### France Quirion

Directrice, Services généraux,  
Santé publique Sudbury et districts

### Renée St Onge

Directrice, Services stratégiques et du savoir,  
Santé publique Sudbury et districts

### Penny Sutcliffe (présidente)

Médecin-hygiéniste en chef et chef de la direction,  
Santé publique Sudbury et districts

### Mariette Sutherland

Gestionnaire, Engagement auprès des Autochtones,  
Santé publique Sudbury et districts

### Tracey Weatherbe

Gestionnaire, Promotion de la santé,  
Santé publique Sudbury et districts

### Dana Wilson

Gestionnaire, Équité en santé,  
Santé publique Sudbury et districts

### Ariella Zbar

Médecin-hygiéniste adjointe et directrice,  
Services cliniques, Santé publique Sudbury et districts

# Annexe : C

## Membres du Conseil de santé publique Sudbury et districts

**René Lapierre (président)**

**Thoma Crabs**

**Jeffery Paul Huska (vice-président)**

**Paul Vincent Myre**

**Maigan Bailey**

**Ken Noland**

**Janet Bradley**

**Rita Pilon**

**James Crispo**

**Mark Signoretti**

**Robert Kirwan**

**Nicole Sykes**

**Monica Loftus**

**Carolyn Thain**



# Annexe : D

## Propositions : Conseil de santé publique Sudbury et districts

### Premières Nations et santé publique (proposition 20-12)

**QUE** le Conseil de santé de Santé publique Sudbury et districts, après avoir examiné avec soin les enjeux de l'état de santé, des services de santé, des relations historiques et des lois applicables concernant les Premières Nations dans les réserves de la région; et après avoir fait un examen approfondi de ses priorités stratégiques pour soutenir les chances de santé égales, consolidé les relations avec les communautés et les partenaires prioritaires et appuyé les voix de la communauté pour discuter des enjeux qui ont des répercussions sur l'équité en santé; par les présentes, confie au médecin-hygiéniste la responsabilité d'engager un dialogue avec les leaders des Premières Nations afin d'explorer les stratégies et les besoins potentiels pour consolider les programmes et les services de santé publique avec les Premières Nations de la région.

#### APPROUVÉE

le 19 avril 2012

### Engagement auprès des peuples autochtones (proposition 54-16)

**ATTENDU QUE** le Conseil de santé s'est engagé à s'assurer que toutes les personnes sur le territoire de Santé publique Sudbury et districts, y compris les peuples et les communautés autochtones, ont des chances de santé égales;

**ATTENDU QUE** le Conseil de santé a établi le besoin de mieux définir les relations avec les communautés autochtones dans le cadre de sa stratégie de gestion du risque;

**QU'IL SOIT RÉSOLU QUE** le Conseil de santé de Sudbury et districts réaffirme son engagement envers la proposition 20-12; et

**QU'IL SOIT ÉGALEMENT RÉSOLU QUE** le Conseil confie au médecin-hygiéniste la responsabilité d'élaborer une vaste stratégie pour l'engagement de l'organisation auprès des peuples et des communautés autochtones sur son territoire afin de consolider conjointement les programmes et les services de santé publique pour tous;

**QU'IL SOIT ÉGALEMENT RÉSOLU QUE** cette stratégie inclue, entre autres, des volets stratégiques, de gouvernance, de gestion du risque et opérationnels;

**QUE** le Conseil de santé confie au médecin-hygiéniste la responsabilité de produire régulièrement des rapports sur les progrès de cette stratégie.

#### APPROUVÉE

le 24 novembre 2016



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October, 2018

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 [@PublicHealthSD](https://twitter.com/PublicHealthSD)  
 705.522.9200  
 1.866.522.9200

# Finding Our Path Together

Maamowi Mkamang Gdoo-miikaansminaa  
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Kahkinaw e mikskamahk ki meskanaw



## The relationship values

The image of a sweetgrass braid used here depicts three intertwined relationship values which underpin strong relationships in our Indigenous Engagement Strategy. These are respect, trust, and humility.

Sweetgrass is one of the four sacred medicines in Anishinabek traditions. Of the many teachings associated with the sweetgrass braid, one of them tells us that good health has interconnected dimensions involving the mind, body, and spirit as represented by the three strands of the braid.

We **respect | mnaadendimoowin | ᐃᓄᓂᓴᓕᓴᓴᓴᓴ** | **Tapahtenimowin** that our Indigenous community partners have their own ways, tried and true in supporting health and we respect that their journey towards self-determined health solutions is built on their knowledge, their cultural strengths, and community driven aspirations.

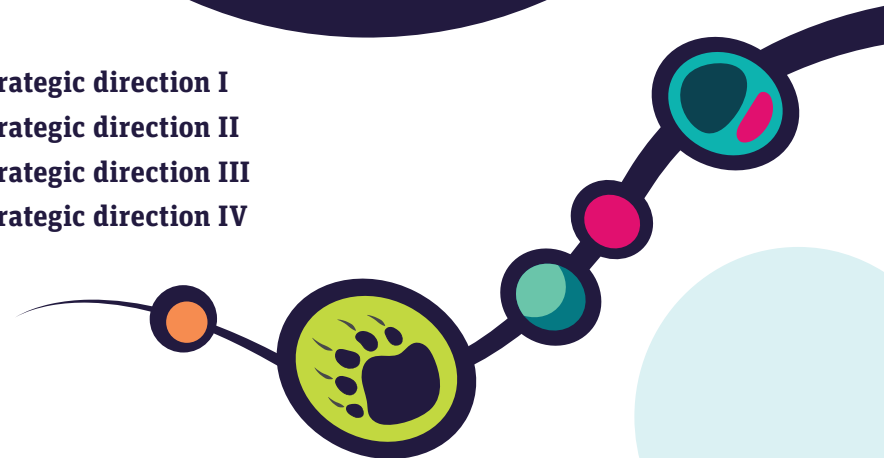
We engender **trust | gwekwendimoowin** | ᑕᓄᐅᑏᓂᑦᑐᐅᑦᑐᐅᑦ | **Tapwewakenimiwewin** by seeking to understand the community's context and needs, enlisting their health leaders and Elders, working within their decision making and communication processes and proceeding at the community's pace.

We approach this work with **humility | miiniwaa dibadendizowin**  
| C̣Uᑭᐱᓪᓴᓂᓄᓐ | **Kistenimiwewin** recognizing that communities hold  
unique knowledge, teachings, strengths, and capacities which can  
inform and strengthen public health.

## The strategic directions



- Strategic direction I
- Strategic direction II
- Strategic direction III
- Strategic direction IV





**Maamowi Mkamang Gdoo-miikaansminaa**  
**ᑲᑭᑎᑦ ᑭᑭᑎᑦ ᑭᑭᑎᑦ ᑭᑭᑎᑦ**  
**Kahkinaw e mikskamahk ki meskanaw**



Working together towards healthy and vibrant Indigenous communities in their pursuit of self-determined health and well-being.

**Maamowi nokiing nji-sa ji-mina-noojimong miiniwaa ji-mshkooziimgak  
Ansihinaabek ezhi-ngodoodenaawziwaad pii-ezhi-gweji-mkamowaad  
dibendizowinwaa noojimoowin miiniwaa mina-bi-maadiziwin.**

ፕ ላቲን ልብዎቻችንን ለጥራት ምርቶች ለማረጋገጥ  
 ለማረጋገጥ ለማረጋገጥ ለማረጋገጥ ለማረጋገጥ ለማረጋገጥ  
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E wici apatisimitonaniwahn kici mino pimatisimahakhi nesta mocikentahkik ininiwi ihtawina e pimitishahakikh ke ohci tipeninitisomahakh mino pimatisiwin nesta minwenihtamowin.

Public Health Sudbury & Districts works together with area Indigenous Peoples and communities to collaboratively strengthen public health programs and services for all.

**Public Health Sudbury & Districts maamowi nokiitaadiwag kina gaataaying Anishinaabek bemaadizijig miiniwaa ezhi-ngodoodenaawzing temgok gishkiweziwin ji-mshkooziimgak public health nokiawaansan miiniwaa naadimaagewinan nji-sa kina-wayaa.**

[illegible]

Misiwe mino pimatisiwin Sudbury nesta papeskici askiy wici  
apatisimewak anihi kesiwak ininiwa nesta ihtawina tapiskoc kici  
nocihtacik e mashkawahtacik misiwe mino pimatisiwi atoskewina nesta  
wicihiwewina misiwe kinanaw ohci.

This strategy and the actions described are the culmination of an extensive collaborative process intended to be mutually beneficial, respectful, and strengths-based. It involved staff from Public Health Sudbury & Districts, Indigenous partners, Elders, and community voices.

The process itself was designed to “walk our talk” as an example of putting strengthening relationships into practice. Public Health Sudbury & Districts will honour the contributions and commitment of those involved. We will continue to work collaboratively to support holistic health and well-being for Indigenous communities. We will expand our efforts to be more inclusive and continually refine our strategy with further engagement with urban First Nation and Métis groups.

Though each step along the path ahead cannot be known, we will see together, learn together, understand together, and act together so that with humility, trust, and respect, the vision and mission of the Indigenous Engagement Strategy of Public Health Sudbury & Districts will be achieved.

Miigwetch, ᐃᓃᐅ, mikwech, and thank you for taking  
 these important steps in our journey together!



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 1.866.522.9200

octobre 2018

# Trouver notre voie ensemble

Maamowi Mkamang Gdoo-miikaansminaa  
ᑲᑭᑦᑲᑦ ᑲᑭᑦᑲᑦ ᑲᑭᑦᑲᑦ ᑲᑭᑦᑲᑦ  
Kahkinaw e mikskamahk ki meskanaw





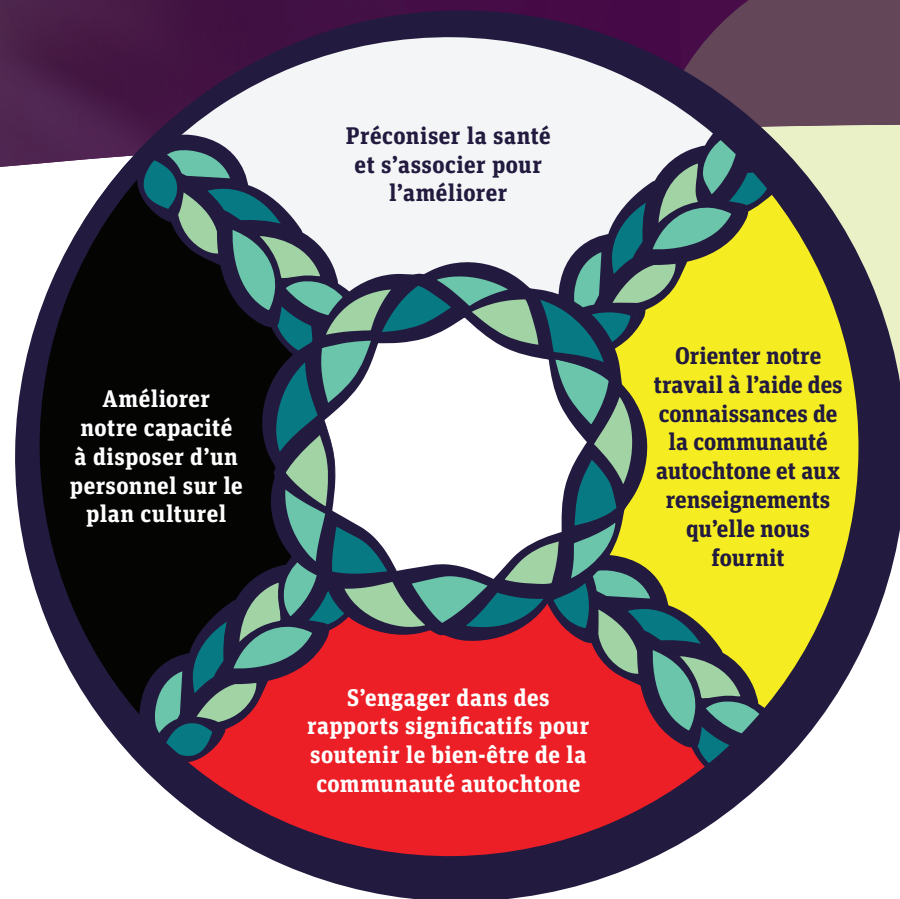
Le foin d'odeur est l'une des quatre médecines sacrées dans les traditions anishinabek. L'un des nombreux enseignements associés à la tresse de foin d'odeur nous rappelle qu'une bonne santé a des dimensions interreliées comprenant la raison, le corps et l'esprit, comme le représentent les trois mèches de la tresse.

Nous **respectons | mnaadendimoowin** | ᐅᕈᓇᑦᑎᓄᓂᑦ  
| **Tapahtenimowin** le fait que nos partenaires communautaires autochtones ont leur propre façon de faire et que celle-ci a fait ses preuves pour appuyer la santé; nous respectons également leur parcours vers des solutions de santé autodéterminées, parcours fondé sur leurs connaissances, leurs forces culturelles et leurs aspirations axées sur la communauté.

Nous instaurons la **confiance | gwekwendimoowin | ᑕᓄᓐᓂᓐᓂᓐᓂᓐᓂᓐ**  
**| Tapwewakenimiwewin** en cherchant à comprendre le contexte et les  
 besoins de la communauté, en sollicitant ses leaders en santé et ses aînés,  
 en travaillant dans le cadre de sa prise de décision et de ses processus de  
 communication, tout en évoluant au rythme de la communauté.

Nous abordons ce travail avec **humilité | miiniwaa dibadendizowin | ᑕᑕᑕᑕᑕᑕ | Kistenimiwewin** en reconnaissant que les communautés ont leurs propres connaissances, enseignements, forces et capacités pouvant éclairer et renforcer la santé publique.

## Les orientations stratégiques



- Orientation stratégique I
- Orientation stratégique II
- Orientation stratégique III
- Orientation stratégique IV



**Maamowi Mkamang Gdoo-miikaansminaa**  
**ᑲᐱᓄᓐ ᐃᐅ ᐅᐅᑦᑲᑦ ᐱ ᐅᐅᓄᓐ**  
**Kahkinaw e mikskamahk ki meskanaw**

**Maamowi Mkamang Gdoo-miikaansminaa**  
**ᑲᐱᓄᓐ ᐃᐅ ᐅᐅᑦᑲᑦ ᐱ ᐅᐅᓄᓐ**  
**Kahkinaw e mikskamahk ki meskanaw**

Travailler ensemble au développement de communautés autochtones saines et dynamiques en les soutenant dans leur poursuite de la santé et du bien-être autodéterminés.

**Maamowi nokiing nji-sa ji-mina-noojimong miiniwaa ji-mshkooziimgak  
Ansihinaabek ezhi-ngodoodenaawziwaad pii-ezhi-gweji-mkamowaad  
dibendizowinwaa noojimoowin miiniwaa mina-bi-maadiziwin.**

ፕ ፡ ልቦን ልብጥጥ፡፡ ልብ ፡ ልብ ልብጥጥ፡፡ ልብ ፡ ልብ ልብጥጥ፡፡  
 ልብ፡፡ ልብ፡፡ ልብ ልብጥጥ፡፡ ልብ ፡ ልብ ልብጥጥ፡፡ ልብ ልብጥጥ፡፡  
 ልብ ፡ ልብጥጥ፡፡

E wici apatisimitonaniwahk kici mino pimatisimahakhi nesta mocikentahkik ininiwi ihtawina e pimitishahakikh ke ohci tipeninitisomakhk mino pimatisiwin nesta minwenihtamowin.

Santé publique Sudbury et districts travaille avec les peuples et les communautés autochtones pour consolider conjointement les programmes et les services de santé publique pour tous.

**Public Health Sudbury & Districts maamowi nokiitaadiwag  
kina gaataaying Anishinaabek bemaadizijig miiniwaa ezhi-  
ngodoodenaawzing temgok gishkiweziwin ji-mshkooziimgak public  
health nokiawaansan miiniwaa naadimaagewinan nji-sa kina-waya.**

[illegible]

Misiwe mino pimatisiwin Sudbury nesta papeskici askiy wici apatisimewak anihi kesiwak ininiwa nesta ihtawina tapiskoc kici nocihtacik e mashkawahtacik misiwe mino pimatisiwi atoskewina nesta wicihiwewina misiwe kinanaw ohci.

Cette stratégie et les mesures décrites sont l'aboutissement d'un vaste processus de collaboration qui se veut mutuellement bénéfique, respectueux et axé sur les forces. Il comprend le personnel de Santé publique Sudbury et districts, les partenaires autochtones, les aînés et la voix des communautés.

Le processus lui-même a été conçu pour « joindre le geste à la parole » et pour servir d'exemple de mise en pratique de consolidation des relations. Santé publique Sudbury et districts honorera les contributions et l'engagement des personnes qui ont participé. Nous continuerons de travailler en collaboration pour soutenir la santé holistique et le bien-être des communautés autochtones. Nous intensifierons nos efforts afin d'être plus inclusifs et de peaufiner continuellement notre stratégie en nous engageant davantage auprès des groupes des Premières Nations et des Métis.

Même si toutes les étapes qu'il nous reste à parcourir ne peuvent être connues, nous verrons ensemble, découvrirons ensemble, comprendrons ensemble et agirons ensemble afin que la vision et la mission de la Stratégie d'engagement auprès des Autochtones de Santé publique Sudbury et districts soient accomplies avec humilité, confiance et respect.

Miigwetch, ᐃᓄᓂᓐᓂᓐ, mikwech et merci d'avoir franchi avec nous ces étapes très importantes de notre parcours!





## **FIRST INDIGENOUS ENGAGEMENT STRATEGY**

**MOTION: WHEREAS a goal of the Ontario Public Health Standards, 2018 is to decrease health inequities such that everyone has equal opportunities for optimal health; and**

**WHEREAS the Board of Health for Public Health Sudbury & Districts is committed to ensuring all people in its service area have equal opportunities for health; and**

**WHEREAS Motion #54-16 directed the Medical Officer of Health to develop a comprehensive strategy for the organization's engagement with Indigenous people and communities in its service area for the purpose of collaboratively strengthening public health programs and services for all; and**

**WHEREAS an extensive consultative and collaborative process has been undertaken to develop a strategy to guide the organization's efforts to strengthen relationships with First Nation communities and Indigenous partners, recognizing that important next steps must be inclusive of urban Indigenous Peoples;**

**THEREFORE BE IT RESOLVED THAT the Board of Health for Public Health Sudbury & Districts endorse the Indigenous Engagement Strategy, October 2018, Finding our Path Together - Maamwi MKaamidaa Gdoo-Miikaansminan - Kahkinaw e mikskamahk ki meskanaw.**

# Public Health Sudbury & Districts Strategic Priorities: Narrative Report

**Accountability Monitoring Plan**  
October 2018



**Public Health  
Santé publique**  
SUDBURY & DISTRICTS

# Introduction

The Public Health Sudbury & Districts 2018-2022 Strategic Plan includes four Strategic Priorities that represent key areas of focus. The Strategic Priorities build on past successes and direct future actions to create optimal conditions for health for all. Strategic Priorities: Narrative Reports highlight stories from Public Health Sudbury & Districts programs and services to paint a picture of our priorities in action. These Narrative Reports are provided to the Board of Health two times per year – in the spring and fall – as a component of the 2018-2022 Accountability Monitoring Plan.

It is important to note that narratives do not necessarily reflect a specific reporting timeline. Rather, they represent an ongoing monitoring component of our 2018–2022 Strategic Plan.

## Strategic Priorities



### Equitable Opportunities

We strive for health equity by championing equal opportunities for health.



### Meaningful Relationships

We establish meaningful relationships that lead to successful partnerships, collaborations, and engagement.



### Practice Excellence

We strive for ongoing excellence in public health practice including, program and service development and delivery.



### Organizational Commitment

We advance organization-wide commitment and ensure that we are well positioned to support the work of public health.

# Housing Investigations Involving Marginalized Populations

The Environmental Health Division is committed to improving housing for marginalized individuals. Public health inspectors are aware that some individuals who are marginalized may be coping with hoarding, unsanitary, or self-neglecting behaviours. Other factors such as poor health, physical limitations, social exclusion, unemployment, food insecurity, poor physical housing, and poverty intersect with these behaviours. Starting in 2016, a research team engaged public health inspectors, marginalized individuals (clients), service providers, and community members to learn about challenges, facilitators, and ideas for improving investigations, with the ultimate goal of improving housing conditions.

Recommendations for improvements included: strengthening community partnerships and action, promoting social inclusion, linking clients to services, working on supportive client policies, strengthening evidence informed practices, and clarifying roles and responsibilities.

The Environmental Health Division is actioning these recommendations and is working with an established group of community partners to strengthen partnerships, clarify roles and responsibilities, and to better link clients to services. Championing these actions will continue to support our agency's overall efforts to improve opportunities for health for all and support community members to reach their full health potential.



## Equitable Opportunities

We strive for health equity by championing equal opportunities for health.





# Building Healthy School Communities through Strong Relationships

The Public Health Sudbury & Districts School Health Promotion Team has a longstanding collaboration with the Parent Involvement Committee of the *Conseil scolaire public du Grand Nord de l'Ontario* to plan and implement an annual family event, *EXPLO! Une foire pour faire étinceler les familles (Making Families Shine)*. The event is part of an initiative that fosters resiliency and positive family relationships, and would not be possible without the valuable relationship with this school community.

Since 2015, over 200 participants have engaged in *EXPLO!* workshops led by community members, parents, teachers, board staff, and students. They have learned from informative keynote speakers and obtained resources from diverse community partners. Previous *EXPLO!* themes covered exploring passions, making a difference in the community, self-care, and exploring math with a growth mindset. Our agency presented various workshops that aligned with these themes, including *Create Smoothies!*, *Growth Mindset*, *Perseverance Stories*, and *Math on the Menu*.

Public Health Sudbury & Districts continues to build and nurture the meaningful relationship with the school community and has already started to collaborate and plan for next year's *EXPLO!*.

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### Meaningful Relationships

We establish meaningful relationships that lead to successful partnerships, collaborations, and engagement.



# A Team Effort to Practice Excellence – Responding to Infection Prevention and Control Lapses in the Community

Public Health Sudbury & Districts responds to Infection Prevention and Control (IPAC) complaints in the community as required by the *Ontario Public Health Standards* and related protocol. The protocol lists several facility types, including facilities in which regulated health professionals function such as dental offices, midwifery practices, endoscopy clinics, plastic surgery clinics, and others.

Given the variety of IPAC lapses that can occur, the Clinical Services and Environmental Health divisions partnered to develop a team with specialized knowledge and training to respond to complaints. The team's goal is to ensure that complaint assessments are accurate, thorough, and comprehensive. Through this approach we minimize risk to the public and liability to the organization.

The interdisciplinary team consists of division directors, managers, and front-line public health nurses and public health inspectors. A priority for the team is to strive for practice excellence by ensuring that these staff members have the knowledge and skills to effectively respond to IPAC complaints.



## Practice Excellence

We strive for ongoing excellence in public health practice including, program and service development and delivery.



## ***Check Before You Go! A Commitment to Transparency***

Public Health Sudbury & Districts has shared food premises inspection results with the public via our website since 2009. Since this time, our agency has its commitment to transparency by actively working toward developing, expanding, and improving our proactive disclosure website, *Check Before You Go!* This website provides timely information that supports the public and our community partners in making evidence-informed choices about where they choose to purchase and access services.

The public now has easy access to inspection and enforcement-related information about food premises, personal service settings, recreational water facilities (such as public pools, spas, splash pads, and bathing beaches), small drinking water systems, as well as tobacco and electronic cigarette vendors. Through this ongoing commitment, the agency is actively working toward growing the *Check Before You Go!* website to include inspection results for licensed child care settings, recreational camps, and tanning beds.

For more information, visit: <https://checkbeforeyougo.phsd.ca/>

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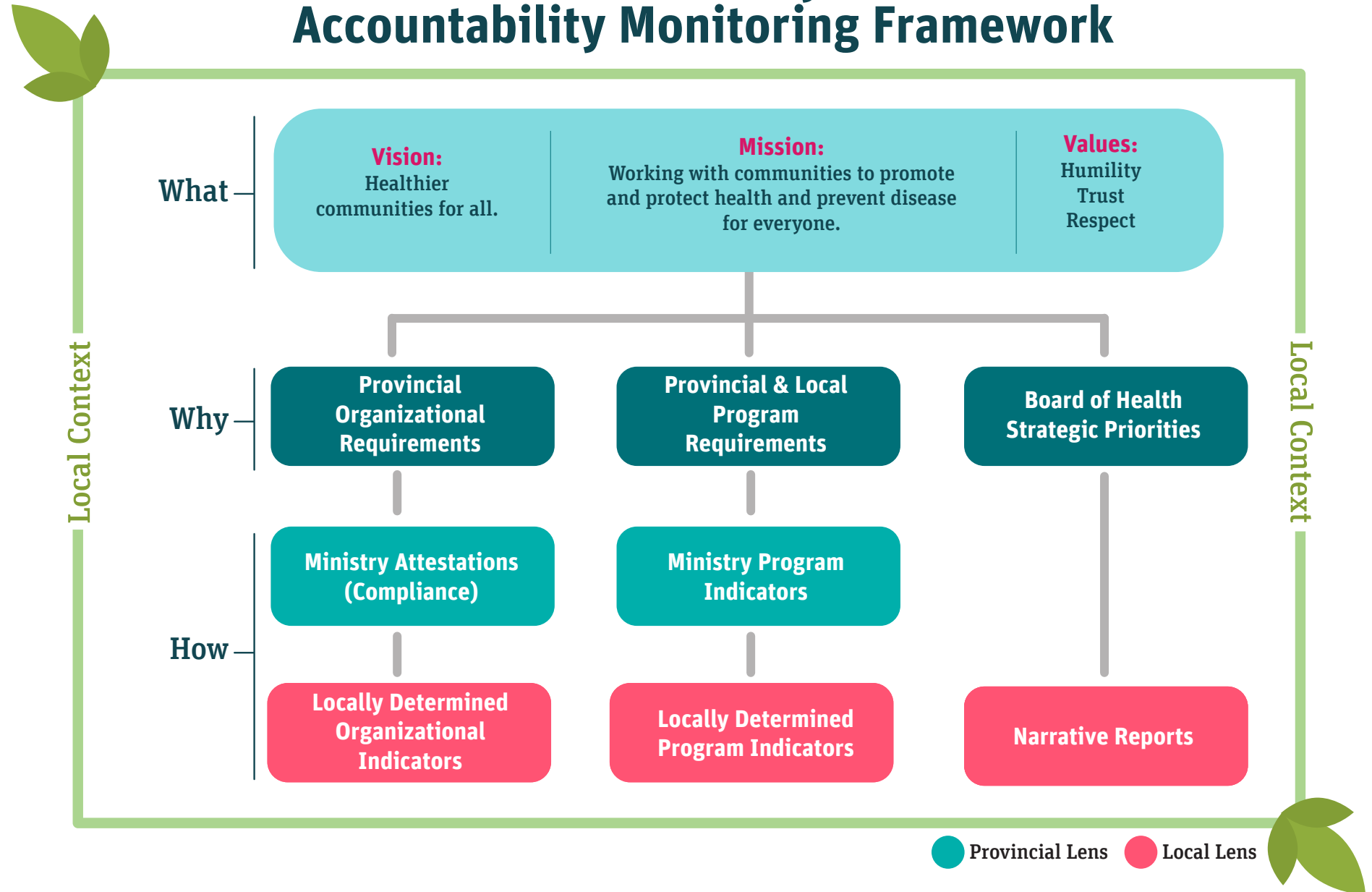
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### **Organizational Commitment**

We advance organization-wide commitment and ensure that we are well positioned to support the work of public health.



# Public Health Sudbury & Districts Accountability Monitoring Framework







**Public Health**  
**Santé publique**  
SUDBURY & DISTRICTS

**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: \_\_\_\_\_**