



Board of Health

Thursday, November 22, 2018

1:30 p.m.

Public Health Sudbury & Districts Boardroom

1300 Paris Street

Board of Health, Public Health Sudbury & Districts, November 22, 2018

Board of Health Meeting #08-18

1.0 CALL TO ORDER AND TERRITORIAL ACKNOWLEDGEMENT

2.0 ROLL CALL

3.0 REVIEW OF AGENDA / DECLARATIONS OF CONFLICT OF INTEREST

Agenda, November 22, 2018

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4.0 DELEGATION / PRESENTATION

i) Mental Health and Public Health
Shana Calixte, Manager, Mental Health and Addictions,
Health Promotion Division and Troy Haslehurst, Manager,
Human Resources, Corporate Services Division

5.0 CONSENT AGENDA

i) Minutes of Previous Meeting

a. Seventh Meeting, October 18, 2018

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ii) Business Arising From Minutes

iii) Report of Standing Committees

a. Board of Health Finance Standing Committee,
Unapproved Meeting Notes dated October 29, 2018

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

MOH/CEO Report, November 22, 2018

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Financial Statements ending September 30, 2018

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v) Correspondence

a. Vapour Products Display and Promotion

Letter from the Association of Local Public Health
Agencies (aLPHA) to the Minister of Health and Long-
Term Care dated October 22, 2018

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Memorandum from the Deputy Minister, Ministry of Health and Long-Term Care to Health Sector Partners dated October 18, 2018	Page 51
c. Drug Policy Reform	
Letter from the Kingston, Frontenac and Lennox & Addington Board of Health Chair to the Prime Minister of Canada dated September 27, 2018	Page 54
Letter from the Peterborough Board of Health Chair to the Minister of Health and the Minister of Justice and Attorney General of Canada dated November 2, 2018	Page 56
d. Chronic Disease Prevention Strategy Report	
Letter from the Kingston, Frontenac and Lennox & Addington Board of Health Chair to the Minister of Health and Long-Term Care and Deputy Premier dated September 27, 2018	Page 58
e. Advocacy to Increase Actions re Opioid Crisis	
Letter from the Southwestern Public Health Board of Health Chair to the Premier of Ontario dated October 24, 2018	Page 60
Letter from the Peterborough Board of Health Chair to the Minister of Health and Long-Term Care dated November 5, 2018	Page 62
f. Cannabis Retail Model	
Resolution from the Windsor-Essex County Board of Health dated October 5, 2018	Page 64
Letter from the Peterborough Board of Health Chair to the Executive Director at the Ministry of the Attorney General Legalization of Cannabis Secretariat dated November 8, 2018	Page 68
g. Ontario Basic Income Research Project	
Letter from the Huron County Board of Health Chair to the Premier of Ontario dated November 8, 2018	Page 70

vi) Items of Information

a. aIPHa Information Break dated October 19, 2018	Page 71
b. aIPHa Update to Boards of Health Members dated October 26, 2018	Page 73
c. Public Health Agency of Canada News Release Preventing Problematic Substance Use in Youth dated October 23, 2018	Page 75
d. aIPHa 2019 Winter Symposium Save the Date	Page 78
e. Public Health Sudbury & Districts Workplace Health Newsletter, English and French	
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6.0 NEW BUSINESS

i) 2018 Board of Health Self-Evaluation Survey

Briefing Note from Board Secretary and Medical Officer of Health and Chief Executive Officer to the Board of Health Chair dated November 15, 2018	Page 88
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ii) Mindful Employer Charter

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MOTION: Mindful Employer Canada's Mindful Employer Charter for Canadian Employers Supporting Workplace Mental Health	Page 96

iii) 2019 Cost-Shared Budget

Briefing Note and Appendices from the Medical Officer of Health and Chief Executive Officer to the Board of Health Chair dated November 15, 2018	Page 97
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IN CAMERA

MOTION: In Camera

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Labour relations or employee negotiations

RISE AND REPORT

MOTION: Rise and Report

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MOTION: 2019 Cost-Shared Budget

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iv) Staff Appreciation Day

MOTION: Staff Appreciation Day

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v) Provincial Oral Health Program for Low Income Adults and Seniors

Briefing Note from the Medical Officer of Health and Chief Executive Officer dated November 15, 2018

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MOTION: Support for Provincial Oral Health Program for Low Income Adults and Seniors

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7.0 ADDENDUM

MOTION: Addendum

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8.0 ANNOUNCEMENTS / ENQUIRIES

Evaluation for completion

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9.0 ADJOURNMENT

MOTION: Adjournment

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Board members are invited to receive their flu shot at PHSD between 12:30 until 1:00 p.m. on November 22



Board and Senior Management members are invited to a social gathering immediately following the November 22 Board meeting

AGENDA – EIGHTH MEETING
BOARD OF HEALTH
PUBLIC HEALTH SUDBURY & DISTRICTS
BOARDROOM, SECOND FLOOR
THURSDAY, NOVEMBER 22, 2018 – 1:30 P.M.

- 1. CALL TO ORDER AND TERRITORIAL ACKNOWLEDGMENT**
- 2. ROLL CALL**
- 3. REVIEW OF AGENDA/DECLARATIONS OF CONFLICTS OF INTEREST**
- 4. DELEGATION/PRESENTATION**
 - i) Mental Health and Public Health**
 - Shana Calixte, Manager, Mental Health and Addictions, Health Promotion Division
 - Troy Haslehurst, Manager, Human Resources, Corporate Services Division
- 5. CONSENT AGENDA**
 - i) Minutes of Previous Meeting**
 - a. Seventh Meeting – October 18, 2018
 - ii) Business Arising From Minutes**
 - iii) Report of Standing Committees**
 - a. Board of Health Finance Standing Committee, Unapproved Meeting Notes, October 29, 2018
 - iv) Report of the Medical Officer of Health / Chief Executive Officer**
 - a. MOH/CEO Report, November 2018
 - v) Correspondence**
 - a. Vapour Products Display and Promotion
 - Letter from the Association of Local Public Health Agencies (alpHa) to the Minister of Health and Long-Term Care dated October 22, 2018
 - Letter from the Peterborough Board of Health Chair to the Minister of Health and Long-Term Care dated November 5, 2018
 - b. Ministry Realignment
 - Memorandum from the Deputy Minister, Ministry of Health and Long-Term Care to Health Sector Partners, dated October 18, 2018

- c. Drug Policy Reform
 - Letter from the Kingston, Frontenac and Lennox & Addington Board of Health Chair to the Prime Minister of Canada dated September 27, 2018
 - Letter from the Peterborough Board of Health Chair to the Minister of Health and the Minister of Justice and Attorney General of Canada dated November 2, 2018
 - d. Chronic Disease Prevention Strategy Report
 - Letter from the Kingston, Frontenac and Lennox & Addington Board of Health Chair to the Minister of Health and Long-Term Care and Deputy Premier dated September 27, 2018
 - e. Advocacy to Increase Actions re Opioid Crisis
 - Letter from the Southwestern Public Health Board of Health Chair to the Premier of Ontario dated October 24, 2018
 - Letter from the Peterborough Board of Health Chair to the Minister of Health and Long-Term Care dated November 5, 2018
 - f. Cannabis Retail Model
 - Resolution from the Windsor-Essex County Board of Health dated October 5, 2018
 - Letter from the Peterborough Board of Health Chair to the Executive Director at the Ministry of the Attorney General Legalization of Cannabis Secretariat dated November 8, 2018
 - g. Ontario Basic Income Research Project
 - Letter from the Huron County Board of Health Chair to the Premier of Ontario dated November 8, 2018
- vi) Items of Information**
- a. alPHa Information Break October 19, 2018
 - b. alPHa Update to Boards of Health Members October 26, 2018
 - c. Public Health Agency of Canada News Release
Preventing Problematic Substance Use in Youth October 23, 2018
 - d. alPHa 2019 Winter Symposium – Save the Date
 - e. Public Health Sudbury & Districts Workplace
Health Newsletter, English and French Fall/Winter 2018

APPROVAL OF CONSENT AGENDA

MOTION:

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

6. NEW BUSINESS

- i) **2018 Board of Health Self-Evaluation Survey**
 - Briefing Note from Board Secretary and Medical Officer of Health and Chief Executive Officer to the Board of Health Chair dated November 15, 2018

ii) Mindful Employer Charter

- Briefing Note from the Medical Officer of Health and Chief Executive Officer to the Board of Health Chair dated November 15, 2018

MINDFUL EMPLOYER CANADA’S MINDFUL EMPLOYER CHARTER FOR CANADIAN EMPLOYERS SUPPORTING WORKPLACE MENTAL HEALTH

MOTION:

WHEREAS various businesses/organizations across the country have recognized the value in becoming a Mindful Employer and have signed Mindful Employer Canada’s Mindful Employer Charter including Bell, Toronto pulse CPR, Nova Scotia Public Service-Long Term Disability Plan Trust Fund, City of Lethbridge, Hamilton Health Sciences, Mental health Commission of Canada, Morneau Shepell, and more; and

WHEREAS the Association of Local Public Health Agencies (alPHA) resolution A17-4 Mental Health Promotion within Ontario Workplaces, June 12, 2017, encourages each of its member health units to address psychological health and safety, to protect and promote mental health of workers throughout the province; and

WHEREAS Public Health Sudbury & Districts recognizes that our workplace itself is a major determinant of health;

THEREFORE BE IT RESOLVED that the Board of Health endorse the signing of Mindful Employer Canada’s Mindful Employer Charter to signify the Board’s commitment to supporting workplace mental health; and

FURTHER THAT Public Health Sudbury & Districts share this motion with local municipalities, the Association of Local Public Health Agencies (alPHA), and Ontario Boards of Health.

iii) 2019 Cost-Shared Budget

- Briefing Note and Appendices from the Medical Officer of Health and Chief Executive Officer to the Board of Health Chair dated November 15, 2018

IN CAMERA

IN CAMERA

MOTION:

THAT this Board of Health goes in camera. Time: ____

- Labour relations or employee negotiations

RISE AND REPORT

RISE AND REPORT

MOTION:

THAT this Board of Health rises and reports. Time: ____

2019 COST-SHARED BUDGET

MOTION:

THAT the Board of Health for the Sudbury and District Health Unit approve the 2019 operating budget for cost-shared programs and services in the amount of \$23,575,318.

iv) Staff Appreciation Day

STAFF APPRECIATION DAY

MOTION:

THAT this Board of Health approve a Staff Appreciation Day for the staff of Public Health Sudbury & Districts during the upcoming holiday season. The Staff Appreciation Day may be taken between the dates of December 1, 2018, to February 28, 2019. Essential services will be available and provided at all times during the holiday period except for statutory holidays when on-call staff will be available.

v) Provincial Oral Health Program for Low Income Adults and Seniors

- Briefing Note from the Medical Officer of Health and Chief Executive Officer dated November 15, 2018

SUPPORT FOR PROVINCIAL ORAL HEALTH PROGRAM FOR LOW INCOME ADULTS AND SENIORS

MOTION:

WHEREAS the Board recognizes that the health impacts of poor oral health extend beyond cavities; and

WHEREAS as compared with other provinces, Ontario has the lowest rate of public funding for dental care, as a percentage of all dental care expenditures and the lowest per capita public sector spending on dental

services, resulting in precarious access to dental preventive and treatment services, especially for low-income Ontarians; and

WHEREAS the Ontario Progressive Conservative party pledged to implement a comprehensive dental care program that provides low income seniors with quality care by increasing the funding for dental services in Public Health Units, Community Health Centres, and Aboriginal Health Access Centres and by investing in a new dental services in underserved areas including increasing the capacity in public health units and investing in mobile dental buses;

THEREFORE BE IT RESOLVED THAT the Board of Health for Public Health Sudbury & Districts fully support the Premier's plan to invest in oral health programs for low income adults and further encourage the government to expand access to include low income adults; and

FURTHER that this motion be shared with area municipalities and relevant dental and health sector partners, all Ontario Boards of Health, Chief Medical Officer of Health, Association of Municipalities of Ontario (AMO), and local MPPs.

7. ADDENDUM

ADDENDUM

MOTION:

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

8. ANNOUNCEMENTS / ENQUIRIES

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

9. ADJOURNMENT

ADJOURNMENT

MOTION:

THAT we do now adjourn. Time: ____

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

BOARD MEMBERS PRESENT

Maigan Bailey
Janet Bradley
Thoma Crabs
James Crispo
Jeffery Huska

Robert Kirwan
René Lapierre
Monica Loftus
Paul Myre
Ken Noland

Rita Pilon
Nicole Sykes
Carolyn Thain

BOARD MEMBERS REGRETS

Mark Signoretti

STAFF MEMBERS PRESENT

Sandra Laclé
Stacey Laforest
Rachel Quesnel

France Quirion
Dr. Penny Sutcliffe
Renée St. Onge

Dr. Ariella Zbar

R. LAPIERRE PRESIDING

1. CALL TO ORDER AND TERRITORIAL ACKNOWLEDGEMENT

The meeting was called to order at 1:32 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) **Finding our Path Together – Indigenous Engagement Strategy**
 - Mariette Sutherland, Manager, Indigenous Engagement

M. Sutherland was invited to present the proposed Indigenous Engagement Strategy.

Steps in the Public Health Sudbury & Districts' journey in developing an Indigenous Engagement Strategy reflect the long path public health has been on as we engage with Indigenous peoples and communities. Examples include contributing to provincial Public Health Working Group of the Trilateral First Nations (TFNHSOC), local relationship building meetings with First Nations leaders, internal Indigenous cultural competency training for all PHSD and staff circles, as well as multiple opportunistic program collaborations with First Nations communities fostering front-line staff working relationships. The Board of Health was congratulated for its commitment to strengthening public health programs and services with area First Nations through motions 20-12 and 54-16.

The process and key steps since November 2016 were reviewed and have included communications and information gathering, organizational strengthening, and relationship development components. It was an extensive collaborative process intended to be mutually beneficial, respectful, and strengths-based. It involved the Board of Health, staff from Public Health Sudbury & Districts, Indigenous partners, Elders, and community voices. The process itself was designed to “walk our talk” as part of strengthening relationships.

The proposed strategy in today's Board of Health agenda is the result of a two-year comprehensive information gathering process and reflects what was heard from the Board, the communities and staff engagement processes.

The Strategy includes:

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

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

Principles: respect, trust, humility.

Strategic directions:

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

Next steps following the Board of Health's approval of the Strategy today, will include continuing to work collaboratively to support holistic health and well-being for

Indigenous communities and expanding our efforts to be more inclusive and continually refine our strategy with further engagement with urban First Nation and Métis groups.

Questions and comments were entertained. Board members extended their congratulations at the engagement process and development of the draft strategy. The significance of the design and artwork of the booklet were shared. The booklet design was done by a local Indigenous-led company, Design de Plume. Board of Health members indicated that the draft strategy booklet is overwhelming both visually and for its content and it was recommended that it be distributed widely. The Board was also pleased to see that key sections of the Strategy were translated to Anishnaabemowin, Cree syllabics and Cree translation. M. Sutherland was thanked for her presentation and kudos were extended to M. Sutherland, Director, S. Laclé and team for their valuable contributions to the Indigenous engagement work.

5. CONSENT AGENDA

- i) Minutes of Previous Meeting**
 - a. Sixth Meeting – September 20, 2018
- ii) Business Arising from Minutes**
- iii) Report of Standing Committees**
 - a. 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

Board Chair, R. Lapierre, noted that the MOH/CEO report layout is a helpful resource for board members, containing informative divisional updates.

30-18 APPROVAL OF CONSENT AGENDA

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

CARRIED

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)

Dr. Sutcliffe provided highlights of the briefing note describing the highly collaborative process that 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 Peoples. It was pointed out that on September 18, 2018, the Board Executive Committee reviewed the draft Strategy and supported it for full Board review and endorsement. Dr. Sutcliffe recognized the director leadership of S. Laclé and R. St Onge.

31-18 FIRST INDIGENOUS ENGAGEMENT STRATEGY

MOVED BY KIRWAN – PILON: 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.

UNANIMOUSLY CARRIED

ii) 2018 – 2022 Accountability Monitoring Plan

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

J. Crispo, member of the Joint Board of Health/Staff Accountability Working Group, was invited to provide highlights of the fall 2018 Strategic Priorities: Narrative Report. The Joint Board of Health/Staff Accountability Monitoring Working Group, which includes James Crispo, Carolyn Thain, Nicole Sykes, Dr. Sutcliffe, and other public health staff, is responsible for providing interpretive comments on accountability and monitoring reports, including the narrative reports.

Board members were reminded that the 2018 – 2022 Accountability Monitoring Plan was approved by the Board of Health in June 2018 to serve as an overarching framework for organizational accountability and monitoring.

The 2018 – 2022 Accountability Monitoring Plan reporting process includes short stories, or “narratives”, on how the organization is implementing each one of our four strategic priorities and the narratives are compiled in the Narrative Report. Each year

there will be one such report in the spring and in the fall. The four narratives provide examples of programs or services that show the Public Health Sudbury & Districts Strategic Priorities in action and how the Priorities are integrated into staff members' daily work. They touch on varied topics such as housing investigations, healthy schools, infection prevention and control, and the Public Health *Check Before You Go!* Site. The narrative report will be available in English and in French on the PHSD website.

The next report, which will be presented to the Board of Health in February, will be the Annual Accountability Monitoring Report.

7. ADDENDUM

32-18 ADDENDUM

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

CARRIED

DECLARATION OF CONFLICT OF INTEREST

There were no declarations of conflict of interest.

i) **Smoke-Free Ontario Act / Bill 36 Cannabis Statute Law Amendment Act**

- Briefing note from the Medical Officer of Health and Chief Executive Officer dated October 18, 2018
- alPHa deputation to the Standing Committee on social policy dated October 11, 2018

Dr. Sutcliffe noted that this matter was included in the addendum due to its timeliness and includes Ministry of Health and Long-Term Care updates from last night. Bill 36, the Cannabis Statute Law Amendment Act, 2018, amends various Acts and enacts one new Act in relation to the use and sale in Ontario of cannabis and of vapour products. Specifically, Bill 36 received Royal Assent on October 17, 2018, and enacts the *Cannabis Licence Act*, 2018 and makes amendments to the *Cannabis Act*, 2017, the *Ontario Cannabis Retail Corporation Act*, 2017 and the *Smoke-Free Ontario Act*, 2017. Legislative highlights include:

- align the prohibition of places of cannabis use (recreational and medical) with those of tobacco smoking and the use of electronic cigarettes (i.e. enclosed workplaces and public places, and other specified places)
- people are permitted to consume cannabis in public if they are not within prohibited areas

- create rules for displaying and promoting vapour products that are separate from the rules for displaying and promoting tobacco products

Bill 36 has implications for the health of the public and for programs and services delivered by local boards of health. Public Health Sudbury & Districts tobacco enforcement officers will be responsible for enforcing cannabis restrictions related to places of use under the Smoke-Free Ontario Act. Staff have completed MOHLTC enforcement training and have been working closely with City of Greater Sudbury and Greater Sudbury Police Services to clarify cannabis enforcement roles and responsibilities and coordinate public messaging.

Proactive work has already taken place on the programming side per the Ontario Public Health Standards. Updates were also shared regarding work that focuses on surveillance, harm reduction, education and awareness, including the setup of a dedicated cannabis information line for the public to call and comprehensive cannabis information on the phsd.ca website and communication with the school boards to ensure they are aware of our role.

While the number of routine inspections under the Smoke-Free Ontario Act, 2017 are not expected to increase significantly compared to work already being done under current legislation, the number of complaints received are expected to increase. It is anticipated that, depending on the appointments of enforcement officers, this routine work can be incorporated in our enforcement approach and budget; however, we will need to monitor and explore one-time funding opportunities.

Speaking points from ALPHA regarding the Standing Committee on Social Policy provide additional information.

Questions were entertained. Dr. Sutcliffe confirmed that legislative requirements can be addressed through reallocations within budget for 2018. Dialogue will be pursued with all constituent municipalities within the PHSD catchment area.

8. ANNOUNCEMENTS / ENQUIRIES

Board members were asked to complete the meeting evaluation survey and reminded to complete the annual Board of Health self-evaluation survey by October 23. Current response rate for the annual survey is 5/14 or 36%.

Board members are invited to attend public launch of the Indigenous Engagement Strategy at 3 p.m. in the Ramsey Room as well as the keynote presentation from

Kevin Lamoureux at 7 p.m. this evening at Laurentian University. Both events will be live streamed through Facebook.

9. ADJOURNMENT

33-18 ADJOURNMENT

MOVED BY Crabs – Noland: THAT we do now adjourn. Time: 2:22 p.m.

CARRIED

(Chair)

(Secretary)

UNAPPROVED MINUTES
BOARD OF HEALTH FINANCE STANDING COMMITTEE
MONDAY, OCTOBER 29, 2018 – 2 P.M.
PUBLIC HEALTH SUDBURY & DISTRICTS, BOARDROOM, SECOND FLOOR

BOARD MEMBERS PRESENT

Carolyn Thain, Chair René Lapierre Mark Signoretti

BOARD MEMBERS REGRETS

Paul Myre

STAFF MEMBERS PRESENT

Colette Barrette France Quirion
Rachel Quesnel, Recorder Dr. Penny Sutcliffe

CAROLYN THAIN PRESIDING

1. CALL TO ORDER

The meeting was called to order at 2:10 p.m.

2. ROLL CALL

3. REVIEW OF AGENDA/DECLARATIONS OF CONFLICTS OF INTEREST

There were no declarations of conflict of interest.

4. APPROVAL OF BOARD OF HEALTH FINANCE STANDING COMMITTEE MINUTES

4.1 Board of Health Finance Standing Committee Meeting Notes dated May 7, 2018

12-18 APPROVAL OF MEETING NOTES

MOVED BY LAPIERRE – SIGNORETTI: THAT the meeting notes of the Board of Health Finance Standing Committee meeting of May 7, 2018, be approved as distributed.

CARRIED

5. NEW BUSINESS

5.1 Year-to-Date Financial Statements

a) September 2018 Financial Statements

The total variance as of September 2018 is higher than last year at this time and not unexpected given the May 2018 announcement of a 3% increase from the MOHLTC.

In May 2018, the Ministry of Health and Long-Term Care announced a 3% growth allocation to PHSD for mandatory cost-shared programs. This unexpected increase is carefully allocated to ensure a balance between meeting current program pressures and offsetting anticipated shortfalls for 2019. Twenty-three temporary hires took place over the summer. These temporary positions provide flexibility going into the 2019 budget.

The variance continue to be impacted by sick and other unpaid leaves. Preliminary projections for year-end are slightly higher than that of our 2017 year-end position.

Questions were entertained and it was clarified that the change in benefit carrier to Sun Life took place in July with no increase in fees into 2019.

5.2 2019 Program-Based Budget

a) 2019 Budget Principles

The 2019 budget principles have existed for a number of years and only slightly changed. The principles continue to be focused on our vision and mission on the long term, ensuring that we build/maintain surge capacity to be able to respond to community needs and we continue to review the health equity impact of potential budget decisions. The principles now also include the values of humility, respect and trust as part of the decision making process. The principles will be updated to reflect our new name.

b) 5-Year Financial Projections

The tables depict two scenarios. The first describes the projected financial position had we not received the 3% growth from the province in base funding this year. The deficit projection with this scenario is \$546,672 for 2019 and includes 1.7% inflationary cost. The cumulative deficit projection is \$2.1M deficit in 2023.

The second table maps out the impact of the 3% growth in funding received in 2018 and includes the same 1.7% inflationary pressures and today's proposed budget. With this scenario we achieve a balanced budget in 2019. The 2023 projected position with this scenario is a deficit of \$1.6M in 2023.

Cost savings for the proposed 2019 budget are in attrition and identified efficiencies. The five-year projections provides an overview for this year and future years to ensure we are cognizant of long-term projections. There are many unknowns with the new provincial government and there are no additional ongoing resources for the modernized standards or new legislative responsibilities (e.g. cannabis, mental health,

opioids, addictions, Indigenous engagement, and health equity). We will be working in close partnerships with local agencies.

c) 2019 Summary of Budget Pressures

The summary of the 2019 cost reduction initiatives and pressures was reviewed in light of a projected funding shortfall based on needs of \$125,972. Proposed cost reduction initiatives for 2019 total \$243,530.

Program shortfalls for 2019 were reviewed. Investments have been made with hiring of temporary staff this summer to build capacity in certain areas. These temporary resources were needed to support the implementation of the Standards which include human resources and operational resources particularly in the areas of vision, mental health and addictions, community drug strategy, and Indigenous engagement. Factoring these allocations leaves a shortfall of \$376,956; which would only be partially covered by the proposed 1.5% municipal levy. Unfunded pressures would need to be resourced through within year surpluses.

Discussion ensued regarding the proposed municipal levy. Dr. Sutcliffe clarified that the population numbers for each municipality are derived from the MPAC per the legislation. Board of Health Finance Standing Committee members commented on inflation rates; additional unfunded work in areas such as cannabis and other program areas; public health yields significant return on investment; PHSD is fiscally responsible; and the Board exercises responsible and accountable governance. It was determined that additional resources were required for 2019. It would be important to clearly articulate the needs and the value of public health work.

d) 2019 Proposed Mandatory Cost-Shared Budget

The 2019 proposed cost-shared operating budget totals \$23,469,346, representing an overall 0.55% increase as compared with the 2018 cost-shared operating budget.

Revenues and cost-shared divisional expenditures were reviewed as well as expenditures by category and each significant variances explained.

It was clarified that an overall budget increase at 0.55% and maintains a funding ratio of 69:31. The 100% cost-shared programs are not expected to see increases and the 2019 budget includes a subsidy for 100% funded programs.

Questions were entertained. An updated 2019 municipal levy summary was distributed and will be updated in today's electronic Board agenda package following today's meeting.

Upon detailed discussion, the Board of Health Finance Standing Committee concurred that the 2019 proposed cost shared operating budget include a 3% municipal increase and be recommended to the full Board for endorsement at the November meeting.

IN CAMERA

- Personal matters involving one or more identifiable individuals, including employees or prospective employees
- Labour relations or employee negotiations

13-18 IN CAMERA

***MOVED BY SIGNORETTI – LAPIERRE: THAT this Board of Health goes in camera.
Time: 3:24 p.m.***

CARRIED

RISE AND REPORT

14-18 RISE AND REPORT

***MOVED BY SIGNORETTI – LAPIERRE: THAT this Board of Health rises and reports.
Time: 3:50 p.m.***

CARRIED

It was reported that two items relating to the following matters were discussed

- (i) personal matters involving one or more identifiable individuals, including employees or prospective employees
 - (ii) labour relations or employee negotiations
- for which the following motion emanated:

15-18 APPROVAL OF MEETING NOTES

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

CARRIED

5.3 Accumulated Surplus/Reserve Management Plan

- a) Briefing Note - Reserve Management Plan
- b) By-law 12-05 – Reserve Management

Further to the May 5, 2018 Board of Health Finance Standing Committee meeting where an update of the accumulated surplus and the balances within established reserve funds were summarized, a briefing note and accompanying by-law is shared today for

information. The briefing note summarizes management's work to ensure that the established Reserve Funds continue to be relevant and adequately resourced.

The Working Capital Reserve fund is reviewed on an annual basis to assess the need to transfer funds from the Working Capital fund to other reserve accounts based on anticipated needs. This ensures a regular review of anticipated needs and appropriate reallocations for long-term financial planning relating to infrastructure, public health initiatives and contingencies.

An overview of the needs assessed within the established reserve funds was provided:

- Working capital
- Public health initiatives and response
- Corporate contingencies
- Facility and equipment repairs and maintenance
- Human resources management
- Research and development

Criteria and values for evaluating projects were outlined as well as the roles and responsibilities for the review and transfer of reserves.

Comments and questions were entertained including as it relates to the five year Building Renovation, Repair and Improvement Plan resulting from a building audit.

Staff were thanked for the background and summary which are reassuring for the Board that risks are being managed. It was noted that an update would be useful next year to orient any new Board and or Finance Committee members as part of risk management at the governance level.

6. ADJOURNMENT

16-18 ADJOURNMENT

MOVED BY LAPIERRE – SIGNORETTI: THAT we do now adjourn. Time: 4:05 p.m.

CARRIED

(Chair)

(Secretary)

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

Words for thought

Preventing Problematic Substance Use in Youth

Chief Public Health Officer of Canada releases her 2018 report on the state of public health in Canada

MONTREAL, Oct. 23, 2018 /CNW/ - Problematic use of alcohol, cannabis and opioids is a serious issue in Canada. The more than 8,000 deaths from opioid poisoning since 2016 are preventable deaths. More deaths can be stopped with our collective action. According to recent data from British Columbia, the national life expectancy of Canadians may be on the decline because of the opioid crisis. Canadian youth are the highest users of cannabis in the world, and almost half of all students in grades 7 to 12 drink alcohol. This is a key moment to prevent problematic substance use from impacting current and future generations. To tackle this problem and to save lives, we must maintain, expand and evolve efforts across sectors and society.

Today, Dr. Theresa Tam, Canada's Chief Public Health Officer, released her [annual report on the State of Public Health in Canada](#). This year's report provides a snapshot of the health status of Canadians, and then explores problematic substance use in youth with a focus on prevention. Dr. Tam will launch her report this afternoon at the Canadian Mental Health Association's national conference in Montreal, Quebec.

While many youth experiment with using drugs and alcohol, some use these substances in ways that are harmful to themselves and others. Intervening early to counteract the risk factors of problematic use among youth offers the best chance of having a positive influence on a young person's development and in reducing long-term harms to them and to society as a whole.

There is no single cause of problematic substance use in youth, so preventing it will require strong collaboration among many sectors of society. A comprehensive approach includes marketing restrictions, reduced availability, the provision of stable housing, supportive education, and accessible social and mental health supports. These will help youth thrive and prevent the harmful use of substances.

Source: Public Health Agency of Canada

Chair and Members of the Board,

Dr. Tam, Canada's Chief Public Health Officer, shed a national light on what is being played out in our local communities. As noted in her 2018 annual report on the state of public health in Canada, there is no single cause of problematic substance use in youth. Local boards of health are a key player in addressing this issue. Local public health works as a connector – engaging with many non-health sectors to identify measures we can all take to support health. Locally we are engaged in pursuing a needs assessment and feasibility study about problematic drug use. This will ensure we fully explore the issues in our area and that we are best situated to identify prevention and harm reduction strategies together.

General Report

1. Board of Health

Board of Health Appreciation

Board members are invited to join the senior managers in the Boardroom following the November 22, 2018, meeting for refreshments and recognition of members' service throughout this term.

Board of Health Membership

Following the municipal election in October, Public Health Sudbury & Districts will be notified by constituent municipalities within its service area of municipal appointments to the Board of Health once they have finalized appointments to their outside Boards. Sincere thanks to all current municipal councillors and municipal appointees for your contributions.

Reminders

There is no regular Board of Health meeting in December. The date of the next Board of Health meeting is scheduled for Thursday, January 17, 2019, at 1:30 p.m. in the Boardroom, pending confirmation of quorum.

Roll Up Your Sleeve

Board members are welcome to have their flu shot on November 22, between 12:30 and 1 p.m. Please announce your arrival at the main reception and staff will accompany you to the meeting location for your flu shot. Staff will also be available to administer flu shots immediately following the Board meeting if you don't have time prior to the meeting.

2. Local and Provincial Meetings

As Board member, I attended a Collège Boréal Conseil d'Administration et du Conseil d'Administration de la Fondation on October 19.

On October 22 and 23, 2018, I attended the Mental Health for All (MH4A) Conference in Montréal. The theme of this year's conference was "Ahead by a century: the shape of things to come" and helped participants envision the future of mental health in Canada, moving "upstream" to ensure that we are promoting mental health, and preventing mental illness before it can take hold.

A face-to-face Council of Ontario Medical Officers of Health (COMOH) section meeting was held in Toronto on October 30, 2018.

On November 9, 2018, I attended a National Collaborating Centre for Healthy Public Policy (NCCHPP) Board meeting in Montréal.

3. C.P. Shah Award of Alumni Excellence

I was nominated by the Public Health Alumni Association (PHAA) of the Dalla Lana School of Public Health at the University of Toronto, as the recipient of this year's C.P. Shah Award of Alumni Excellence. The C.P. Shah Award recognizes graduates of academic programs of the Dalla Lana School of Public Health who have advanced the field of public/population health in Canada either through practice, teaching, or research. I was honored to be selected as this year's recipient in recognition of work in the area of health equity. I was the keynote speaker at their Annual General Meeting on November 13, 2018, in Toronto where I accepted the award.



4. Public Health Sudbury & Districts Workplace Fundraiser – United Way Campaign

Public Health Sudbury & Districts launched our 2018 United Way Campaign on October 22, 2018, which ran until November 2, 2018. The contributions raised will support funding of social service programs within the Greater Sudbury area that help so many in our community. This year the United Way Planning Committee set a goal of \$10,000. The committee is pleased to announce that we have surpassed our goal and raised \$10,500.

5. Professional Practice and Chief Nursing Officer Report

On October 30, 2018, the Chief Nursing Officer and the Professional Practice lead, met with the President of the Registered Nurses Association of Ontario (RNAO). Topics discussed included supervised injection services and overdose prevention sites, the Public Health Sudbury & Districts Indigenous Engagement Strategy and best practices related to cultural humility, and nursing student entry to practice competencies. RNAO is the professional association for Registered Nurses, Nurse Practitioners, and nursing students in Ontario.

6. Financial Report

The September year-to-date mandatory cost-shared financial statements report a positive variance of \$865,848 for the period ending September 30, 2018. Gapped salaries and benefits account for \$553,946 or 69%. Operating expenses and other revenue account for \$311,902 or 36% 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 September, a total of \$320,149 in available gapped funding was reallocated towards one-time operational priorities. The one-time items to date consisted of the following categories:

- Staffing – Program support (\$11,748)
- Programming & Research & Surveillance – (\$22,678)
- Infrastructure - (\$285,723)

7. Ministry of Labour Report

On October 12, 2018, the Ministry of Labour (MOL) visited our Sudbury East District Office as part of their Safe at Work strategy related to the Internal Responsibility Health Care Initiative, which is running from July 1, 2018, to March 31, 2019. An MOL inspector met with our staff and asked them a variety of questions related to health and safety. Our staff were able to successfully answer the questions. During the physical inspection of the office, the MOL inspector looked at the first aid kit, fire extinguishers, fire escapes, tipping or falling hazards, etc. No orders were issued. Overall, the physical inspection went well and the MOL inspector was very pleased with the condition of the office. He mentioned that Public Health Sudbury & Districts has gone over and above to make this space a safe working environment for our workers. The MOL inspector was also impressed with our policies and procedures, and how they are applied across the organization, including our district offices.

8. Quarterly Compliance Report

The Agency is compliant with the terms and conditions of our Public Health Funding and Accountability Agreement. Procedures are in place to uphold the Ontario Public Health Accountability Framework and Organizational Requirements, to provide for the effective management of our funding and to enable the timely identification and management of risks.

Public Health Sudbury & Districts has paid all payable remittances for employee income tax deductions and Canada Pension Plan and Employment Insurance premiums, as required by law to September 21, 2018, on September 21, 2018. The Employer Health Tax has been paid as required by law, to September 30, 2018, with a cheque dated October 15, 2018. Workplace Safety and Insurance Board premiums have also been paid, as required by law, to September 30, 2018, with a cheque dated September 30, 2018. There are no outstanding issues regarding compliance with the *Occupational Health & Safety Act*, Ontario Human Rights Code, or *Employment Standards Act*.

9. Public Health Champion Award

As has been indicated in previous updates, we are working to revamp the Public Health Champion Award for future years. The new format will allow for Public Health Sudbury & Districts to recognize everyday public health heroes (individuals or organizations) for the big and small things they do to help make our communities healthier for all. The revised recognition program is under development. Details will be shared with the Board of Health in early 2019.

Following are the divisional program highlights, including the twice yearly Corporate Services highlights.

Corporate Services

1. Accounting

A review of benefits was completed which resulted in a change in benefit providers. This changed ensured benefits costs are maintained at current levels while providing the same level of benefits and the same online services.

Insurance coverage was also reviewed to ensure the property value was accurately assessed, and Cyber Risk insurance was added to our policy.

Accounting continues to work closely with Human Resources to streamline workflows and maximize our system functionality thereby increasing efficiency within our processes and systems.

2. Facilities

Contract discussions with the Facilities Management Company are nearing completion. We anticipate the transition to this company will be completed by mid to end of December.

All systems and equipment have been maintained as per CSA standards and legislative requirements. The Fire Safety Plan was approved by Greater Sudbury Fire Services in August and fire drills are scheduled to test our procedures.

Various projects were completed including painting and new office set ups to accommodate additional staff hires.

3. Human Resources

Health and Safety

We continue to work diligently to maintain our compliance with the *Occupational Health & Safety Act* and our organizational health and safety policies and procedures. Regular and recurring activities include regular Joint Health and Safety Committee (JHSC) meetings, training and communication on the Internal Responsibility System, WHMIS, fire safety, first aid, emergency preparedness and workplace violence and harassment. With recent changes in staffing new members have been identified and are being certified.

The Psychological Health and Wellness Committee (PHWC) is progressing through the activities as outlined in the logic model and 5-year activity plan. The PHWC strategy is to support and address psychological health and safety and to protect and promote mental health of our workers.

Accessibility for Ontarians with Disabilities Act (AODA)

Public Health Sudbury & Districts continues to meet the requirements of the Accessibility for Ontarians with Disabilities Act. The Accessibility Plan and agency policies are available to the public on the website. Human Resources continues to provide relevant Insight posts to raise awareness of human rights and AODA and to work to reduce stigma surrounding persons with disabilities. The internal share point site has been finalized and has been renamed “Accessibility and Inclusivity in Public Health”. This internal program site includes tools and resources to assist staff in achieving the agencies goal to go beyond AODA legislation and to continually improve the accessibility of our programs and services to the public as well as for our staff.

Privacy

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

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

Access to Information Requests

From 2013 to 2015 there was a significant increase in the number of formal information requests from the public. However, in more recent years, we have seen a decline.

Year	# of requests
2015	15
2016	9
2017	12
2018	6 to date

This may be indicative of some of the information that we make publicly or routinely available thus reducing the need for a formal request.

Labour Relations

Public Health Sudbury & Districts has successfully bargained with its CUPE bargaining unit for a new collective agreement which will expire March 31, 2021. We are preparing for bargaining in 2019 with our ONA bargaining unit for a new collective agreement. The current agreement expires March 31, 2019.

4. Information Services

A new network monitoring solution called PRTG has implemented. This tool allows IT staff to see issues with servers, services and hardware before they happen. It can send out alerts via SMS thereby ensuring IT staff are notified prior to potential failures and respond accordingly.

Maintenance was completed on the current Uninterruptible Power Supply in the server room which included new batteries and switch closet on the second floor were completely re-done with new switches installed and new cabling. Additional ports were re-activated as a result.

A new building automation and video server went live in August to provide more storage space required by the camera upgrades completed this year and we have initiated a project to replace outdated telephone equipment.

In October, Ontario Telemedicine Network (OTN) videoconferencing systems were decommissioned in the District offices and replaced with Skype For Business. OTN will continue to be available for use at the main site.

5. Volunteer Resources

There is a total of 60 active volunteers who contributed 351 hours of volunteer service to Public Health Sudbury & Districts from April to October 2018. There has been an increase in the number of inquiries for skills development volunteer opportunities and active recruitment continues for Circles Allies volunteers.

Over the last few months, policies and procedures for Volunteer Resources have also been updated to align with the new visual identity and to better meet the needs of our volunteers and volunteer programs.

The work of our volunteers is invaluable and we continue to recognize their efforts with small tokens of appreciation.

6. Quality & Monitoring

Organizational Standards, now Organizational Requirements

With the release of the 2018 Ontario Public Health Standards, the Public Health Accountability Framework and Organizational Requirements have replaced Organizational Standards. Monitoring and reporting for the Organizational Requirements has been incorporated into the 2018-2022 Accountability Monitoring Plan as approved by the Board of Health in June 2018. The first annual compliance report for the Organizational Requirements will be included in the Annual Accountability Monitoring Report which will be presented in February 2019.

Continuous Quality Improvement

Provincially, Public Health Sudbury & Districts continues to participate in the locally driven collaborative project (LDGP) called Strengthening Continuous Quality Improvement (CQI) in

Ontario's public health units. Our organization served as co-applicant on the project and the Quality & Monitoring Specialist is the co-chair of the Knowledge Exchange Working Group.

One-time funding was received to support the hiring of a Quality Assurance Officer from September 2018 to June 2019. The Quality Assurance Officer's primary focus is to support the development and implementation of quality assurance mechanisms, working closely with and in support of Clinical Services and the Environmental Health divisions.

Lean

Lean reviews continue to be part of the organization's continuous quality improvement work and will be incorporated organizational quality improvement plans. Many teams and divisions are now leading or championing their own lean projects and process mapping exercises. New organization-wide lean projects that have been identified include resource development and approval processes, recruitment processes, and a review of staff development practices. The next Annual Lean Report will be available in May 2019.

Risk Management

The 2017 Risk Management Annual Report was shared with the Board of Health in May 2018. Agency-wide risks continue to be monitored on a quarterly basis and reports are presented to the Senior Management Executive Committee. At this time, the identified risks are posing no immediate concern or are being addressed with attention as necessary. Mitigation strategies continue to be put in place as needed. The 2018 Risk Management Annual Report will be shared with the Board of Health in May 2019.

In addition to reporting to the Board, the first risk management quarterly report for the Ministry of Health and Long-Term Care was completed at the end of October as part of the Annual Service Plan third quarter reporting. Quarterly reports for the Ministry will continue and include identification of risk, risk ratings, and mitigation strategies. A comprehensive review of organizational risks will be conducted in 2019.

Clinical Services

1. Control of Infectious Diseases (CID)

Infection Prevention and Control (IPAC)

On September 25, Public Health Ontario and the Ministry of Labour partnered with our agency's Environmental Health and CID staff to provide a full day of education on outbreak management and IPAC for long-term care facility staff.

National Infection Control Week took place during the third week of October. This year the CID nurses partnered with Environmental Health staff and offered education to our agency staff on hand hygiene, donning and doffing of personal protective equipment as well as influenza awareness. A total of 58 health unit staff participated.

Influenza

As of October 31, 2018, there are no reported cases of influenza in the community.

Respiratory outbreaks

There have been two respiratory outbreaks declared in long-term care homes in October.

Universal Influenza Immunization Program (UIIP)

Pharmacies approved to participate in this season's Universal Influenza Immunization Program (UIIP) are required to submit temperature logs to the agency. CID program staff continue to monitor for compliance. This strategy implemented by MOHLTC stresses accountability by 56 pharmacies on the importance of maintaining cold chain integrity.

Influenza immunizations began October 15, 2018, for high-risk groups, and October 22, 2018, for the general public. Flu clinics are offered daily at the main office, as well as on Wednesday evenings, Saturdays and at district sites. Additional clinics are being held in Dowling and Wahnapiatae First Nations. Influenza vaccines are also available at primary care offices, walk-in clinics and at community pharmacies. As of October 29, the agency has administered 530 doses of influenza vaccine and has distributed 27,193 doses of the vaccine to health care providers within the district.

Vaccine preventable diseases education days

Public health nurses provided education to community providers on October 1 and again on the 18 in French at Le Centre de santé communautaire de Sudbury. Topics included rotavirus vaccine changes, the 2018/2019 influenza season, tuberculosis and latent tuberculosis infection and screening, vaccine safety and adverse event following immunization.

Vaccine preventable disease/school vaccines (HPV, Hep B, Menactra)

CID public health nurses have completed the first round of vaccines for children in Grade 7 and will begin the second round of vaccinations in schools starting November 5. District office public health nurses are completing their area student vaccine programs following the same timelines.

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

Sexual health promotion

In October, 40 participants attended five community presentations on the topic of sexual health and services provided by the sexual health clinic.

Public Health Sudbury & Districts sponsored the event "Slut or Nut the Diary of a Rape Trial". The documentary was presented at the Sheridan Auditorium at Sudbury Secondary School and follows a young woman who navigates various level of the Canadian legal system after a sexual assault. The event was well attended.

Sexual health clinic

During the month of October, there were 282 client drop-in visits to the Rainbow Office site related to sexually transmitted infections and pregnancy counselling.

Needle Exchange Program (NEP)

From July to September, the NEP conducted 6499 on-site and outreach client interactions.

A public health nurse presented to 50 attendees from various social and health sectors who work or liaise with the Naandwechige Gamig (Wiwemikong Health Centre) on the topic of harm reduction. This was in support of the recently signed Memorandum of Agreement with the Wiikwemkoong Unceded Territory relating to harm reduction outreach services.

3. Healthy Babies Healthy Children

The Healthy Babies Healthy Children (HBHC) Program is celebrating its 20th anniversary! HBHC provides home visiting services to families in the prenatal period and to families with children in their early years. For many parents, having a baby can be an exciting and yet challenging time. Parents may have lots of questions and/or need help to adjust to life with a new baby. The HBHC program provides home visits by public health nurses and our family home visitors.

HBHC home visiting programming

Public health nurses and family home visitors have completed a total of 816 visits to high-risk families in the last quarter. Topics addressed in home visiting programming include, but are not limited to; mental health, addictions, housing, safety, growth and development, nutrition, breastfeeding support, attachment and positive parenting.

Breastfeeding support

Public health nurses promote and protect breastfeeding in Greater Sudbury, and in the Sudbury and Manitoulin districts. A total of 69 appointments in September and 81 appointments in October were completed at the Sudbury breastfeeding clinic. A total of 23 appointments in September and 21 appointments in October were completed at the Val Caron breastfeeding clinic. A new supportive partnership with Health Sciences North has HBHC staff providing breastfeeding support to mothers on the pediatric unit as requested by Health Sciences North staff when issues arise.

HBHC partnerships

The HBHC team strives for ongoing excellence in the community. Partnerships with the Children's Aid Society and Health Sciences North are improving the quality of care received by families.

Health Sciences North and HBHC have partnered together to offer all mothers a post-partum call to support new mothers in their feeding choice and review maternal health and coping. A total of 208 calls were completed within the last quarter. Of those calls, 107 were to with-risk families.

Environmental Health

1. Control of Infectious Diseases

During the month of October, 12 sporadic enteric cases and three infection control complaints were investigated. One community enteric outbreak of *Salmonella hadar* was declared. The source is currently under investigation. Two enteric outbreaks were declared in institutions; one at a long-term care home, and one at a child care centre. The causative organisms of these outbreaks have not been identified.

2. Food Safety

During the month of October, three food product recalls prompted public health inspectors to conduct checks of 237 local premises. All affected establishments had been notified, and subsequently had removed the recalled products from sale. The recalled food products included: certain \$10.00 chicken fries due to possible contamination with *Salmonella*; certain Abbott brand formulated liquid nutrition products due to possible bacterial contamination; and Janes brand Pub Style Chicken Burgers due to possible contamination with *Salmonella*.

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

Staff issued 24 special event food service permits to various organizations.

Through Food Handler Training and Certification Program sessions offered in October, 112 individuals were certified as food handlers.

3. Health Hazard

In October, 39 health hazard complaints were received and investigated. Three of these complaints involved marginalized populations. One order to comply was issued to the owner of a rental property for extensive mould growth.

4. Ontario Building Code

During the month of October, 21 sewage system permits, nine renovation applications, and one consent application were received.

5. Rabies Prevention and Control

In October, 32 rabies-related investigations were carried out.

6. Safe Water

During October, 40 residents were contacted regarding adverse private drinking water samples. Public health inspectors investigated eight regulated adverse water sample results.

Two boil water orders, and one drinking water order were issued. Furthermore, two boil water orders, and two drinking water orders were rescinded.

7. Smoke Free Ontario Act, 2017 Enforcement

One person was charged for smoking tobacco on hospital property.

8. Vector Borne Diseases

Mosquito surveillance for the 2018 season ended in October. From June 19, 2018, to October 11, 2018, a total of 20 540 mosquitoes were collected in 331 traps and sent for analysis. During this time, a total of 374 mosquito pools were tested, all of which tested negative for West Nile virus.

Health Promotion

1. Chronic Disease Prevention and Well-Being

Northeast Local Health Integration Network (NE LHIN) Healthy Change Champions

Public Health Sudbury & Districts and the Espanola & Area Family Health Team were designated Healthy Change Champions by the NE LHIN on October 25, 2018. This designation was awarded for a collaborative initiative to identify and address access to health care issues in the rural community of Webbwood. A special acknowledgement to Aimee Belanger, Public Health Nurse, and fellow Espanola Public Health staff involved in this unique partnership dedicated to creating a healthier community for the residents of Webbwood.

Over the last year, Public Health and the Espanola & Area Family Health Team have partnered with the Webbwood Public Library to build on existing structural assets to create a functional community space, including an approved kitchen. Additionally, both organizations have expanded existing and implemented new programs into the Webbwood community, including a From Soup to Tomatoes arm chair based exercise program, a snowshoe and urban pole lending program, and the opportunity to provide a variety of group programs such as tobacco cessation.

Healthy eating behaviours

Two train-the-trainer sessions were provided to staff at the Young Men's Christian Association (YMCA), City of Greater Sudbury and Better Beginnings Better Futures. These staff were trained

on Adventures in Cooking, a food literacy program targeted to 8-12 year old children that aims to develop cooking skills, confidence in the kitchen, nutrition knowledge and food safety.

Support was provided to the Good Food Project that operates the Good Food Box and Good Food Markets. There were 39 Good Food Market days this past summer with over 500 adult customers. The Good Food Markets were offered in three communities including Minnow Lake, Copper Cliff, and Atikameksheng Anishnawbek. The markets were successful with all customers reporting that they ate more vegetables and fruit because of the market. One customer shared “Atikameksheng was buzzing about the market! Everyone was happy to have the market in the community.”

Mental health promotion

The Healthy Kids Community Challenge has come to an end effective September 30, 2018. This provincial program commenced in September 2015 with 45 communities receiving funding to help promote healthy eating, physical activity and healthy behaviours in children ages 0-12 years. Greater Sudbury, Shkagamik-Kwe and Noojmowin-Teg Health Centres were three programs that our agency supported in various ways. Most recently, four communities were chosen to participate with the Ontario Public Health Association (OPHA) in a collective impact process. Other areas chosen to participate include the City of Peterborough, County of Middlesex, City of Ottawa, and City of Thunder Bay.

A public health nurse partnered with a staff registered dietitian from Centre de santé communautaire du Grand Sudbury (CSCGS) to deliver a French-language weight bias training session to all of the CSCGS staff working in their three sites. This training helped increase staff knowledge, capacity, and buy-in as they work towards integrating a “health at every size” philosophy into their policies and programming. Supportive resources were also shared.

Physical activity and sedentary behaviour

A Physical Literacy Mentorship program in schools was developed in partnership with the Active Sudbury and Sport for Life Society. The mentorship program will provide professional development opportunities for participating elementary school teachers, including six sessions of mentoring with a trained Physical Literacy Leader. There are currently 23 teachers from the Sudbury Catholic District School Board who are participating in the program. Teachers partook in a full-day of professional development on October 11 and 12 where they learned about integrating physical literacy in their classroom, as well as how to assess children’s physical literacy utilising the PLAYbasic tool. Teachers were also encouraged to complete an online Introduction to Physical Literacy course with financial support from Active Sudbury. Each participating teacher has been assigned to a Physical Literacy Leader and the six sessions have begun.

To evaluate the effectiveness of this physical literacy mentorship program, Public Health Sudbury & Districts staff partnered with McMaster University to assess the physical literacy of children in Grades 2 and 3 within a select number of schools participating in the Physical Literacy Mentorship Program. During the week of October 22 to 25, 218 assessments were

completed using PLAYfun and PLAYself tools. The PLAY (Physical Literacy Assessment for Youth) tools measures a child's physical literacy, by evaluating movement skills, motivation and self-perceived competence in physical activities. Students will be reassessed in the spring of 2019 utilising the same tools and will be followed over a two-year period.

Diabetes Prevention Program

In late October, the Sudbury & Manitoulin Districts Indigenous Diabetes Prevention Advisory Committee held their fall meeting in Espanola. At the meeting, the newly-launched Indigenous Engagement Strategy was shared with attendees and future directions and collaborative options were discussed. Committee members include representatives from M'Chigeeng Health Centre, Sagamok First Nation, Mnaamodzawin Health Services, Aundeck Omni Kaning First Nation, Noojmowin Teg Health Centre, Shkagamik-Kwe Health Centre, Mamaweswen the North Shore Tribal Council, Atikameksheng Anishnawbek First Nation and Wikwemikong Health Centre.

Workplace Health

The month of October is Canada's Healthy Workplace Month. Promotion was carried out through various mediums including radio ads, Facebook, Twitter, and posters in workplaces. Mayor Brian Bigger officially launched the Workplace Safety North of Canada's Healthy Workplace Month. This event was attended by approximately 20 people including staff from Public Health Sudbury & Districts.

On October 23, 2018, a public health nurse from the workplace health team hosted a two-hour Workplace Health Network meeting. A presentation on cannabis including Canada's Lower-Risk Cannabis Use Guidelines, health impacts, legislation, as well as examples of websites for policy development related to substance use in the workplace was provided. The meeting was attended by 19 key decision makers or influencers of the health of employees and organizations.

2. Health Equity

Engagement with Indigenous Communities and Organizations

Public Health Sudbury & District's Indigenous Engagement Strategy entitled "Finding our Path Together, Maamowi Mkamang Gdoo-miikaansminaa, Kahkinaw e mikshamahk ki meskanaw" was launched with Board of Health approval and participation on Thursday, October 18, 2018. The celebration continued into the evening with a community event involving keynote presenter Kevin Lamoureux of the University of Winnipeg who spoke on the theme of Reconciliation in Action.

3. School Health

Healthy eating behaviours

Staff facilitated an educational opportunity with 90 Laurentian University, School of Education students focused on creating healthy school nutrition environments. This learning activity

allowed future educators to explore their roles in contributing to a healthy nutrition environment, including being positive role models, reframing the use of foods with minimal nutrition value at school activities, and promoting food literacy in their classrooms.

An innovative Professional Development Day session was provided on the influences of the food environment with educators from a local school board. The audience used healthy eating information and discussions to understand why each person eats a certain way, and how environmental triggers and learned behaviours influence eating patterns. Participants explored ways for harnessing their self-awareness to make effective long-lasting and fulfilling changes toward eating well.

Mental health promotion

A Mental Health Promotion workshop was facilitated with 90 Laurentian University School of Education students. The learners were engaged in interactive learning and hands-on activities to understand the impact of early childhood experiences on children's brain development. This workshop expanded the participants' skills in incorporating strength-based approaches as future educators and adult influencers in school communities.

A stress management session was presented to educators from a local school board. The educators had the opportunity to explore causes of stress, the body's reactions toward stress and effective self-care approaches toward managing stressful experiences. The educators had the opportunity to connect to different perspectives of stress and how some stress can be considered good in keeping people motivated. Staff supported the educators in reaching their full health potential for the health of school communities.

Substance use and harm reduction

Information was provided to local schools boards to increase awareness and education on the topic of cannabis. The information shared contained facts on cannabis, cannabis legalization, the health and social effects of cannabis use on children and youth, as well as where to find support and additional information.

Information on cannabis use among youth was provided to the public during a media interview. Key messages included: youth are especially vulnerable to the effects of cannabis since brain development is not complete until about the age of 25 and parents/guardians, caregivers, and adults are encouraged to stay connected to youth by talking to them, knowing their friends and being prepared to answer questions regarding the topic of cannabis.

UV exposure

The Canadian Cancer Society's SunSense Certification was promoted to local schools. This certification acknowledges and celebrates schools that have created a sun safe environment to protect students and staff from harmful ultraviolet radiation. SunSense uses a comprehensive approach that engages parents, staff and students where schools are empowered to influence sun safety behaviours and create a sun safe culture within school communities

Northern Fruit and Vegetable Program

The evaluation of the 2018 Northern Fruit and Vegetable Program (NFVP) indicated that 1273 students in Grades 5 to 8 from 33 schools participated in the evaluation. The findings show that exposure to fruits and vegetables is associated with increased likeability, acceptance and consumption of these foods. A total of 87% of students reported being very willing or willing to try new fruit and vegetables that they'd never tried before. A large percentage of these students (89%) also reportedly enjoyed receiving the fruits and vegetable servings that were part of the NFVP.

4. Substance Use and Injury Prevention

Comprehensive tobacco control

In September, a survey was delivered to Laurentian University and Cambrian College students during residence frosh week regarding their support for a Smoke-Free Campus. At Cambrian College, the team interacted with over 78 participants, 55 of which were surveyed; 51% of participants were in support of a smoke-free campus. At Laurentian University, the team interacted with over 100 students, 72 of which were surveyed; 71.6% of participants were in support of a smoke-free campus.

In October, public health nurses hosted a STOP on the Road quit smoking workshop in partnership with the Center for Addiction and Mental Health (CAMH). The workshop was attended by 17 clients, who each received a free five-week supply of nicotine patches, and vouchers to support the purchase of nicotine replacement therapy. Furthermore, a consultation was held with the N'Swakamok Native Friendship Centre for potential cessation support for clients of the Friendship Centre. Information was shared about STOP on the Road, Ontario Tobacco Research Unit modules and the CAMH TEACH certification course.

Falls

The Stay on your Feet (SOYF) Sudbury Manitoulin Falls Prevention Coalition meeting was held on September 27, 2018, where 14 coalition members were present. A formal presentation was done by the public health nurse highlighting the SOYF nine-step strategy.

The SOYF strategy was highlighted during the North East Geriatric Refresher Day. The event was attended by 160 participants including health care providers across the region.

Road safety

The Sudbury Road Safety Committee hosted an event at the Bishop Alexander Carter Catholic School on October 22, 2018, to mark the National Teen Driver's Safety Week. The event was attended by five public health nurses, police officers, a paramedic, and a Tobacco Control Area Network (TCAN) representative. The event was attended by over 150 Grade 11 and 12 students.

Substance use

Public Health Sudbury & Districts submitted comments on Bill 36, *the Cannabis Statute Law Amendment Act, 2018*, to the Ministry of Health and Long-Term Care (MOHLTC).

Cannabis education and awareness activities to date include:

- *Cannabis telephone line*: A dedicated information line has been established and promoted through social media and in local newspapers or newsletters in Markstay-Warren, French River, Manitoulin Island and Chapleau.
- *Website*: Comprehensive cannabis information was posted on the Public Health Sudbury & Districts website.
- *Be Cannabis Wise* awareness campaign was launched: Four key messages include “Delay Use until Later in Life”, “Don’t Use if You’re Pregnant or Plan to Become Pregnant”, “Start Low and Go Slow” and “Don’t Drive High”. Key messages were shared via social media, community bus shelters, bus backs, inside bus panels, media sign on Paris Street and the Kingsway, MacMedia venues and Public Health Sudbury & Districts office locations.
- Directors of Education: *Be Cannabis Wise* campaign key messages and the availability of a cannabis information line was shared with the Directors of Education for dissemination throughout the school boards.
- *Smoke-free advocacy*: Local post-secondary institutions (Collège Boréal, Laurentian University and Cambrian College) were encouraged to implement 100% tobacco and smoke-free campuses, inclusive of cannabis.

In October, staff attended a “Question and Answer” session at Cambrian College with Greater Sudbury Police Service, to answer questions about cannabis and to promote Canada's Lower-Risk Cannabis Use Guidelines. Staff also presented on the health impacts of cannabis at the Whitefish River First Nation Cannabis Conference and Community Discussion Forum. A public health nurse participated in the Workplace Health Network Meeting and delivered a presentation on the health impacts of cannabis and provided information on policy development for drugs and alcohol in the workplace. The Sudbury Road Safety Committee, in partnership with the Bishop Alexander Carter Catholic Secondary School, celebrated National Teen Driver Safety Week. Key messages, toolkits and resources related to substance use and distracted driving were shared with Grade 11 and 12 students. Many activities demonstrated the effects of substance use and driving.

Community Drug Strategy (CDS)

The CDS collaborated with community agencies to submit three proposals to obtain grant funding to conduct a Needs Assessment Feasibility Study for Supervised Consumption Services for the City of Greater Sudbury. In addition, over 20 community agencies came together to discuss the next steps to move this project forward. A Community Advisory Committee, a Research/Technical Working Group and Communications Working Group have been created and meet regularly to communicate and work on specific tasks required for the study.

The Community Drug Strategy released an anti-stigma video to encourage individuals to question their assumptions about people who use drugs. The video was broadcasted on CTV during the week of October 22, 2018, and shared amongst social media and our partners.

Drug and alcohol survey results were presented to the CDS Manitoulin Harm Reduction subcommittee group during their September and October meetings. The survey sought to determine the scope of drug use on Manitoulin Island, services and supports available, as well as what was needed most for people who struggle with drugs and alcohol. The findings will help to inform community engagement sessions around next steps during the National Addictions Awareness Week at the end of November.

A draft drug and alcohol survey was also developed for the Sudbury East Community Drug Strategy group. This survey will be administered in the communities within Sudbury East to help inform next steps and areas of potential focus for the Sudbury East Community Drug Strategy.

Harm reduction – Naloxone

Since September, three additional memorandums of understanding have been signed, and an additional three agencies have been trained in Naloxone administration, bringing both totals up to 21. Since the program has begun, 617 clients/service users have been trained in the administration of naloxone, with 1054 kits and 29 refills distributed through community agencies and our own public health teams.

Knowledge and Strategic Services

1. Health Equity

In October, a total of two Bridges out of Poverty workshops were delivered, including one six-hour session offered to the public and one three-hour session to Cambrian College students enrolled in the Community Health Navigation program. A fifth Circles Leader Training session began in October with 10 individuals living in low income. The program is being co-facilitated by a Health Equity team staff member and staff from St. Albert's Adult Learning Centre. Circles programming sessions began again in October after a summer hiatus. These sessions are now being hosted by the Jubilee Heritage Resource Centre. On October 10 and 11, Circles Canada conducted a site assessment of Circles Sudbury, which received a green rating (the highest possible rating). On October 11, a video about a Circles participant and matched volunteer was released on media and via social media. The video can be found on YouTube in both [English](#) and [French](#).

On October 26, members from the Health Equity team facilitated two half-day workshops with nearly fifty teachers at the Rainbow District School Board Professional Activity Day "Equity Conference". Goals of the workshop goal were to: 1) learn about elementary school teachers' experiences with poverty in their classrooms and schools; 2) introduce teachers to the lesson plan on the social determinants of health and health equity; 3) receive feedback on the materials, and; 4) invite teachers to pilot the materials in their classrooms.

2. Population Health Assessment and Surveillance

Three new Population Health Assessment and Surveillance team Internal Reports were produced using 2016 data from the Rapid Risk Factor Surveillance System (RRFSS). The reports include Diabetes Risk Factors (3 indicators), Flu Immunization: Children (3 indicators), and Alcohol Policy (10 indicators). A large majority (84%) of adults aged 19 years and older agree that alcohol should be sold with a health warning label. Where practicable, breakdowns by age, sex, education, and income groups are presented.

3. Student Placement Program

The Manager, Professional Practice and Development attended the 50th anniversary of the Laurentian University School of Nursing on October 20, as a way to support the leadership of the school in training nurses in our community and in order to foster additional collaborative relationships.

In collaboration with the Laurentian University School of Nursing second year Francophone program, our organization participated in a half day introduction to Public Health Nursing. Over 40 students were in attendance to hear from public health nurses about their roles and experiences related to the development and implementation of a community drug strategy and healthy public policy/environmental supports. A broad overview of what public health is and how local public health is organized and delivered was also presented to the students. Along with this the organization provided space for the delivery of a simulation exercise for these students focused on community vaccination.

4. Presentations

On October 26, a staff member presented to approximately 30 fourth year Laurentian University nursing students on policy and the development of healthy public policy.

5. Strategic Engagement Unit and Communications

Since September 1, 2018, the agency's social media reach and engagement have continued to steadily grow. Over the course of two months, the agency reached 130 238 people through regular Facebook posts and paid ads. The agency gained an additional 163 Page Likes on Facebook (which now total 3866 Page Likes) and 37 new followers on Twitter (which totals 2638 followers). This growth has been attributed to dedicated social media efforts and continued work toward development of our social media strategy. Notable efforts include three Facebook Live streaming sessions (including for the Indigenous Engagement Strategy launch), a "Like and Share" contest to promote an upcoming event, and paid Facebook promotions for various topics, including cannabis, our Circles video, municipal election primers, and mental illness awareness week.

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 9 Periods Ending September 30, 2018

Cost Shared Programs

	Annual Budget	Budget YTD	Current Expenditures YTD	Variance YTD (over)/under	Balance Available
Revenue:					
MOHLTC - General Program	15,127,700	11,015,250	11,015,250	0	4,112,450
MOHLTC - Unorganized Territory	826,000	614,550	614,550	0	211,450
MOHLTC - VBD Education & Surveillance	65,000	48,750	48,750	0	16,250
MOHLTC - SDWS	106,000	79,500	79,500	0	26,500
Municipal Levies	7,064,806	5,298,592	5,298,592	(0)	1,766,214
Municipal Levies - Small Drinking Water Syst	47,222	35,417	35,417	(0)	11,805
Municipal Levies - VBD Education & Surveil	21,646	16,235	16,235	(0)	5,411
Interest Earned	85,000	85,000	125,112	(40,112)	(40,112)
Total Revenues:	\$23,343,374	\$17,193,293	\$17,233,406	\$(40,113)	\$6,109,968
Expenditures:					
Corporate Services:					
Corporate Services	4,811,311	3,342,668	3,209,163	133,505	1,602,147
Print Shop	120,816	87,612	67,158	20,454	53,658
Espanola	119,921	88,660	82,513	6,147	37,408
Manitoulin	128,909	96,149	87,972	8,177	40,937
Chapleau	101,289	74,624	66,863	7,761	34,426
Sudbury East	16,508	12,381	12,639	(259)	3,869
Intake	323,006	236,850	222,215	14,635	100,791
Volunteer Services	5,711	4,283	664	3,619	5,047
Total Corporate Services:	\$5,627,470	\$3,943,226	\$3,749,187	\$194,039	\$1,878,283
Clinical Services:					
General	1,074,582	727,666	650,912	76,754	423,670
Clinical Services	1,323,969	1,019,602	992,029	27,573	331,940
Branches	221,693	163,303	154,557	8,746	67,136
Family	593,266	427,523	426,221	1,301	167,045
Risk Reduction	98,842	55,675	51,180	4,495	47,662
Clinical Preventative Services - Outreach	135,218	96,968	89,858	7,110	45,360
Sexual Health	936,808	678,336	670,326	8,009	266,482
Influenza	0	0	(1)	1	1
Meningitis	0	0	1	(1)	(1)
HPV	0	0	1	(1)	(1)
Dental - Clinic	499,383	359,360	337,573	21,787	161,810
Total Clinical Services:	\$4,883,761	\$3,528,433	\$3,372,657	\$155,775	\$1,511,103
Environmental Health:					
General	845,932	599,099	582,710	16,389	263,221
Environmental	2,449,083	1,737,963	1,649,177	88,786	799,906
Vector Borne Disease (VBD)	86,667	69,986	61,423	8,562	25,243
Small Drinking Water System	153,222	113,682	110,824	2,858	42,397
Total Environmental Health:	\$3,534,903	\$2,520,730	\$2,404,135	\$116,595	\$1,130,768
Health Promotion:					
General	1,251,395	882,034	866,899	15,135	384,496
School	1,268,915	887,261	877,132	10,129	391,783
Healthy Communities & Workplaces	145,513	107,080	102,233	4,847	43,280
Branches - Espanola / Manitoulin	305,750	223,507	208,058	15,449	97,692
Nutrition & Physical Activity	959,305	674,476	642,532	31,944	316,773
Branches - Chapleau / Sudbury East	386,609	283,771	271,649	12,122	114,960
Injury Prevention	266,410	163,625	151,368	12,258	115,043
Tobacco By-Law	275,085	205,712	176,178	29,534	98,907
Healthy Growth and Development	1,081,584	738,222	656,688	81,535	424,896
Substance Misuse Prevention	113,172	85,857	85,642	215	27,530
Mental Health and Addictions	376,568	258,721	209,240	49,481	167,328
Alcohol Misuse	203,980	131,118	123,331	7,787	80,649
Total Health Promotion:	\$6,634,288	\$4,641,385	\$4,370,949	\$270,436	\$2,263,338
Knowledge and Strategic Services:					
General	1,764,146	1,318,097	1,275,801	42,297	488,345
Workplace Capacity Development	29,001	15,569	13,078	2,491	15,923
Health Equity Office	220,725	151,608	143,337	8,271	77,388
Strategic Engagement	649,080	473,722	437,890	35,831	211,190
Total Knowledge and Strategic Services:	\$2,662,952	\$1,958,996	\$1,870,106	\$88,890	\$792,846
Total Expenditures:	\$23,343,374	\$16,592,769	\$15,767,034	\$825,735	\$7,576,339
Net Surplus/(Deficit)	\$0	\$600,524	\$1,466,371	\$865,848	

Public Health Sudbury & Districts

Cost Shared Programs

STATEMENT OF REVENUE & EXPENDITURES

Summary By Expenditure Category

For The 9 Periods Ending September 30, 2018

	BOH Annual Budget	Budget YTD	Current Expenditures YTD	Variance YTD (over) /under	Budget Available
Revenues & Expenditure Recoveries:					
Funding	23,667,502	17,492,175	17,543,098	(50,923)	6,124,404
Other Revenue/Transfers	883,238	599,096	637,221	(38,125)	246,017
Total Revenues & Expenditure Recoveries:	24,550,740	18,091,271	18,180,319	(89,048)	6,370,420
Expenditures:					
Salaries	15,792,696	11,237,141	10,832,327	404,814	4,960,369
Benefits	4,440,633	3,256,157	3,107,025	149,132	1,333,608
Travel	259,617	184,636	144,200	40,435	115,417
Program Expenses	1,021,011	689,266	614,996	74,270	406,015
Office Supplies	108,990	53,235	31,188	22,048	77,802
Postage & Courier Services	70,536	52,970	42,434	10,536	28,102
Photocopy Expenses	32,207	24,155	19,070	5,085	13,137
Telephone Expenses	62,306	46,679	40,951	5,728	21,355
Building Maintenance	456,440	346,908	350,008	(3,100)	106,432
Utilities	208,937	139,703	136,517	3,186	72,420
Rent	263,153	197,665	198,211	(547)	64,942
Insurance	103,774	98,774	98,756	18	5,018
Employee Assistance Program (EAP)	34,969	24,740	22,799	1,941	12,170
Memberships	31,658	28,598	32,615	(4,017)	(957)
Staff Development	236,917	173,562	160,748	12,814	76,169
Books & Subscriptions	10,577	8,069	2,429	5,641	8,148
Media & Advertising	141,886	77,281	45,256	32,025	96,630
Professional Fees	163,822	128,492	119,076	9,416	44,746
Translation	48,995	41,242	45,184	(3,942)	3,811
Furniture & Equipment	30,724	29,402	28,866	536	1,858
Information Technology	1,030,892	652,073	641,293	10,780	389,599
Total Expenditures	24,550,739	17,490,747	16,713,948	776,799	7,836,791
Net Surplus (Deficit)	0	600,524	1,466,371	865,848	

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

100% Funded Programs

Program	FTE	Annual Budget	Current YTD	Balance Available	% YTD	Program Year End	Expected % YTD
INFOWAY - Immunization Ontario	702	-	23,841	(23,841)	#DIV/0!	Dec/19	37.5%
MOHLTC Local Model for Indigenous Engagement	703	103,302	64,660	38,642	62.6%	Mar 31/19	50.0%
Pre/Postnatal Nurse Practitioner	704	139,000	102,181	36,819	73.5%	Dec 31	75.0%
OTF - Getting Ahead and Circles	706	216,800	82,640	134,160	38.1%	Mar 31/2020	53.7%
CGS - Local Poverty Reduction Evaluation	707	46,592	24,354	22,238	52.3%	Nov 30/2019	50.0%
SFO - Electronic Cigarette Act	722	36,700	13,284	23,416	36.2%	Dec 31	75.0%
SFO - TCAN - Prevention	724	97,200	29,488	67,712	30.3%	Dec 31	75.0%
SFO - Tobacco Control Area Network - TCAN	725	285,800	188,802	96,998	66.1%	Dec 31	75.0%
SFO - Local Capacity Building: Prevention & Protection	726	259,800	119,007	140,793	45.8%	Dec 31	75.0%
SFO - Tobacco Control Coordination	730	100,000	73,400	26,600	73.4%	Dec 31	75.0%
SFO - Youth Engagement	732	80,000	56,945	23,055	71.2%	Dec 31	75.0%
Infectious Disease Control	735	479,100	351,012	128,088	73.3%	Dec 31	75.0%
LHIN - Falls Prevention Project & LHIN Screen	736	100,000	46,421	53,579	46.4%	Mar 31/19	50.0%
MOHLTC - Special Nursing Initiative	738	180,500	133,502	46,998	74.0%	Dec 31	75.0%
MOHLTC - Northern Fruit and Vegetable Funding	743	156,600	121,600	35,000	77.7%	Dec 31	75.0%
Food Safety - Haines Funding	750	36,500	13,178	23,322	36.1%	Dec 31	75.0%
NE HU Collaborations/Shared Services Exploration	755	-	371	(371)	#DIV/0!	Mar 31/19	50.0%
Triple P Co-Ordination	766	35,292	35,292	-	100.0%	Dec 31	75.0%
MOHTLC - Harm Reduction Program	771	150,000	119,481	30,519	79.7%	Dec 31	75.0%
Healthy Babies Healthy Children	778	1,476,897	947,376	529,521	64.1%	Dec 31	75.0%
Healthy Smiles Ontario (HSO)	787	612,200	406,022	206,178	66.3%	Dec 31	75.0%
Anonymous Testing	788	61,193	31,057	30,136	50.8%	Mar 31/19	50.0%
PHO/LDCP First Nations Engagement	790	108,713	43,864	64,849	40.3%	May/17 to May/19	45.8%
MHPS- Diabetes Prevention Program	792	175,000	72,424	102,576	41.4%	Dec 31	75.0%
MOHLTC- Built Envir.-Climate Chg. - Disclosure & Healthy Menu	793	131,100	22,649	108,451	17.3%	Mar 31/19	50.0%
Total		5,068,289	3,099,010	1,969,279			

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

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E-mail: info@alphaweb.org

October 22, 2018

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

Dear Minister Elliott,

Re: Vapour Products Display and Promotion

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 to express concerns about the proliferation of the promotion and display of vapour products.

While research is accumulating that shows vaping is less harmful than smoking tobacco, this same research shows that vaping still does introduce poisonous substances into the body. Vaping causes inflammation and has negative health impacts in a similar way to smoking tobacco.

Ontario has seen an increase in youth vaping over the past two years. This will likely continue without strict prohibitions on their promotion and marketing. We are concerned that without this action young people will be seriously harmed. The provisions that already exist within the legislation need to be strengthened and enforced.

With the recent proliferation of billboards, point-of-sale promotions and other ads for vapour products visible to children and youth in our communities, the restrictions on display and promotion under the Smoke-Free Ontario Act, 2017 and Regulation 268 have fallen demonstrably short of their intentions.

Section 4.1 of the Smoke-Free Ontario Act, 2017 clearly prohibits the display and promotion of vapour products in any place where vapour products are sold or offered for sale, except in accordance with the regulations (RSO 2018, c. 12, Sched. 4, s. 3). Regulation 268 sets out exemptions from this section for tobacconists, specialty vape shops, cannabis retailers and manufacturers, but not for other types of retailers that are accessible to minors such as convenience stores.

We were therefore surprised to see the following clarification in an October 17, 2018 memo regarding the amended Act and implementation supports issued by the office of the Assistant Deputy Minister, Population and Public Health Division (emphasis added):

“Retailers that are not specialty vape stores (e.g., convenience stores) cannot display vapour products, and *can only promote* vapour products if the promotion complies with federal law”.

This sends a mixed message that is in our estimation is not in keeping with measures that are built into the legislation to ensure that minors are not exposed to marketing and promotion of vapour products.

The appeal and popularity of these products among children and youth is well established, 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. Our concerns are magnified by the increasing availability of addictive nicotine-infused vape liquids in the Ontario market.

The predatory marketing tactics of tobacco companies – especially as they relate to enticing young people - were recognized decades ago and the effectiveness of banning their display and promotion has been clearly demonstrated. Allowing the manufacturers of vapour products (many of which are also tobacco companies) to engage in those same predatory tactics is a leap backwards for public health in general and a threat to children, in particular. We therefore strongly urge you to ensure that the restrictions on promotion and display of vape products that are built in to the Smoke-Free Ontario Act and its regulations are reinforced.

I would be pleased to meet with you to discuss our positions in more detail. Please contact Loretta Ryan, Executive Director, alPHa at 647-325-9594 or loretta@alphaweb.org to make arrangements for a meeting.

Yours sincerely,



Dr. Robert Kyle,
alPHa President



Dr. Chris Mackie
Chair, COMOH

COPY: Robin Martin, Parliamentary Assistant, MHLTC
Effie Triantafilopoulos, Parliamentary Assistant, MHLTC
Helen Angus, Deputy, MHLTC
Dr. David Williams, Chief Medical Officer of Health
Dianne Alexander, Director, Health Promotion and Prevention Policy and Programs Branch
Nina Arron, Director, Health Protection and Surveillance Policy and Programs Branch
Loretta Ryan, Executive Director, alPHa

Enclosed: A photo taken October 2018 of a billboard advertising vaping located at Yonge Dundas Square. The ad fronts onto both Yonge Street and the square and it is the length and width of the building. This is located immediately across from a movie theatre that features many child-friendly films.

November 5, 2018

The Honourable Christine Elliott
Minister of Health and Long-Term Care
10th Floor, Hepburn Block
80 Grosvenor Street
Toronto, ON M7A 2C4
christine.elliott@pc.ola.org

Dear Minister Elliott,

Re: Strengthening the Smoke-Free Ontario Act (2017) to address the promotion of vaping

At its meeting on October 10, 2018, the Board of Health for Peterborough Public Health passed a motion to urge the Ontario government to strengthen the Smoke-Free Ontario Act (2017) and prohibit through regulation, the promotion of vaping products.

By and large the changes in the updated Act and regulations are viewed favorably by Peterborough Public Health as it harmonizes medicinal cannabis, recreational cannabis, conventional cigarettes, and e-cigarette laws into one piece of legislation. However, health experts conclude that allowing retail vaping displays and promotion will put thousands of children and youth at risk of nicotine addiction. The legislation only bans actual vaping product displays at retail outlets and does not restrict other types of retail promotion for vaping products. It permits the widespread promotion of vaping products in convenience stores, gas bars and other retail locations across Ontario. This includes freestanding brand promotions now located inside and outside retail locations like gas bars, posters including pictures of products, video product promotion, and many other types of promotion including those featuring actual vaping products, are all allowed. Mass media promotion of vaping produces (i.e., television advertising) has already been seen in Ontario.

Public health representatives are very concerned about the outcome of nicotine exposure on the adolescent brain. There is also more evidence of respiratory health impacts among young vapers. We are sure that these serious health impacts must be of concern to you and the Government of Ontario as well. We agree with a federal commitment to reducing tobacco use to 5% in Ontario by 2035¹ and fear that current promotion of vaping will actually lead to increased tobacco use among youth. Recently released results from the Canadian Tobacco, Alcohol and Drugs Survey (CTADS) shows that current smoking rates for Canadians aged 15 years and over have actually increased to 15.1% in 2017 from 13.0% in 2015.² Your action is urgently needed to protect the health of youth in Ontario and avoid an epidemic of vaping and nicotine addiction. We must work collaboratively to ensure that young people do not start smoking or vaping.

In conjunction with the above actions, the Board of Health requests that the Province invest in a timely evaluation of the implementation of the Smoke-Free Ontario Act to monitor the impacts of the limited promotion of vaping products with a commitment to make the required amendments as soon as possible.

Sincerely,

Original signed by

Councillor Henry Clarke
Chair, Board of Health

cc: Hon. Doug Ford, Premier of Ontario
Local MPPs
Ontario Boards of Health
Association of Local Public Health Agencies

¹ Health Canada (2018). Canada's Tobacco Strategy. Retrieved from <https://www.canada.ca/content/dam/hc-sc/documents/services/publications/healthy-living/canada-tobacco-strategy/overview-canada-tobacco-strategy-eng.pdf>

² Statistics Canada (2018). Canadian Tobacco, Alcohol and Drugs Survey (CTADS): Summary of results for 2017. Retrieved from <https://www.canada.ca/en/health-canada/services/canadian-tobacco-alcohol-drugs-survey/2017-summary.html>

**Ministry of Health
and Long-Term Care**

Office of the Deputy Minister

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Toronto ON M7A 1R3
Tel.: 416 327-4300
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**Ministère de la Santé
et des Soins de longue durée**

Bureau du sous-ministre

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Tél. : 416 327-4300
Télec. : 416 326-1570



October 18, 2018

MEMORANDUM TO: Health Sector Partners

FROM: **Helen Angus**
Deputy Minister
Ministry of Health and Long-Term Care

RE: Ministry Realignment

We are all committed to a patient-centred health care system that is effective and efficient and delivers high quality care for patients. Many of you are rethinking your care pathways and processes to put the patient at the centre of your organization. I believe there is great value in the ministry also organizing itself in a way that better reflects how the health system is organized, making it easier for you and patients to interact with us.

I want you to be aware of some structural changes announced today that will clarify and simplify lines of accountability and allow our organization to be more nimble and outcome focused by:

- Aligning acute and emergency services, bringing hospitals, provincial programs and emergency services together;
- Bringing together community and mental health and addictions services, including integrating youth mental health services;
- Ensuring end-to-end planning and implementation for long-term care homes;
- Integrating capital, workforce and system capacity planning;
- Aligning the Chief Medical Officer of Health with population and public health oversight;
- Combining public drug programs and assistive devices;
- Better connecting the Provincial Chief Nursing Officer with policy to provide strategic clinical nursing expertise on a broad range of health care policy and transformation initiatives. Aligning our policy, research, and innovation work to ensure patient-focused outcomes; and
- Centralizing the responsibilities for LHIN-managed health services under an Associate aligned with key capacity, workforce and planning functions allowing for end-to-end management of health services for better outcomes and improved integration.

Associate Deputy Minister, Health Services (renamed from Delivery and Implementation) Melanie Fraser, who recently joined our ministry, will have the following divisions reporting to her:

- **Acute and Emergency Services** led by Melissa Farrell, Assistant Deputy Minister, including hospitals, quality improvement, provincial programs and emergency health services.
- **Capacity Planning and Capital** led by Michael Hillmer, Assistant Deputy Minister on an interim basis, including health capital investment, capacity planning, health workforce planning and regulatory affairs.
- **Community, Mental Health and Addictions and French Language Services** led by Tim Hadwen, Assistant Deputy Minister, including local health planning and delivery, primary care and home care, as well as child, youth, forensic and justice mental health services. Transfer of programs from the Ministry of Children, Community and Social Services will be effective October 29.
- **Long-Term Care Homes**, led by Brian Pollard, Assistant Deputy Minister, including long-term care home renewal.

Divisions now reporting directly to me as the Deputy Minister include:

1. **Drugs and Devices**, led by Suzanne McGurn, Assistant Deputy Minister, including assistive devices.
2. **Ontario Health Insurance Plan**, led by Lynn Guerriero, Assistant Deputy Minister, including claims services.
3. **Chief Medical Officer of Health and Population and Public Health**, led by Dr. David Williams, including all population and public health programs and services.
4. **Strategic Policy and Planning**, led by Patrick Dicerni, Assistant Deputy Minister, including the Provincial Chief Nursing Officer, health workforce regulatory oversight, and health innovation to embed innovation earlier in the development of our strategic direction.
5. **Corporate Services**, led by Peter Kaftarian, CAO, on an interim basis.
6. **Secretariat for Ending Hallway Medicine**, led by Fredrika Scarth, Director.
7. **Associate Deputy Minister and Chief Information Officer**, led by Lorelle Taylor, Associate Deputy Minister and Chief Information Officer.
8. **Communications and Marketing**, led by Jean-Claude Camus, Assistant Deputy Minister.

As we transition, Sharon Lee Smith, Denise Cole and Roselle Martino will stay on with the ministry on assignments to support priority areas. Sharon Lee will lead the ministry Indigenous engagement efforts ensuring there is stability in our key relationships and addressing any critical issues. Denise will lead the ministry in setting up an expedited review of legislation and regulation to identify impediments to more effective and efficient operations of the health system and the ministry in its oversight role. Roselle will continue to advise on the opioid strategy.

Included in this email is a link to our new [organizational chart](#).

I would like to take this opportunity to thank you in advance for your partnership and collaboration. Today's announcement will ensure we are ready to work with you on the challenges and opportunities ahead.

Sincerely,

Helen Angus

September 27, 2018

The Right Honourable Justin Trudeau
Prime Minister of Canada
Office of the Prime Minister
80 Wellington Street
Ottawa, ON K1A 0A2

Dear Prime Minister Trudeau:

RE: Drug Policy Reform

Stakeholders across Canada are working tirelessly to address the ravages of the opioid overdose crisis. There have been many in-roads, and the Government of Canada should be applauded for supporting some of the foundational pieces necessary to address this issue which has resulted from the suffering of many Canadians including those who experience structural inequalities, untreated pain, and mental illness and addictions. However, the opioid crisis continues without relief.

The current policy framework in Canada continues to be oriented to prohibition and the criminalization of illegal substances. This policy approach has resulted in health and social harms including:

- institutionalized organized crime, illegal markets, corruption, and criminal organizations that produce crime, violent injuries, and deaths;
- spread of infectious diseases such as HIV and hepatitis by inhibiting the provision of harm reduction programs and services for various populations (e.g., people who are incarcerated or homeless);
- enforcement activities that drive people who use illegal drugs away from preventive and treatment programs and services, towards high risk environments and behaviours;
- increased availability and potency of illegal drugs resulting in hospitalizations and overdose deaths from concentrated and contaminated products;
- decreased access to basic needs such as nutrition, housing, transportation, etc. because of a lack of personal resources (e.g., employment);
- increased stigmatization, discrimination and marginalization of people who use drugs and the resulting health and social inequities;
- challenges to the criminal justice system's capacity because of unsustainably high arrest, prosecution, and incarceration rates, and the lost opportunity costs of scarce resources; and
- property damage and community disruption.

Drug policy reform needs to be considered as an alternate and compassionate approach to substance use in our communities. This policy reform needs to be informed by people with lived

experience and Indigenous communities, focused on upstream approaches, and take a harm reduction approach to substance use. Illicit drug decriminalization needs to be considered as a fundamental element of comprehensive drug policy reform.

At the September 26, 2018 meeting of the KFL&A Board of Health, the following motion was passed:

THAT the KFL&A Board of Health urge the federal government to strike a national advisory committee to consider drug policy reform, which will include the full spectrum of decriminalization options that may have the potential to address the opioid overdose crisis, and that are best supported by evidence informed prevention, harm reduction and treatment interventions, and send correspondence to:

- 1) The Right Honourable Justin Trudeau, P.C, M.P., Prime Minister of Canada**
- 2) Honourable Ginette Petitpas Taylor, Minister of Health**
- 3) Honourable Jody Wilson-Raybould, Minister of Justice and Attorney General of Canada**
- 4) Mark Gerretsen, MP Kingston and the Islands**
- 5) Scott Reid, MP Lanark-Frontenac-Kingston**
- 6) Mike Bossio, MP Hastings-Lennox and Addington**
- 7) Loretta Ryan, Association of Local Public Health Agencies**
- 8) Ontario Boards of Health.**

The Government of Canada has introduced important legislative changes and its leadership in trying to address the current opioid crisis is applauded. However, these changes are insufficient to address this escalating crisis. Drug Policy Reform, which includes an examination of the full spectrum of decriminalization options, is required to make the necessary in-roads to save lives. The KFL&A Board of Health urges the Government of Canada to strike a national advisory committee to identify drug policy reform options without delay.

Yours truly,



Denis Doyle, Chair
KFL&A Board of Health

Copy to: Honourable Ginette Petitpas Taylor, Minister of Health
Honourable J. Wilson-Raybould, Minister of Justice and Attorney General of Canada
M. Gerretsen, MP Kingston and the Islands
S. Reid, MP Lanark-Frontenac-Kingston
M. Bossio, MP Hastings-Lennox and Addington
L. Ryan, Executive Director, Association of Local Public Health Agencies
Ontario Boards of Health.

November 2, 2018

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

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

Dear Honourable Ministers:

Re: A Public Health Approach to Drug Policy Reform

On September 12th, the Board of Health for Peterborough Public Health endorsed the recommendations of the Canadian Public Health Association's 2017 position statement on the decriminalization of personal use of illicit psychoactive substances. These recommendations call for a shift from addressing the use of illicit psychoactive substances as a criminal issue to that of an important public health issue. The position statement further "recognizes and supports the right of Indigenous communities to respond to psychoactive substance use according to their traditional justice and/or cultural protocols".¹

This endorsement builds on the Board's January, 2016 resolution to apply a public health approach to psychoactive substances and their regulation to future work and resolutions. In making this endorsement, the Board also joins a growing movement across many sectors to pursue a public health approach to drug policy, one that is informed by mounting evidence of the ineffectiveness of current criminal approaches.

Evidence from other countries which have pursued a decriminalization approach demonstrate that in order to be most effective, such an approach must be accompanied with investments in harm reduction, treatment and mental health supports and services. Where this multi-tiered approach has been implemented, measurably positive outcomes have resulted, including pronounced reductions in overdose deaths, and substantial increased in entry to drug treatment.²

Considering the extensive evidence that criminalization perpetuates problematic drug-use and compounds its associated harms, and given the negative impacts of the current opioid crisis currently being felt in Peterborough and across Canada, we strongly urge you to consider a new approach. It is our position that decriminalizing the use of psychoactive substances together with continued commitment of resources to treatment and related services will more effectively address problematic substance use and reduce related harms in our communities.

Sincerely,

Original signed by

Councillor Henry Clarke
Chair, Board of Health

cc: Local MPs
Local Councils
Ontario Association of Police Services Board
Ontario Association of Chiefs of Police
Association of Local Public Health Agencies
Ontario Boards of Health

¹ Canadian Public Health Association (2017) *Decriminalization of Personal Use of Psychoactive Substances*. Position Statement. Retrieved from: <https://www.cpha.ca/decriminalization-personal-use-psychoactive-substances>

² Hughes, C. and Stevens, A. (2011). Harm Reduction Digest (44) A resounding success or a disastrous failure: Re-examining the interpretation of evidence on the Portuguese decriminalization of Illicit Drugs. *Drug And Alcohol Review* (January 2012) 31, 101-113

September 27, 2018

The Honourable Christine Elliott
Minister of Health and Long-Term Care and Deputy Premier
80 Grosvenor Street, Floor, Hepburn Block
Ministry of Health and Long-Term Care
Toronto, ON M7A 1E9

Dear Minister Elliott:

RE: *Prevention matters: Why Ontario needs a chronic disease prevention strategy*

Chronic diseases are the leading causes of disability and death in Ontario and account for the majority of health care costs in the province. The economic impact of the four greatest risk factors for chronic disease (tobacco use, alcohol misuse, unhealthy eating and physical inactivity) is staggering. From 2004 to 2013, Ontario spent more than \$89.4 billion on health care costs attributed to these four risk factors. With an aging population, there is a chronic disease tsunami coming towards our health care system. This is simply not an affordable option. It is imperative that we focus our efforts on preventing chronic disease to ensure our health care system is not overwhelmed trying to manage and treat chronic diseases in the future. Investments in chronic disease prevention yield significant returns. In fact, every \$1 invested in chronic disease prevention yields an average of \$6 in savings in the treatment of chronic disease.

Given the significant impact of chronic diseases on the health and well-being of Ontarians, and the potential for substantial savings from effective prevention efforts, at the KFL&A Board of Health meeting on September 26, 2018, the following recommendation was made:

THAT the KFL&A Board of Health endorse the report *Prevention matters: Why Ontario needs a chronic disease prevention strategy*, including the recommendations made in this report for chronic disease prevention and send correspondence to:

- 1) Honourable Christine Elliott, Minister of Health and Long-Term Care and Deputy Premier
- 2) Honourable Doug Ford, Premier of Ontario
- 3) Ian Arthur, MPP Kingston and the Island
- 4) Randy Hillier, MPP Lanark-Frontenac-Kingston
- 5) Daryl Kramp, MPP Hastings-Lennox and Addington
- 6) Akanksha Ganguly, Ontario Chronic Disease Prevention Alliance
- 7) Loretta Ryan, Association of Local Public Health Agencies
- 8) Ontario Boards of Health

... 2

Kingston, Frontenac and Lennox & Addington Public Health

www.kflaph.ca

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Branch Offices

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

The Honourable Christine Elliott
September 27, 2018

This report recommends the following courses of action for effective chronic disease prevention in Ontario:

1. Invest in a comprehensive provincial chronic disease prevention strategy:
 - a) Strengthen policies on creating healthy and sustainable environments that reduce chronic disease risk factors and improve health equity;
 - b) Apply a health equity lens to all strategies, policies, programs and interventions to promote health for all;
 - c) Support the recommendations outlined in Cancer Care Ontario's *2015 – 2020 Chronic Disease Prevention Strategy* and *Path to Prevention* to reduce chronic disease, especially among First Nations, Inuit and Métis peoples;
 - d) Support awareness-building and communication efforts to ensure Ontarians are knowledgeable about chronic disease prevention, healthy lifestyle behaviors and are supportive of government action in these areas; and
 - e) Provide dedicated funding for supportive infrastructure (e.g. to create a central database, technical expertise, training and networks).
2. Create a chronic disease prevention council with representatives from government, health, academic and other external groups to provide leadership and advice to government on a chronic disease prevention strategy, including, aligning existing strategies, initiatives and resources and identifying new areas for investment and action.
3. Create an inter-ministerial council to plan and coordinate actions and investments to promote a health-in-all-policies approach across the provincial government.

The KFL&A Board of Health urges the provincial government to move forward with these recommendations to reduce the personal, familial and economic impact of chronic diseases in Ontario.

Yours truly,



Denis Doyle, Chair
KFL&A Board of Health

Copy to: Honourable Doug Ford, Premier of Ontario
I. Arthur, MPP Kingston and the Island
R. Hillier, MPP Lanark-Frontenac-Kingston
D. Kramp, MPP, Hastings-Lennox & Addington
A. Ganguly, Ontario Chronic Disease Prevention Alliance
L. Ryan, Executive Director, Association of Local Public Health Agencies
Ontario Boards of Health
Board of Health members

October 24, 2018

The Honourable Doug Ford
Premier of Ontario
Legislative Building, Queen's Park
Toronto, ON M7A 1A1

Dear Honourable Doug Ford,

On behalf of the Southwestern Public Health Board, I am writing to both our provincial and federal government leaders to reinforce the urgency of the opioid poisoning emergency in our country and urge both the provincial and federal governments to increase actions in response to this emergency based on the evidenced-informed four pillar approach of harm reduction, prevention, treatment and enforcement.

There is an expanding opioid crisis in Canada that is resulting in epidemic-like numbers of overdose deaths. These deaths are the result of an interaction between prescribed, diverted and illegal opioids (such as fentanyl) and the recent entry into the illegal drug market of newer, more powerful synthetic opioids. The current approaches to managing this situation – focused on changing prescribing practices and interrupting the flow of drugs – have failed to reduce the death toll and should be supplemented with an enhanced and comprehensive public health approach. Such an approach would include the meaningful involvement of people with lived experience.¹

We call on both levels of government to support initiatives that address the causes and determinants of problematic substance use, to make all tools and resources available to support efforts to address the opioid crisis at a community level, to expand and strengthen the integration of surveillance information between provincial and federal partners, to expedite approvals for newer therapeutic modalities for medication assisted and opioid substitution treatment, to provide funding to municipalities and regional health services to establish safe consumption facilities, and to support harm reduction and health promotion services needed to mitigate the opioid crisis at a regional level.

Injection drug use is associated with many serious drug-related harms, such as the transmission of blood borne infections (HIV, Hepatitis C, Hepatitis B), and with fatal and non-fatal overdoses and injection site bacterial infections. In some parts of the world, these harms are widespread among people who inject drugs. Access to interventions such as needle and syringe exchange, opioid substitution therapies, naloxone distribution, sharps management strategies, overdose prevention sites, and supervised consumption sites are essential to reducing these harms and improving the health of the people who use drugs.²

We are urging both our federal and provincial Ministers of Health to continue their efforts to address this crisis in our country with a coordinated pan-Canadian action plan spanning all four pillars of the national drug strategy.

Sincerely,



Bernie Wiehle
Chair, Board of Health
Southwestern Public Health

copy:

Honourable Justin Trudeau, Prime Minister of Canada
Honourable Ginette Petitpas Taylor, Federal Minister of Health
Honourable Christine Elliott, Minister of Health and Long-Term Care, Deputy Premier
Honourable Jeff Yurek, Member of Provincial Parliament, Elgin – Middlesex – London
Honourable Ernie Hardeman, Member of Provincial Parliament, Oxford
Association of Local Public Health Agencies
Ontario Boards of Health

1 <https://www.cpha.ca/opioid-crisis-canada>

2 Harm reduction international www.hri.global/public-health-approaches-to-drug-related-harms

November 5, 2018

The Honourable Christine Elliott
Minister of Health and Long-Term Care
10th Floor, Hepburn Block
80 Grosvenor Street
Toronto, ON M7A 2C4
christine.elliott@pc.ola.org

Dear Minister Elliott:

Re: Sustainable Infrastructure and Financial Supports for local drug strategies

The opioid crisis is a public health crisis that is devastating individuals, families and communities across the province. Tragically, thousands have lost their lives as a result of apparent opioid-related overdoses.

A strong local response is needed in order to mitigate the harms that are currently being shouldered by individuals, families, and communities. Increasing institutional and financial supports for the work of local drug strategies across the province can help support immediate collaborative action across the four pillars of prevention, treatment, harm reduction, and enforcement. The four pillar approach to drug policy is a well-established framework that ensures “a continuum of care for those suffering from substance addiction and communities impacted by those same people”.¹

The Peterborough Drug Strategy (PDS) is one of approximately 32 local drug strategies currently operating in the province of Ontario. PDS has been in operation since 2010 and represents a “shared effort to mitigate harms related to substance use in our community”.² Since 2015, PDS has received \$570,000 in project based funds and leveraged an additional \$30,800 in in-kind contributions from partner agencies (including Peterborough Public Health). While PDS has received some core funding from the City of Peterborough on an annual basis, most local drug strategies operate in the absence of core funding to support ongoing administration and coordination.

With the resources it has received, PDS has shown leadership in supporting the development and implementation of a naloxone distribution program at the Peterborough Regional Health Centre Emergency Department, responding to local opioid-related harms, and developing an advisory panel of people with lived experience of substance use. With membership representing the four pillars of prevention, harm reduction, enforcement and treatment, PDS represents the leading edge of evidence-based collaborative action on substance use in our community.

We call upon your government to ensure that local drug strategies are integrated into any future planning for a provincial mental health and addiction program. These local drug strategies require both a sustainable source of funding as well as support for their coordination across the province to ensure their impact is fully

operationalized. Our board of health believes this collaborative approach to mitigating substance use harms in communities across Ontario is fundamental to our success across our various sectors.

Sincerely,

Original signed by

Councillor Henry Clarke
Chair, Board of Health

cc: Hon. Doug Ford, Premier of Ontario
Local MPPs
Local Councils
Municipal Drug Strategy Coordinators Network of Ontario
Fourcast Peterborough
Peterborough Aids Resource Network (PARN)
Peterborough Regional Health Centre
Peterborough Police Service
Ontario Boards of Health
Association of Local Public Health Agencies

¹ MacPherson, D. (2001). *A Framework for Action: A Four-Pillar Approach to Drug Problems in Vancouver, Revised*. Retrieved from: https://www.researchgate.net/publication/242480594_A_Four-Pillar_Approach_to_Drug_Problems_in_Vancouver

² Peterborough Drug Strategy. 2018. *About Us*. Retrieved from: <http://peterboroughdrugstrategy.com/get-to-know-us/pds-in-action/>

Windsor-Essex County Health Unit (WECHU)

BOARD OF HEALTH

Resolution Recommendation – October 5 2018

PROPOSED MOTION

Whereas, the federal government has passed the *Cannabis Act, 2017* to legalize non-medical cannabis, coming into effect on October 17th, 2018, and

Whereas, the Ontario government has amended the provincial *Cannabis Act, 2017* to permit a privatized retail model in Ontario, and

Whereas, cannabis smoke contains many of the same carcinogens, toxins, and irritants found in tobacco smoke with the added psychoactive properties of cannabinoids like THC, and

Whereas, increased density and clustering of cannabis retailers may result in increased access, consumption, and increased risk for chronic disease, mental illness, and injury, and

Whereas, Ontario municipalities will have the one-time opportunity to OPT OUT of cannabis retail outlets in their communities, and

Now therefore be it resolved that, the Windsor-Essex County Board of Health encourages all Windsor-Essex municipalities to OPT OUT of the cannabis retail model as proposed by the provincial government in their respective communities.

FURTHER that the Windsor-Essex County Board of Health encourages the provincial government to establish limits on the number of retailers in a geographic area to prevent clustering and reduce retail outlet density.

FURTHER that, the Windsor-Essex County Board of Health for the Windsor-Essex County Health Unit encourages provincial government to set additional regulations with respect to the proximity of retail outlets in relation to areas which may unfairly target vulnerable populations.

FURTHER that, the provincial government provide local public health units with dedicated funding for public education and health promotion activities as well as the enforcement of cannabis-related regulations under the Smoke-free Ontario Act and **FURTHER** that the Windsor-Essex County Board of Health for the Windsor-Essex County Health Unit encourages all Windsor-Essex municipalities to amend existing smoke-free by-laws to include “cannabis” in the definition, and expand spaces where the use of substances is prohibited (e.g., cannabis consumption venues or vape lounges).

FURTHER that, previous Resolutions passed by the Windsor-Essex County Board of Health are shared with the newly elected provincial government.

Further that the Windsor-Essex Board of health suggests the province providing for the ability of municipalities to create licensing and zoning regulations, which would be reflective of the unique needs of individual communities in addition to increasing the number and distance of buffer zones proposed for retail outlets from vulnerable areas.

AND FURTHER that this resolution be shared with the Honorable Prime Minister of Canada, local Members of Parliament, the Premier of Ontario, local Members of Provincial Parliament, Minister of Health and Long-term Care, Federal Minister of Health, the Attorney General, Chief Medical Officer of Health, Association of Local Public Health Agencies, Ontario Boards of Health, Ontario Public Health Association, the Centre for Addiction and Mental Health, and local community partners.

APPENDIX

Municipal engagement activities to date

<i>Summary of Activities</i>		
Date	Municipality	Activity
November, 2017	Windsor	Presented to city administrators A Public Health Perspective for the Location of Cannabis Retail Storefronts in the City of Windsor: Windsor-Essex County Health Unit Recommendations recommends a minimum distance of 500m to be set between cannabis businesses or production facilities and sensitive areas such as schools, low-income areas, and mental health and addiction treatment facilities.
May 28, 2018	Leamington	Provided a letter in support of the recommended regulations set out in Council Report LLS-28-18, regarding the regulation of cannabis production and distribution. In addition to supporting the restrictions outlined in the report for the regulation of cannabis production and distribution within the municipality, WECHU provided additional insight into the health implications associated with cannabis exposure and additional measures which should be considered in protecting residents from second-hand cannabis smoke and smoking behaviour, including

		recommendations for the siting of cannabis-related businesses.
June 20, 2018	Windsor	Participated in meeting with representatives from the City of Windsor administration, Ontario Cannabis Store Vice President and Community Engagement Team, and Windsor Police to discuss proposed cannabis retail locations, operations, and safety of operational measures and provide feedback from a public health perspective.
	Amherstburg	Contributed feedback and recommendations for the <i>Amherstburg Parks Master Plan</i> to establish minimum distance requirements between existing alcohol and cannabis outlets and between all new alcohol/cannabis outlets to playground, youth facilities and recreation areas.
June, 2018	Kingsville	Contributed feedback and recommendations for the <i>Town of Kingsville Official Plan Review: Issues and Policy Directions Report</i> to set minimum distances between cannabis-related businesses and sensitive land use areas.
July 18, 2018	LaSalle	Participated in meeting to discuss legalization implications and needs for the municipality, and present recommendations for zoning of cannabis related businesses and ways to strengthen existing by-laws (e.g. municipal smoking by-laws).
August, 2018	Kingsville	Contributed feedback and recommendations for the <i>Town of Kingsville Application for Zoning By Law Amendment (4.46 Medical Marihuana Production Facilities)</i> . Recommendations included establishing minimum distance requirement be increased to no less than 500m between marihuana production facilities and lands zoned for residential, recreational, institutional use and Lake Erie. It was also recommended that facilities should operate with an odour

		abatement protocol to eliminate noxious odour and conduct environmental impact assessments and provide reports to the municipality.
August 29, 2018	Tecumseh	Attended meeting to provide recommendations for zoning and siting of retail locations and recommend ways to strengthen existing by-laws (e.g. municipal smoking by-laws).
September 28, 2018	All municipalities	Presented recommendations for licensing, zoning, and by-law amendments from a public health perspective to all municipal CAOs. Provided recommendations on how to best approach the private retail model implementation in Windsor-Essex and the importance of a unified approach across municipalities.

November 8, 2018

Renu Kulendran, Executive Director
Legalization of Cannabis Secretariat
Ministry of the Attorney General
McMurtry-Scott Building
720 Bay Street, 11th Floor
Toronto, ON M7A 2S9
Renu.Kulendran@ontario.ca

Dear Ms. Kulendran,

Re: Regulatory Framework for Cannabis Storefronts in Ontario

The Board of Health for Peterborough Public Health received a staff report at our October 10, 2018 board meeting outlining changes to the provincial legislation governing cannabis retailing. We understand that under the new provincial framework the Ontario Cannabis Store (OCS) will be the exclusive wholesaler and online retailer of cannabis in the province and that the Alcohol and Gaming Commission of Ontario (AGCO) will serve as the provincial regulator for private cannabis storefronts.

We further understand that the regulatory framework for cannabis storefronts is still under development. Given that the regulation of cannabis retailing is an important dimension of a public health approach to cannabis legalization, we would like to take this opportunity to submit our comments for your consideration as you develop specific regulations relating to cannabis storefront operating parameters, siting requirements, and public notice processes.

Operating Parameters

- **Limit retail hours** – Research on alcohol regulation suggests that longer retail hours increase consumption and related harms. The Centre for Addiction and Mental Health (CAMH) recommends that cannabis retail hours reflect those established by the Liquor Control Board of Ontario (LCBO).
- **Set minimum training requirements for staff** – The final report of the federal Task Force for Cannabis Legalization and Regulation recommends formal training for cannabis retail staff in order to ensure consistency of information, enforcement of minimum age restrictions, controlling overconsumption, and informing consumers of their rights and obligations. CAMH suggests that the LCBO's Challenges and Refusal program could provide a good model for this training.

Siting Requirements

- **Set minimum distances from youth-serving facilities** – Evidence from tobacco regulation suggests that greater availability of tobacco products increases consumption, normalizes use, undermines health warnings, and affects youth initiation. Examples from the U.S. suggest minimum distances of 300m between cannabis retail and youth-serving facilities (including schools, community centres, and childcare facilities) while CAMH suggests a minimum distance of 500m between cannabis storefronts and sensitive uses.

- **Regulate cannabis retail densities** – In addition to proximity to sensitive uses there is concern that high retail density can contribute to increased consumption and related harms. Examples from other Canadian cities suggest a 300m separation distance between cannabis stores to avoid clustering of retail locations. CAMH further suggests setting a cap on the number of retail locations in the province as a means to limit retail density.
- **Limit co-location of cannabis and alcohol and tobacco retail** – Evidence suggests that there are specific health and impairment risks associated with co-use of cannabis and other substances. Limiting the co-location of cannabis and alcohol and tobacco outlets could help discourage the co-use of these substances. CAMH reports that such a precautionary measure has been taken in all U.S. states that have legalized cannabis.

Public Notice Process

- **Strengthen municipal influence over store locations and density** – The *Cannabis Licence Act, 2018*, limits the authority of municipalities to pass zoning or business licensing by-laws pertaining to cannabis retail. However, municipal governments continue to have an important role in ensuring the safety and wellbeing of their residents. Strengthening the voice of municipalities within the written comment period for the AGCO would enable municipalities to better uphold this role with respect to cannabis retailing.
- **Clarify ‘public interest’ for written submission** – Under the *Cannabis Licence Act, 2018*, municipalities and residents will be granted a 15-day period to make written submission to the AGCO with regard to whether a retail store authorization is in the public interest. However, it remains unclear how municipalities are to operationalize this concept to make an informed determination of public interest within the 15-day comment period. Using municipal by-laws and related policies to help operationalize this concept may help to clarify the written submission parameters for municipal respondents.

Sincerely,

Original signed by

Councillor Henry Clarke
Chair, Board of Health

cc: The Hon. Doug Ford, Premier of Ontario
The Hon. Christine Elliott, Minister of Health and Long-Term Care
Local Councils
Local MPPs
Association of Local Public Health Agencies
Ontario Boards of Health



November 8, 2018

Premier Doug Ford
Legislative Building
Queen's Park
Toronto, ON M7A 1A1

Dear Premier Ford:

Re: Ontario Basic Income Research Project

On October 4, 2018 at a regular meeting of the Board of Health for the Huron County Health Unit, the Board considered the attached correspondence from Leeds, Grenville & Lanark District Health Unit regarding the Ontario Basic Income Research Project. The following motion was passed:

MOTION:

Moved by: Member Jewitt and Seconded by: Member Rognvaldson

THAT:

The Board of Health supports correspondence received from Leeds, Grenville & Lanark District Health Unit to The Honourable Doug Ford, Premier of Ontario, The Honourable Lisa MacLeod, Minister of Children, Community and Social Services and The Honourable Christine Elliott, Minister of Health and Long-Term Care Re: Ontario Basic Income Research Project – dated August 30, 2018.

CARRIED

Sincerely,



Tyler Hessel

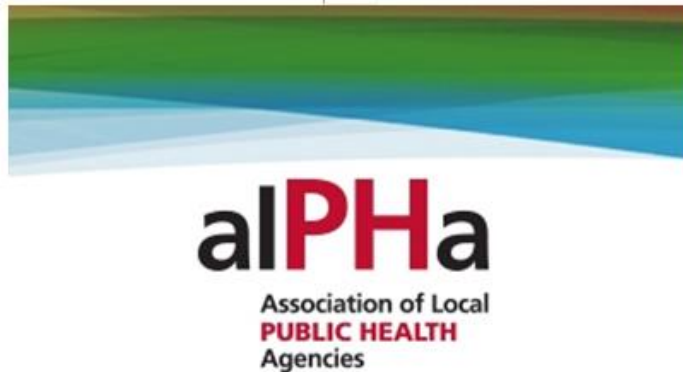
Chair, Huron County Board of Health

Cc: All Ontario Boards of Health
Encl.

Huron County Health Unit

77722B London Road, RR 5, Clinton, ON N0M 1L0 CANADA
Tel: 519.482.3416 Confidential Fax: 519.482.9014

www.huronhealthunit.ca



Information Break

October 19, 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.

alPHA Activities on Cannabis and SFOA

On October 17, recreational cannabis was legalized by the Canadian government and on the same date the Ontario government passed [Bill 36, Cannabis Statute Law Amendment Act](#), which regulates the sale and use of cannabis and vape products in the province. Prior to this, on October 11, alPHA president Dr. Robert Kyle presented before the Ontario Legislature's [Standing Committee on Social Policy](#) regarding Bill 36. His deputation to the Standing Committee received media coverage focusing on "unforeseen consequences" of the new law (see [here](#) and [here](#)). More recently, Dr. Kyle was interviewed by CBC Radio and spoke about the potential effects of Bill 36 and the impacts of normalizing cannabis on children and youth (listen [here](#)). On October 8, alPHA and the COMOH Section had made written submissions on the Smoke Free Ontario Act's proposed amendments (link below).

[Download alPHA's deputation to the Standing Committee here](#)

[View the transcript of alPHA's deputation here](#)

[View alPHA and COMOH's submissions on SFOA here](#)

Public Health ROI

alPHA has created a webpage that features information on public health return on investment (ROI). These include data, infographics and documents. Help us grow the collection: If your health unit or board of health has information it would like to share with alPHA, please email them to susan@alphaweb.org

[View the alPHA collection on public health ROI here](#)

Government News Round Up

[Ontario Ministry of Health and Long-Term Care realigns and releases new organizational chart](#) - 2018/10/18

[Canada bans asbestos and asbestos products](#) - 2018/10/18

[Federal government takes actions to address Lyme disease](#) - 2018/10/15

[Canada provides \\$1.3M in funding for maternal health and breastfeeding supports](#) - 2018/10/4

[Ontario Deputy Premier and Minister of Health's statement on opioid overdose prevention sites](#) - 2018/9/28

alPHA Correspondence

Visit alPHA's website to see our recent [letters and correspondences](#) with stakeholders on important public health issues. Check often as updates are made regularly to the page.

Upcoming Events - Mark your calendars!

October 30, 2018 - COMOH General Meeting, Chestnut Conference Centre, 89 Chestnut Street, Toronto, Ontario. [Register here](#) (attendance open only to MOHs/AMOHs).

*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 closes **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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Please note that if you unsubscribe, you will no longer receive notices, important announcements, and correspondence from alPHA.

Update to Board of Health Members October 26, 2018

2018-2019 alPHA Boards of Health Section Executive

The BOH Section Executive Committee of alPHA is comprised of the board of health representatives across seven regions on the alPHA Board of Directors. Each representative holds a seat on the alPHA Board for a two-year term. At the Annual Conference this past June, the 2018-2019 BOH Executive was confirmed as follows (click their names for a short bio):

Position	Representative
Chair/North West	Trudy Sachowski , Northwestern BOH
Central East	David Pickles , Durham BOH
Central West	Terry Whitehead , Hamilton BOH
South West	Carmen McGregor , Chatham-Kent
North East	Gilles Chartrand , Porcupine BOH
East	Wess Garrod , KFL&A BOH
Toronto	Stacey Berry , Toronto BOH

MPP Meetings

alPHA's Executive Committee have met with a number of Members of Provincial Parliament (MPPs) over the past several months to introduce the association and raise awareness of public health concerns, including the [2018 municipal election policy priorities](#). MPPs include former alPHA president Lorne Coe, health care critic France Gélinas, and Jeff Yurek, the Minister of Natural Resources and Forestry. Through membership on the [Ontario Chronic Disease Prevention Alliance](#), alPHA has also met with other MPPs to build awareness about the Alliance and build relationships with political representatives from all parties.

alPHA Activities on Cannabis and Smoke Free Ontario Act

In a letter dated October 22nd, alPHA expressed its concerns to the Minister of Health and Long-Term Care about the proliferation of the promotion and display of vapour products, and the detrimental effects on children and youth (see [here](#)). On October 11, alPHA president Dr. Robert Kyle presented before the Ontario Legislature's [Standing Committee on Social Policy](#) regarding [Bill 36, Cannabis Statute Law Amendment Act](#). His deputation to the Standing Committee (download [here](#)*) received media coverage focusing on "unforeseen consequences" of the new law (see [here](#) and [here](#)). More recently, Dr. Kyle was interviewed by CBC Radio and spoke about the potential effects of Bill 36 and the impacts of normalizing cannabis on children and youth (listen [here](#)). On October 8, alPHA and the COMOH Section had made written submissions on the Smoke Free Ontario Act's proposed amendments (click [here](#)).

**The transcript of the deputation can be found [after](#) the deputation in this link.*

Ministry Realignment

On October 18, the Ministry of Health and Long-Term Care announced it had made a number of structural changes and released an updated organizational chart to stakeholders (see [here](#)). The changes will “clarify and simplify lines of accountability and allow [the] organization to be more nimble and outcome focused”. Of particular note is the alignment of the Chief Medical Officer of Health with population and public health oversight. As the Chief Medical Officer of Health and Population and Public Health, Dr. David Williams will be reporting directly to Deputy Minister Helen Angus. Former associate deputy minister Sharon Lee Smith will now lead in ministry Indigenous engagement efforts while former assistant deputy minister Roselle Martino will continue to advise on the opioid strategy.

Public Health ROI

alPHA has created a web page to collect information on public health return on investment (ROI) (see [here](#)). Health units have been invited to submit information for uploading to the website. They have also been given the link to access and download the ROI information. alPHA is currently reaching out to Public Health Ontario to determine if they have done work in this area or if they have data that may be shared with the alPHA membership.

Of Interest

- Dr. Theresa Tam, Canada’s Chief Public Health Officer, releases her annual report on the *State of Public Health in Canada, 2018: Preventing Problematic Substance Use in Youth*. This report provides a snapshot of the health of Canadians and emphasizes the importance of preventing problematic substance use in youth. 2018/10/23
- Ontario government announces the continuation of supervised consumption services and overdose prevention sites under a new [Consumption and Treatment Services model](#) for those addicted to drugs and opioids. The news comes after a review to determine whether such facilities would continue to operate in the province. 2018/10/22

Upcoming Events and Meetings for All Board of Health Members

February 21, 2019: alPHA Winter Symposium (morning) and Boards of Health Section Meeting (afternoon), Chestnut Conference Centre, 89 Chestnut St., Toronto, Ontario.

June 9-11, 2019: alPHA 2019 Annual General Meeting & Conference, Four Points by Sheraton Hotel & Suites, 285 King St. E., Kingston, Ontario.

June 11, 2019 (during alPHA Annual Conference): alPHA Boards of Health Section Meeting

This update was brought to you by the Boards of Health Section Executive Committee of the alPHA Board of Directors. alPHA provides a forum for member boards of health and public health units in Ontario to work together to improve the health of all Ontarians. Any individual who sits on a board of health that is a member organization of alPHA is entitled to attend alPHA events and sit on its various committees.

NEWS FROM PUBLIC HEALTH AGENCY OF CANADA

Transmitted by Cision on October 23, 2018 12:01

Preventing Problematic Substance Use in Youth

Chief Public Health Officer of Canada releases her 2018 report on the state of public health in Canada

MONTREAL, Oct. 23, 2018 /CNW/ - Problematic use of alcohol, cannabis and opioids is a serious issue in Canada. The more than 8,000 deaths from opioid poisoning since 2016 are preventable deaths. More deaths can be stopped with our collective action. According to recent data from British Columbia, the national life expectancy of Canadians may be on the decline because of the opioid crisis. Canadian youth are the highest users of cannabis in the world, and almost half of all students in grades 7 to 12 drink alcohol. This is a key moment to prevent problematic substance use from impacting current and future generations. To tackle this problem and to save lives, we must maintain, expand and evolve efforts across sectors and society.

Today, Dr. Theresa Tam, Canada's Chief Public Health Officer, released her annual report on [the State of Public Health in Canada](#). This year's report provides a snapshot of the health status of Canadians, and then explores problematic substance use in youth with a focus on prevention. Dr. Tam will launch her report this afternoon at the Canadian Mental Health Association's national conference in Montreal, Quebec.

While many youth experiment with using drugs and alcohol, some use these substances in ways that are harmful to themselves and others. Intervening early to counteract the risk factors of problematic use among youth offers the best chance of having a positive influence on a young person's development and in reducing long-term harms to them and to society as a whole.

There is no single cause of problematic substance use in youth, so preventing it will require strong collaboration among many sectors of society. A comprehensive approach includes marketing restrictions, reduced availability, the provision of

stable housing, supportive education, and accessible social and mental health supports. These will help youth thrive and prevent the harmful use of substances.

Quotes

"We have an opportunity and an obligation to come together to prevent problematic substance use from impacting future generations. We need to collaborate across all sectors to improve policies that can protect youth and provide them with information on the harms and risks of using substances. We also need to continue to control access to and availability of substances, and we must address those traumatic experiences that lead to problematic substance use in the first place."

Dr. Theresa Tam

Chief Public Health Officer of Canada

"I thank Dr. Tam for her report and support her call to undertake a coordinated approach across sectors to prevent problematic substance use among youth in Canada. Protecting our youth is one of the main reasons the Government of Canada strictly regulates substances like alcohol, cannabis and opioids."

The Honourable Ginette Petitpas Taylor

Minister of Health

"The Canadian Mental Health Association is pleased to see that the Chief Public Health Officer of Canada is endorsing a strong public health approach in her new report, which outlines how we can all best support young people to make healthy choices that contribute to their mental wellness. This approach will support promotion of mental health throughout all stages of a person's life and a family's development, and help balance the existing clinical focus on mental illness only after it's become acute."

Dr. Patrick Smith

National CEO, Canadian Mental Health Association

Quick Facts

- Each year, the Chief Public Health Officer of Canada is required to submit an annual report on the State of Public Health in Canada to the Minister of Health.
- This year's report provides a snapshot on the health status of Canadians and looks at problematic substance use in youth.
- Alcohol is the substance with the highest use by Canadian students in grades 7 to 12. One of every four youth under the legal drinking age use alcohol excessively.
- In 2016-17, 6% of students reported having used psychoactive pharmaceutical products to get high, up from 4% of students in 2014-2015.

Related Products

- [The Chief Public Health Officer's Report on the State of Public Health in Canada 2018: Preventing Problematic Substance Use in Youth](#)
- [Video](#)

Associated Links

- [Biography: Dr. Theresa Tam, Chief Public Health Officer of Canada](#)

SOURCE Public Health Agency of Canada

For further information: Contacts: Media Relations, Public Health Agency of Canada, 613-957-2983, hc.media.sc@canada.ca; Public Inquiries: 613-957-2991, 1-866-225-0709

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SAVE THE DATE

2019 WINTER SYMPOSIUM THURSDAY, FEBRUARY 21 CHESTNUT CONFERENCE CENTRE 89 CHESTNUT ST., TORONTO

one day
only

Program:

- Morning plenary featuring special guest presentations by public health stakeholders, incl. MOHLTC
- Afternoon concurrent meetings for COMO members (MOHs & AMOHs) and BOH members (incl Orientation Session for new board of health members)
- Evening reception and guest lecture (offsite, 15-minute walk from main venue) – *To be confirmed*

ONLINE REGISTRATION DETAILS COMING IN JANUARY

Essential For:

MOHs & AMOHs

Board of Health
Members: new &
returning!

Senior Public Health
Managers

Public Health &
Preventive Medicine
Residents

SUGGESTED NEARBY ACCOMMODATIONS

As there is no guestroom block arranged, feel free to reserve your guestroom with any of the following hotels located near the Symposium venue:

[Doubletree by Hilton](#)
[Marriott Eaton Centre](#)
[Chelsea Hotel Toronto](#)

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WORKPLACE HEALTH

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The alcohol-cancer connection

Did you know that alcohol is not only a drug, but also a carcinogen? A carcinogen is defined as a substance that is capable of causing cancer. When alcohol enters the body and is metabolized, it becomes acetaldehyde. Acetaldehyde exposure from alcohol consumption is considered cancer-causing for humans. Research studies have shown that consuming alcoholic beverages increases the risk of developing cancer and the more alcohol one uses, the greater the risk. In fact, there is no safe limit of alcohol consumption to prevent the increased risk of developing cancer.

Consuming alcoholic beverages has become a “normal” thing to do without any thought to its potential harms. While using alcoholic beverages is a personal choice, it is important to consider the harms that may come from its use, such as cancer development.

In this issue, you will learn about the types of cancers associated with alcohol use, the Canadian Cancer Society Guidelines for Alcohol Consumption, and tips, found on the back page, to reduce your risks.



It is important to know and understand that drinking alcoholic beverages increases the risks of developing cancers of the oral cavity (mouth), pharynx (membrane-lined cavity behind the nose and mouth, connecting them to the esophagus) larynx (voice box), esophagus, liver, colon, rectum, and breast. The degree of risk depends upon how much alcohol is used. This is not meant to scare you but rather to provide you with the facts so that you can make your own informed decision regarding alcohol consumption.

Oral Cavity & Pharynx: 19% to 56% of all cancers of the oral cavity and pharynx in males and 7%-23% in females in 2010¹ were attributed to alcohol use. The risk for oral and pharyngeal cancer increased by 21% for people drinking one alcoholic beverage or less/day.

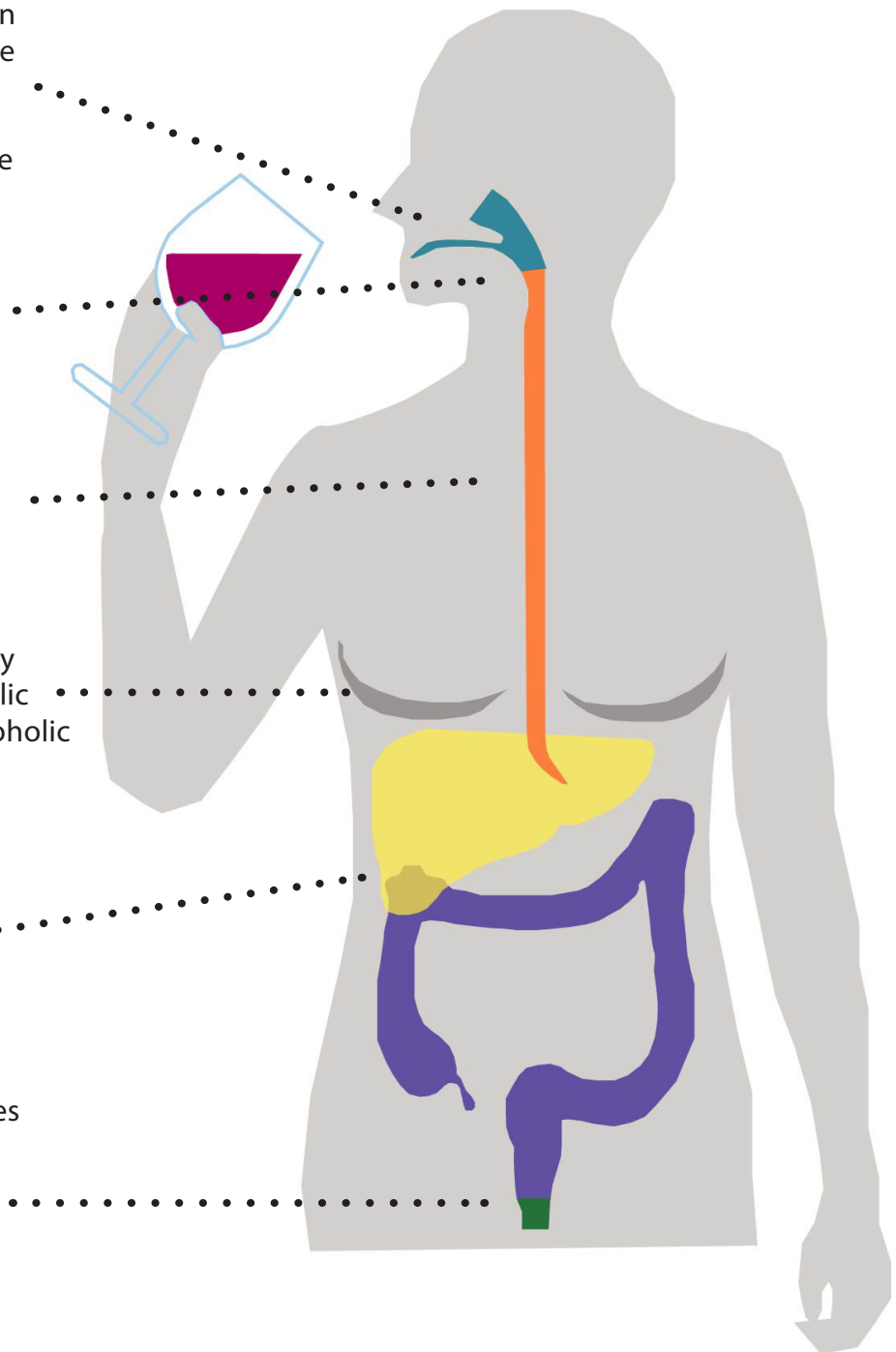
Larynx (voice box): 14% to 40% of all laryngeal cancers in males and 5% to 15% in females were attributed to alcohol use.¹

Esophagus: Approximately 13% to 37% of esophageal cancers in males and 4% to 13% in females were attributed to alcohol consumption.¹

Breast: For females, the risk of cancer is increased by 7% to 10% with every 10g/day of alcohol (in Canada one standard alcoholic drink contains 13.6 g.) while 4 or more alcoholic drinks/day increases the risk substantially. Breast cancer is the second most common cause of cancer death in Ontario females.

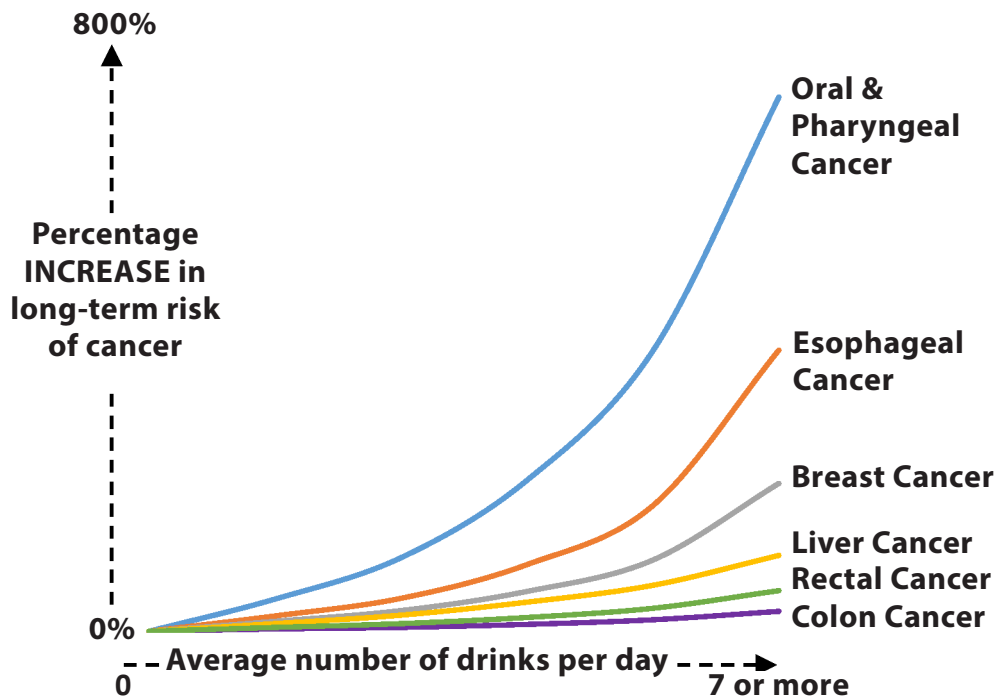
Liver: 5.7% to 15.8% of liver cancer in males and 1.9% to 5.3% of liver cancer in females were attributed to alcohol consumption.¹

Colorectal: About 400 to 1,100 new cases of colorectal cancer diagnosed in Ontario were attributed to alcohol consumption. Colorectal cancer is the third most commonly diagnosed cancer in Ontario for men and women.¹



¹ The Cancer Risk Factors in Ontario: Alcohol document provided the statistical information for the above infographic and can be found at: <https://www.cancercareontario.ca/en/statistical-reports/cancer-risk-factors-ontario-alcohol>

There are no known safe limits of alcohol consumption to prevent the increased risk of developing cancer



Explanation for the above graph

- **Colon Cancer:** 3% increase in the risk of developing this cancer **after one drink**
- **Rectal Cancer:** 5 % increase in the risk of developing this cancer **after one drink**
- **Liver Cancer:** 10% increase in the risk of developing this cancer **after one drink**
- **Breast Cancer:** 13% increase in the risk of developing this cancer **after one drink**
- **Esophageal cancer:** 20% increase in the risk of developing this cancer **after one drink**
- **Oral & Pharyngeal cancer:** 42% increase in the risk of developing this cancer **after one drink**

Your risk for developing these types of cancers increases with each additional alcoholic drink.

You may be familiar with Canada's Low-Risk Alcohol Drinking Guidelines. These guidelines were developed to encourage individuals to moderate their alcohol consumption levels in order to reduce the risk for developing various chronic diseases.

The Canadian Cancer Society Guidelines for the consumption of alcohol were developed specifically to address the risk for the development of cancer due to alcohol intake. There are no known safe limits of alcohol consumption to prevent the increased risk of developing cancer.

If you choose to use alcohol, reduce your risks for developing cancer by following the Canadian Cancer Society Guidelines for Alcohol Consumption.

Less than

- One drink a day for women
- Two drinks a day for men

Tips for reducing your risk of developing cancer attributed to alcohol consumption

1. Be informed about the alcohol-cancer connection and make an informed choice.
2. Think about how you want your state of health to be in 5, 10 or 20 years from now and how alcohol consumption could impact that vision in a negative way.
3. If you choose to drink alcohol, the Canadian Cancer Society Guidelines for Alcohol Consumption can give you some advice for reducing the amount that you consume which, in turn, can reduce your risk for developing the cancers related to alcohol consumption outlined in this newsletter.
4. Drinking alcohol is often used to cope with workplace stress or to connect with coworkers after work. Instead of using alcohol to cope with stress and to connect with others, why not find and use healthier and more effective ways to do this such as:
 - Bike riding, golfing, swimming, hiking or brisk walking with coworkers/friends/relatives
 - Eating balanced meals and snacks at work & at home (prepare & share healthy recipes with coworkers/friends/relatives)
 - Drinking water to stay hydrated and focused
 - Practicing mindfulness such as with deep breathing throughout the day...even during meetings
 - Trying meditation and yoga
 - Getting enough sleep (most adults require about 7 to 9 hours of restful sleep at night)
 - Asking for help with workload when needed
 - Learning to say no to extra work
 - Planning alcohol-free activities outside of work with coworkers/friends/relatives
 - Saying no thank you to that extra alcoholic drink
 - Discovering that you can still have fun without or with very little alcohol intake
5. Discuss any challenges related to alcohol consumption with a health care provider, trusted colleague, friend, family member or Employee Assistance Program (EAP) provider.

Remember, you are in control of what you put into your body. No one is telling you that you can't drink alcohol, but rather providing you with information so you can seriously think about how much alcohol you ingest and what it may be doing to your body. Make a decision today to take back the great health that you deserve! Don't allow alcohol advertising or peer pressure to influence you into making a decision to drink alcoholic beverages or excessive amounts of alcohol that could interfere with your plan for a long and happy life. Your body will thank you and so will your loved ones.



Lien entre l'alcool et le cancer

Saviez-vous que l'alcool n'est pas seulement une drogue, mais aussi une substance cancérogène? Une substance cancérogène peut causer le cancer. Lorsque l'alcool pénètre dans le corps et qu'il est métabolisé, il se transforme en acétaldéhyde. L'exposition à l'acétaldéhyde provenant de la consommation d'alcool est considérée comme étant une cause de cancer chez les humains. Des études révèlent que la consommation de boissons alcoolisées augmente le risque de développer un cancer et que plus une personne en consomme, plus le risque est élevé. En fait, il n'existe aucune limite sécuritaire à la consommation d'alcool pour prévenir l'augmentation du risque de développer un cancer.

La consommation de boissons alcoolisées est devenue « normale », et ce, sans penser à ses méfaits potentiels. Même si la consommation de boissons alcoolisées est un choix personnel, il est important de tenir compte des dangers qui peuvent en résulter, comme le développement d'un cancer.

Dans ce numéro, vous découvrirez quels sont les types de cancer associés à la consommation d'alcool. Vous y trouverez également des directives sur la consommation d'alcool de la Société canadienne du cancer ainsi que des conseils, au verso, pour réduire vos risques.



Il est important de savoir et de comprendre que la consommation de boissons alcoolisées augmente les risques de développer un cancer de la bouche, du pharynx (cavité muqueuse située derrière le nez et la bouche reliant ces derniers à l'œsophage), du larynx (organe de la parole), de l'œsophage, du foie, du côlon, du rectum et du sein. Le taux de risque dépend de la quantité d'alcool consommée. Le but n'est pas de vous alarmer, mais plutôt de vous donner les faits afin que vous puissiez prendre vos propres décisions informées en matière de consommation d'alcool.

Bouche et pharynx : En 2010¹, de 19 % à 56 % de tous les cancers de la bouche et du pharynx chez les hommes, et de 7 % à 23 % chez les femmes étaient attribuables à la consommation d'alcool. Le risque de cancer de la bouche et du pharynx augmente de 21 % • • • • • chez les personnes qui boivent une boisson alcoolisée ou moins par jour.

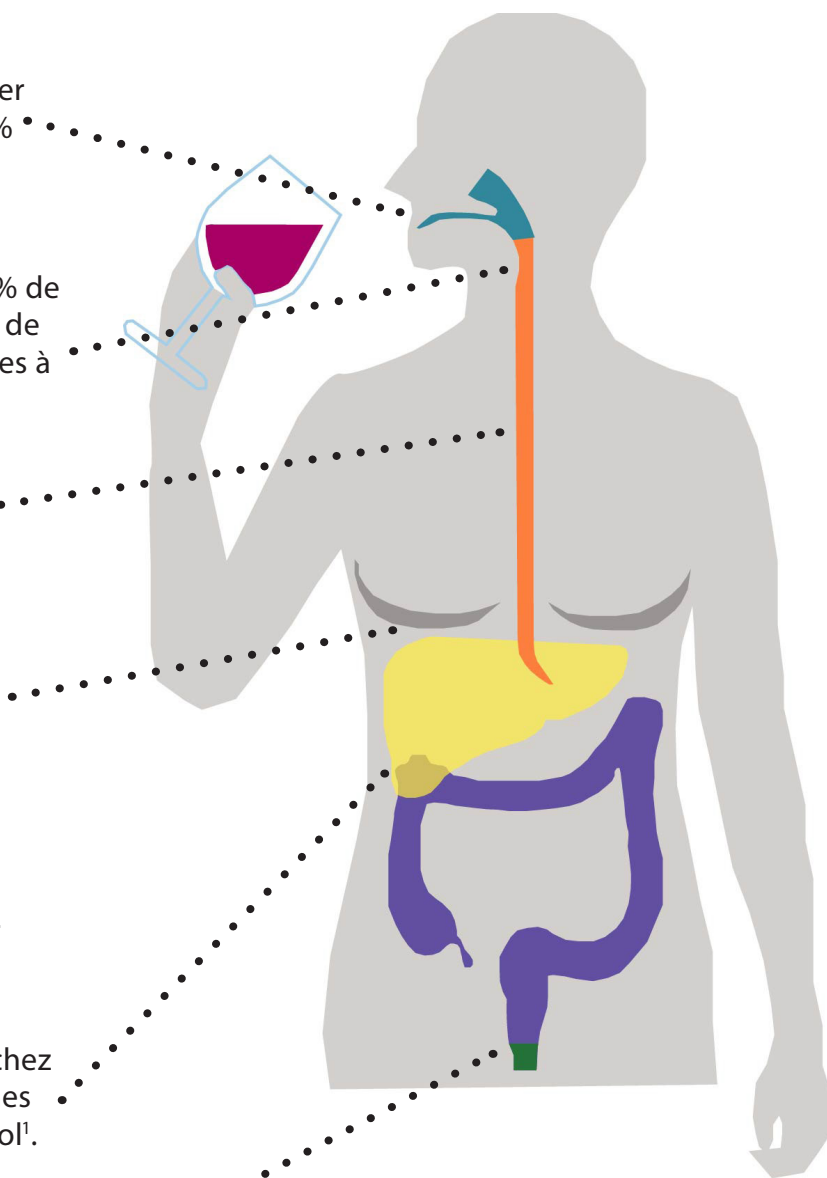
Larynx (organe de la parole) : De 14 % à 40 % de tous les cancers laryngés chez les hommes, et de 5 % à 15 % chez les femmes étaient attribuables à la consommation d'alcool¹.

Œsophage : De 13 % à 37 % des cancers de l'œsophage chez les hommes et de 4 % à 13 % chez les femmes étaient attribuables à la consommation d'alcool¹.

Sein : Chez les femmes, le risque de cancer augmente de 7 % à 10 % pour chaque 10 g d'alcool consommé par jour (au Canada, une consommation d'alcool régulière contient 13,6 g) tandis que 4 consommations d'alcool ou plus par jour accroissent le risque considérablement. Le cancer du sein est la deuxième cause la plus courante de décès par le cancer chez les femmes en Ontario.

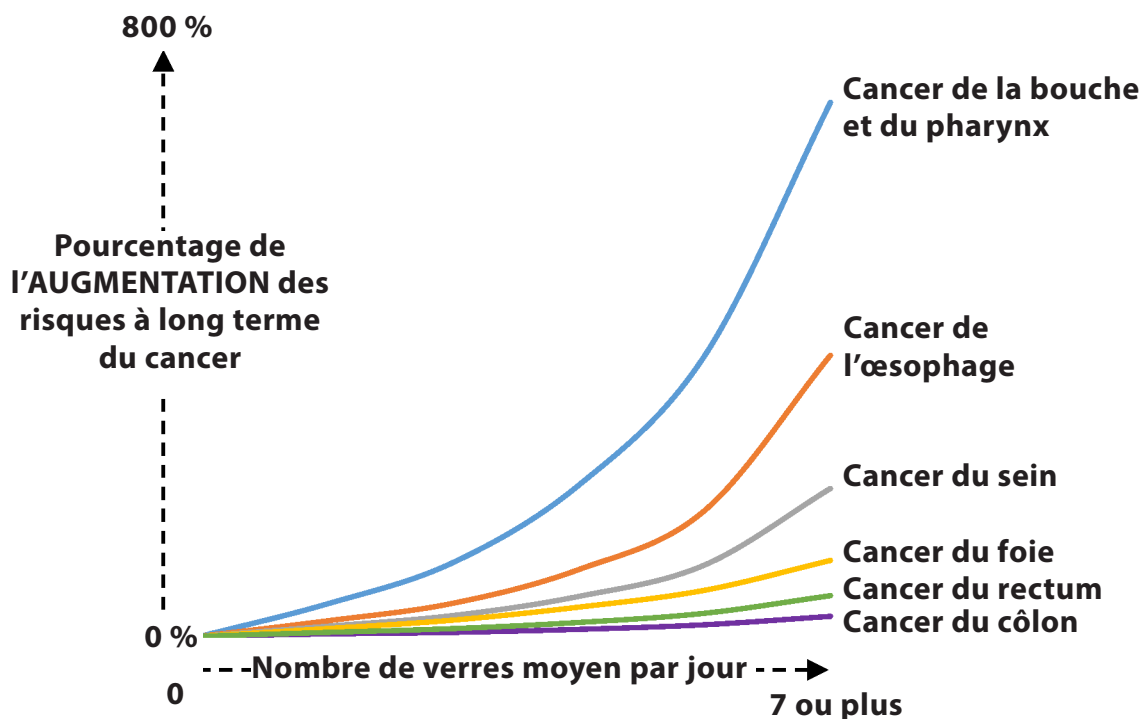
Foie : De 5,7 % à 15,8 % des cancers du foie chez les hommes et de 1,9 % à 5,3 % chez les femmes étaient attribuables à la consommation d'alcool¹.

Colorectal : De 400 à 1100 nouveaux cas de cancers colorectaux diagnostiqués en Ontario étaient attribuables à la consommation d'alcool. • • • • • Le cancer colorectal est la troisième cause la plus courante de décès par le cancer chez les hommes et les femmes en Ontario¹.



¹ *The Cancer Risk Factors in Ontario* (en anglais seulement) : un document sur l'alcool qui fournit des statistiques sur l'infographie ci-dessus et peut être trouvé sur le site : <https://www.cancercareontario.ca/en/statistical-reports/cancer-risk-factors-ontario-alcohol>

Il n'existe aucune limite sécuritaire de consommation d'alcool connue pour prévenir le risque accru de développer un cancer



Explication du graphique

- **Cancer du côlon** : augmentation de **3 %** du risque de développer ce cancer **après un verre**
- **Cancer du rectum** : augmentation de **5 %** du risque de développer ce cancer **après un verre**
- **Cancer du foie** : augmentation de **10 %** du risque de développer ce cancer **après un verre**
- **Cancer du sein** : augmentation de **13 %** du risque de développer ce cancer **après un verre**
- **Cancer de l'œsophage** : augmentation de **20 %** du risque de développer ce cancer **après un verre**
- **Cancer de la bouche et du pharynx** : augmentation de **42 %** du risque de développer ce cancer **après un verre**

Votre risque de développer ces types de cancer augmente avec chaque verre d'alcool additionnel.

Vous connaissez sans doute les Directives de consommation à faible risque du Canada. Ces directives ont été élaborées pour encourager les personnes à modérer leur taux de consommation d'alcool afin de réduire le risque de développer diverses maladies chroniques.

Les directives sur la consommation d'alcool de la Société canadienne du cancer ont été élaborées précisément dans le but d'aborder le risque de développer un cancer attribuable à la consommation d'alcool. Il n'existe aucune limite sécuritaire à la consommation d'alcool pour prévenir le risque de développer un cancer.

Si vous choisissez de consommer de l'alcool, réduisez vos risques de développer un cancer en suivant les directives sur la consommation d'alcool de la Société canadienne du cancer.

Moins de

- un verre par jour pour les femmes
- deux verres par jour pour les hommes

Conseils pour réduire vos risques de développer un cancer attribuable à la consommation d'alcool

1. Soyez informé au sujet du lien entre l'alcool et le cancer et faites un choix éclairé.
2. Imaginez votre état de santé idéal dans 5, 10 ou 20 ans et pensez à l'effet négatif de la consommation d'alcool sur cette vision.
3. Si vous choisissez de boire de l'alcool, les directives sur la consommation d'alcool de la Société canadienne du cancer peuvent vous aider à réduire la quantité que vous consommez, ce qui se traduira par une réduction de votre risque de développer un cancer associé à la consommation d'alcool décrite dans le présent numéro.
4. La consommation d'alcool est souvent utilisée pour gérer le stress au travail ou pour établir des liens avec les collègues après le travail. Au lieu d'utiliser l'alcool pour gérer le stress ou établir des liens avec les autres, pourquoi ne pas trouver des façons plus saines et efficaces d'y parvenir, comme :
 - Faire du vélo, jouer au golf, faire de la natation, de la randonnée pédestre ou une marche rapide avec des collègues de travail, des amis ou des membres de la famille
 - Manger des repas et des collations équilibrés au travail et à la maison (préparez des recettes saines et partagez-les avec des collègues de travail, des amis ou des membres de la famille)
 - Boire de l'eau pour rester hydraté et concentré
 - Pratiquer la pleine conscience, comme la respiration profonde durant la journée, même durant les réunions
 - S'adonner à la méditation et au yoga
 - Dormir suffisamment (la plupart des adultes ont besoin de 7 à 9 heures de sommeil réparateur par nuit)
 - Demander de l'aide pour accomplir ses diverses tâches au besoin
 - Apprendre à dire non au travail supplémentaire
 - Planifier des activités sans alcool à l'extérieur du travail avec des collègues, des amis ou des membres de la famille
 - Savoir refuser ce verre d'alcool supplémentaire
 - Apprendre qu'on peut tout de même avoir du plaisir en ne consommant que peu ou pas d'alcool
5. Discutez de difficultés en lien avec la consommation d'alcool avec un fournisseur de soins de santé, un collègue de confiance, un ami, un membre de la famille ou un fournisseur du Programme d'aide aux employés.

N'oubliez pas, c'est vous qui contrôlez ce que vous ingérez. Personne ne vous dit que vous ne pouvez pas consommer d'alcool; vous recevez plutôt de l'information vous incitant à une réflexion sérieuse sur la quantité d'alcool que vous ingérez et sur les effets de l'alcool sur votre organisme. Prenez dès aujourd'hui la décision de recouvrer la bonne santé que vous méritez! Ne laissez pas les publicités sur l'alcool ou la pression des pairs vous influencer et vous pousser à boire des boissons alcoolisées ou des quantités excessives d'alcool qui pourraient nuire à votre projet de mener une vie heureuse à long terme. Votre corps vous remerciera, de même que vos proches.

Santé publique Sudbury et districts

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Public Health
Santé publique
SUDBURY & DISTRICTS

APPROVAL OF CONSENT AGENDA

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

Briefing Note

To: Chair, Board of Health

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

Date: 2018 Board of Health Self-Evaluation of Performance – Survey Results

Re: November 15, 2018

☐ For Information

☐ For Discussion

☐ For a Decision

Issue:

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

In the September 20, 2018, Board of Health agenda package, Board of Health members were advised that a confidential self-evaluation survey was available in BoardEffect and were invited to complete it by October 23, 2018.

Board members were informed that the results would be confidentially compiled by the Board Secretary and reported at its regularly scheduled meeting in November 2018. This briefing note constitutes the evaluation report.

Recommended Action:

That Board of Health members review and discuss the results of the 2018 self-evaluation and ensure continued reflection and improvement.

Board Member Self-Evaluation of Performance:

Methods

- The Board of Health Member Self-Evaluation of Performance survey, which is used annually, consists of 23 questions on performance and processes, and open-ended questions after each section inviting additional comments or suggestions. For 2018, one additional open-ended question was added, inviting comments to assist the Chair as part of continuous improvement.
- Board of Health members were asked to rate each of the items as either "Strongly Agree", "Agree", "Disagree", "Strongly Disagree" or "Not Applicable".

- Board of Health members were advised in the September 20, 2018, Board of Health meeting agenda package that the online self-evaluation questionnaire was available for completion in BoardEffect under the Board of Health workroom – Collaborate – Surveys.
- In an email dated September 28, 2018, Board members were reminded to complete survey by October 23, 2018.
- The October 2018 MOH/CEO report to the Board also included a reminder to complete the survey.
- At the October 18, 2018, Board of Health meeting, the Board Chair invited those who did not have a chance to complete the evaluation to do so by October 23.

Results

- All Board members (14) were invited to complete the annual Board of Health self-evaluation survey. A total of 12 out of 14 Board members completed the survey, for a response rate of 85.7%.
- Previous response rates

Year	Response Rate
2017	72.7%
2016	83.3%
2015	69%
2014	84.6%

- The following tables summarize the responses to each of the rated questions.

Part 1: Individual Performance Compliance with Individual Roles and Responsibilities as a Board of Health member	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Applicable	Total Responses
1. As a BOH member, I am satisfied with my attendance at meetings.	8 (66.7%)	4 (33.3%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	12
2. As a BOH member, I am satisfied with my preparation for meetings.	8 (66.7%)	4 (33.3%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	12
3. As a BOH member, I am satisfied with my participation in meetings.	4 (33.3%)	8 (66.7%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	12
4. As a BOH member, I understand my roles and responsibilities.	9 (75.0%)	3 (25.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	12
5. As a BOH member, I understand current public health issues.	6 (50.0%)	6 (50.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	12
6. As a BOH member, I have input into the vision, mission and strategic direction of the organization.	9 (91.7%)	3 (25.0%)	0 (0%)	0 (0.0%)	0 (0.0%)	12

2018–2022 Strategic Priorities:

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

O: October 19, 2001
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7. As a BOH member, I am aware and represent community perspective during board meetings.	8 (66.7%)	4 (33.3%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	12
8. As a BOH member, I provide input into policy development and decision-making.	2 (16.7%)	10 (83.3%)	0 (0%)	0 (0%)	0 (0.0%)	12
9. As a BOH member, I represent the interests of the organization at all times.	12 (100%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	12

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

- No comments were provided on this item.

Part 2: Board of Health Processes	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Applicable	Total Responses
1. The BOH is compliant with all applicable legislation and regulations.	9 (75.0%)	3 (25.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	12
2. The BOH ensures members are aware of their roles and responsibilities through orientation of new members	9 (75.0%)	3 (25.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	12
3. The BOH is appropriately informed about financial management, procurement policies and practice, risk management and human resources issues.	8 (66.7%)	3 (25.0%)	1 (8.3%)	0 (0.0%)	0 (0.0%)	12
4. The BOH holds meetings frequently enough to ensure timely decision-making.	9 (75.0%)	3 (25.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	12
5. The BOH bases decision making on access to appropriate information with sufficient time for deliberations.	8 (66.7%)	4 (33.3%)	0 (0.0%)	0 (0.0%)	0 (0%)	12
6. The BOH is kept apprised of public health issues in a timely and effective manner.	11 (91.7%)	1 (8.3%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	12

2018–2022 Strategic Priorities:

1. Equitable Opportunities
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O: October 19, 2001
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7. The BOH sets bylaws and governance policies.	8 (66.7%)	4 (33.3%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	12
8. The BOH remains informed with issues pertaining to organizational effectiveness through performance monitoring and strategic planning.	8 (66.7%)	4 (33.3%)	0 (0%)	0 (0.0%)	0 (0.0%)	12
9. The consent agenda is helpful in enabling the Board to engage in detailed discussion of important items.	8 (66.7%)	3 (25.0%)	1 (8.3%)	0 (0.0%)	0 (0.0%)	12

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

- No comments were provided on this item.

Part 3: Overall Performance of the Board of Health	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Applicable	Total Responses
1. The BOH contributes to high governance and leadership performance.	8 (66.7%)	4 (33.3%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	12
2. The BOH oversees the development of the strategic plan.	8 (66.7%)	3 (25.0%)	1 (8.3%)	0 (0.0%)	0 (0.0%)	12
3. The BOH ensures planning processes consider stakeholder and community needs.	9 (75.0%)	3 (25.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	12
4. The BOH ensures a climate of mutual trust and respect between themselves and the Medical Officer of Health (MOH).	10 (83.3%)	2 (16.7%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	12
5. The BOH as a governing body is achieving its strategic outcomes.	8 (66.7%)	4 (33.3%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	12

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

- No comments were provided on this item.

2018–2022 Strategic Priorities:

- Equitable Opportunities
- Meaningful Relationships
- Practice Excellence
- Organizational Commitment

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Please share any comments that would be helpful for the Chair as part of continuous improvement.

- One comment suggested there should be consideration to enable Board of Health members to propose friendly amendments to key documents when they are received for approval.
- Board processes may be assisted at times by the Board Chair reminding members of code of conduct/good meeting processes.

Summary

The 2018 Board of Health Member Self-Evaluation of Performance questionnaire gives Board members a chance to reflect on their individual performance, the effectiveness of Board policy and processes, and the Board's overall performance as a governing body. Board of Health self-evaluation of performance is an internal tool to ensure compliance with the Ontario Public Health Organizational Standards. In addition, the Board self-evaluation survey is part of the 2018–2022 Accountability Monitoring Plan. Results should be interpreted with caution due to the small number of respondents.

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

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

Briefing Note

To: René Lapierre, Chair, Board of Health
From: Penny Sutcliffe, Medical Officer of Health/Chief Executive Officer
Date: November 15, 2018
Re: Mindful Employer Canada's Mindful Employer Charter

☐ For Information

☐ For Discussion

☒ For a Decision

Issue:

There is growing evidence of the impact of poor mental health in the workplace. Fostering a work environment that supports and sustains mental health and well-being is a key component of Public Health Sudbury & Districts 2018–2022 Strategic Plan. Formal organizational commitment is a critical step in this work.

Recommended Action:

That the Board of Health endorse Mindful Employer Canada's *Mindful Employer Charter*.

Background:

Public Health Sudbury & Districts recognizes, appreciates, and promotes the importance of physical and psychological health, safety, and wellness of all individuals in the workplace; and is committed to a collaborative effort in the achievement and maintenance of an environment free from physical and psychological hazards.¹

Public Health Sudbury & Districts has two committees supporting health and safety; the Joint Health and Safety Committee and the Psychological Health and Wellness Committee (PHWC).

The PHWC is comprised of members from all levels and from all areas of the organization. It has based its work on the National Standard of Canada for Psychological Health and Safety in the Workplace and adopted 'A workplace where every person can be their best self' as their vision.

The National Standard of Canada for Psychological Health and Safety is a voluntary standard however experts say it may become law over time. Arguably the Ontario Occupational Health and Safety Act already applies to psychological health as the legislation requires employers to take "every reasonable precaution" for the health and safety of its workers. This includes the identification of health and safety risks and the elimination or control of hazards that impact worker health and safety. In a holistic sense

2018–2022 Strategic Priorities:

1. Equitable Opportunities
2. Meaningful Relationships
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4. Organizational Commitment

this includes psychosocial risk factors. The psychosocial work environment includes organizational culture as well as attitudes, values, beliefs and daily practices in the enterprise that affect the mental and physical well-being of employees.

Mindful Employer Charter

The Mindful Employer of Canada's ***Mindful Employer Charter*** is a good faith agreement to continue to strive towards supporting a mentally healthy workplace. A mindful employer is not about being perfect but rather having an awareness of the impact employers can have on the mental health of employees.

The Mindful Employer Charter uses positive psychological practices to promote mental health in the workplace over a (recommended) two year period and aligns with the logic model and work plan developed at Public Health Sudbury & Districts.

Mindful Employer Canada is a not-for-profit social enterprise that offers a support system/resource for employers striving to support mental health; and can help organizations work towards the National Standard of Canada on Psychological Health and Safety in the Workplace in the following ways:

- Signing the Charter can be part of the commitment by senior management.
- Following the principles of the Charter can help address the factor of psychological support.
- The Mindful Employer In-House program can help build capacity to address workplace mental health issues more effectively.
- Provide options for management training for competency in managing mental health in the workplace.

Becoming a Mindful Employer demonstrates that we are aware of the impact employers can have on the mental health of employees and as a Mindful Employer, we are committed to join other Mindful Employers actively engaged in:

- Promoting a mentally healthy workplace
- Increasing mental health awareness
- Eliminating stigma around seeking help
- Developing mindful managers
- Supporting success at work

Becoming a Mindful Employer is an important statement and demonstration of leadership commitment to the well-being of our staff and organization. Signing the Mindful Employer Charter will support and assist our organization in achieving our goals. The purpose and elements of Mindful Employer Canada align well with the work we are doing as an organization and by signing the Mindful Employer Charter we show our commitment to improving the mental health of our employees.

2018–2022 Strategic Priorities:

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

O: October 19, 2001
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Financial Implications:

Mindful Employer Canada is a not-for-profit social enterprise. Signing the Mindful Employer Charter is free, voluntary, and open to any employer in Canada.

The initiatives that are in place to support the workplace psychological health and wellbeing have already been accounted for within the budget.

Strategic Priority:

Meaningful Relationships, Practice Excellence, Organizational commitment

Contacts: France Quirion, Director, Corporate Services
Sandra Lacle, Director, Health Promotion

¹ Public Health Sudbury & District, General Administrative Manual, Workplace Health and Safety Policy T-I-5

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

MINDFUL EMPLOYER CANADA'S MINDFUL EMPLOYER CHARTER FOR CANADIAN EMPLOYERS SUPPORTING WORKPLACE MENTAL HEALTH

MOTION:

WHEREAS various businesses/organizations across the country have recognized the value in becoming a Mindful Employer and have signed Mindful Employer Canada's Mindful Employer Charter including Bell, Toronto pulse CPR, Nova Scotia Public Service-Long Term Disability Plan Trust Fund, City of Lethbridge, Hamilton Health Sciences, Mental health Commission of Canada, Morneau Shepell, and more; and

WHEREAS the Association of Local Public Health Agencies (alPHA) resolution A17-4 Mental Health Promotion within Ontario Workplaces, June 12, 2017, encourages each of its member health units to address psychological health and safety, to protect and promote mental health of workers throughout the province; and

WHEREAS Public Health Sudbury & Districts recognizes that our workplace itself is a major determinant of health;

THEREFORE BE IT RESOLVED that the Board of Health endorse the signing of Mindful Employer Canada's Mindful Employer Charter to signify the Board's commitment to supporting workplace mental health; and

FURTHER THAT Public Health Sudbury & Districts share this motion with local municipalities, the Association of Local Public Health Agencies (alPHA), and Ontario Boards of Health.

Briefing Note

To: René Lapierre, Chair, Board of Health
From: Dr. Penny Sutcliffe, Medical Officer of Health/Chief Executive Office
Date: November 15, 2018
Re: 2019 Recommended Cost-Shared Operating Budget

☐ For Information

☒ For Discussion

☒ For a Decision

Issue:

Approval is being sought for the draft 2019 operating budget for Public Health Sudbury & Districts cost-shared programs and services. The draft budget was developed by the Senior Management Executive Committee and it was reviewed on October 29, 2018 by the Board of Health Finance Standing Committee. The budget is being recommended by the Finance Committee for Board of Health approval.

Recommended Action:

THAT the Board of Health approve the 2019 operating budget for cost-shared programs and services in the amount of \$ 23,575,318.

1. Budget Summary:

The recommended 2019 budget for cost-shared programs and services is \$23,575,318 and as compared with the 2018 Board of Health-approved budget, represents an overall increase of 1%. As compared with 2018, the 2019 budget maintains the provincial funding at the 2018 level and increases the overall municipal funding at \$1.29 per capita (3%).

The recommended 2019 cost-shared budget is a product of detailed deliberations to ensure that increasing program and cost pressures are managed responsibly within a fiscally constrained environment. Management continues to work diligently within the current fiscal context to balance these pressures with the maintenance of quality programs, the need to be accountable and transparent, and our responsibility to meet local public health needs.

The Board received a 3% increase in provincial funding in 2018. This unanticipated funding is integral to attaining a balanced budget for 2019. Based on reasonably conservative cost assumptions and zero growth in our base budget, projected annual shortfalls are approximately \$400,000. Additional and significant cost reductions are anticipated to be required in future fiscal periods and will be the subject of future deliberations. The Board of Health Standing Finance Committee remains committed to the budget principles (Appendix A) as we navigate through current and anticipated ongoing fiscal restraint.

2018–2022 Strategic Priorities:

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

O: October 19, 2001
R: January 2017

The following sections provide details on key 2019 budget factors.

2. Budget Background

2.1 Provincial Context

The Ontario Government and the Ministry of Health and Long-Term Care (MOHLTC) continue to communicate the need for fiscal restraint. We have been advised by Ministry staff to not assume any growth in base funding for 2019.

As the Board is aware, provincial funding for 100% ministry funded programs has not increased for many years (the duration is program-specific). This funding freeze has resulted in increased pressures to maintain service delivery levels. These pressures have been managed to date with reallocation from cost-shared to 100% funded budget lines. New to the 2018 Public Health Funding and Accountability Agreement is the potential to move approved funding from one funding source/program to another upon approval from the Ministry. This may help to address some of these pressures in the future.

2.2 Public Health Sudbury & Districts 2018 Grant Approval

The MOHLTC Program Based Grant approval was received on May 7, 2018 with an unexpected 3% growth applied to the Mandatory Program base funding allocation. As anticipated, no increases in funding to the Unorganized Territories and the other related 100% funded programs were received.

Public Health Sudbury & Districts is anticipating no growth in provincial grants for the mandatory cost-shared programs for the foreseeable future which will translate into significant constraints for the long term as a result of continued increases in our salary, benefit and operating expenses.

2.3 Program and Service Requirements

Public Health Sudbury & Districts has implemented the modernized Ontario Public Health Standards incorporating new requirements, most notably in the areas of LHIN engagement and population health assessment, mental health promotion, Indigenous engagement, vision screening, climate change and built environment, among others.

2.4 Funding Ratio

The recommended 2019 budget maintains the funding ratio of 69:31 ministry/municipal. The Board of Health is reminded that in order to maintain previously established service levels, the Board committed to maintaining its investment in order to not erode gains made during periods of public health investment and renewal.

3. Recommended 2019 Budget

3.1 Revenues

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

The recommended budget is presented with 0% growth over the 2018 ministry grant, including the Unorganized Territories grant. Public Health Sudbury & Districts anticipates no increases in this budget line for the foreseeable future.

The historical Unorganized Territories funding is summarized below:

Year	Growth (%)
2018	0.0
2017	0.8
2016	0.8
2015	1.5
2012 - 2014	2.0
2008 - 2011	5.0

The 2019 recommended budget is presented with a \$46,000 decrease to the expense recoveries. Vaccine volumes have been decreasing and revenues are restated to reflect that change. This decrease is in part offset by the \$20,000 increase to the interest revenue line.

3.2 Expenditures

3.2.1 Overall

The 1% overall increase in expenditures over the 2018 cost-shared budget is comprised of the following:

Benefits decrease	-0.15 %
Salary cost increase	.25 %
Operating cost increase	0.89 %
Overall Increase	0.99 %

3.2.2 Salary and Benefit Changes

As compared with 2018, the salary and benefit budget lines reflect an increase of 0.36% and a decrease of 0.75%, respectively:

- **Salary:** As compared with 2018, salaries are budgeted at an increase of only 0.36% resulting from the implementation of a revised facilities management model with the outsourcing of the facilities management portfolio. Approximately \$170,000 in human resources costs are reallocated from salaries to the operating category.
- **Benefits:** As compared with 2018, benefits are reporting a slight decrease of 0.75% resulting from;
 - i. market costing exercise conducted by Mosey and Mosey securing savings within the extended health premium rate; and
 - ii. the reallocation of the facilities management human resources to the operating category.

The market costing exercise resulted in a change to a new benefit carrier and yielded significant premium decreases in comparison to the rates to which we would have been subjected had we remained with the previous benefit carrier. The market costing exercise secured a two-year rate guarantee on our extended health benefit premiums with a cap on future rate increases. The rate guarantees expire December 2019 which will likely result in rate increases to the extended health benefits for the future budget periods. We continue to invest in employee health initiatives and to work closely with the benefit consultant to ensure our program provides good coverage while ensuring the program is managed in a cost-effective manner.

3.2.3 Non-Salary Changes:

As compared with 2018, the non-salary budget line reflects an overall 8.59% increase. The notable increase to the non-salary budget is directly related to the reallocation of the facilities management portfolio from salaries and benefits. All expenditures were reviewed and adjustments were made to reflect efficiencies or reallocations between lines. Expenditure lines with significant changes are highlighted below, following the order of appearance in the attached schedule:

- **Building Maintenance:** this significant increase is due to the decision to outsource the facilities management costs resulting in the reallocation of funds previously recognized within the salary compensation category.
- **Insurance:** The increase is related to a comprehensive review of our coverage and the requirement to mitigate exposure related to evolving cyber risks
- **Information Technology:** The increase is due to adjustments required to reflect recurring increases to application licensing costs.

- **Media & Advertising:** The decrease is realized as less funding is required for the ongoing maintenance of the new and emerging 2018 media campaigns (e.g. Mental Health & Addictions and Indigenous Engagement). We continue to explore the changing media landscape and the potential for further efficiencies in this expense category.
- **Travel:** The decrease is due to staff capitalizing on the increased opportunities for web based meetings and professional development sessions.
- **Program Expenses/Expense Recoveries:** We have realigned our projected volumes related to our vaccine program resulting in a reduction in vaccine sales as well as a reduction in our vaccine expenses.

3.2.4 Schedules

Appendix B provides the detailed schedules for the recommended 2019 cost-shared operating budget divisions, expenditure categories, revenue sources, and municipal levies.

4. Conclusion

The recommended 2019 budget for cost-shared programs and services is \$23,575,318 and as compared with the 2018 Board of Health-approved budget, represents an overall increase of 1%.

The 2019 draft budget is recommended as a budget that recognizes an environment of ongoing fiscal constraints combined with significant ongoing public health needs.

Ontario Public Health Standard:

Organizational Requirements – Fiduciary Requirements Domain

Strategic Priority:

Organizational Commitment

Public Health Sudbury & Districts Budget Principles

The following are the guiding principles for the 2019 Public Health Sudbury & Districts budget deliberations.

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

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

Guiding principles:

1. We will maintain our **long term focus on health**. This requires an appropriate balance of responsiveness to health protection and immediate needs (e.g. immunizations, environmental health hazards, communicable disease control, tobacco enforcement, etc.) with investment in longer term health promotion (e.g. healthy eating, child resiliency, municipal policies, etc.).
2. We will ensure that we build and maintain **surge capacity**, enabling us to respond to unplanned/unexpected new and emerging threats to people's health (e.g. community communicable disease outbreaks, industrial or natural hazards, etc.).
3. Health Unit programs will continue to strive to improve **equity in health** including a focus on Indigenous engagement. This is consistent with our strategic plan vision, mission and strategic priorities. We will do this by focusing on evidence-informed local public health practice to promote health equity, appropriate engagement with communities and stakeholders, and upstream work with partners on the social determinants of health.
4. We will work to ensure our fiscal path forward is congruent with our organizational values of humility, respect, and trust.

Public Health Sudbury & Districts
Cost Shared Programs & Services

2019 Recommended Budget

Description	BOH 2018 Approved	BOH 2019 Proposed	Increase (Decrease)	% Change Inc/(Dec)
Revenue				
MOHLTC - General Programs	15,127,700	15,127,700	-	0.00%
MOHLTC - Unorganized Territory	826,000	826,000	-	0.00%
MOHLTC - Vector Borne Disease (VBD) Educ. & Surveillance	65,000	65,000	-	0.00%
MOHLTC - SDWS	106,000	106,000	-	0.00%
Municipal Levies	7,064,806	7,276,750	211,944	3.00%
Municipal Levies - Vector Borne Disease (VBD) Educ. & Surv.	21,646	21,646	0	0.00%
Municipal Levies - Small Drinking Water Systems	47,222	47,222	-	0.00%
Interest Earned	85,000	105,000	20,000	23.53%
Total Revenue	23,343,374	23,575,318	231,944	0.99%
Expenditures				
Corporate Services				
Corporate Services	4,436,376	3,977,582	(458,794)	-10.34%
Print Shop	120,816	120,102	(714)	-0.59%
Espanola	119,921	120,699	778	0.65%
Manitoulin Island	128,909	130,271	1,362	1.06%
Chapleau	101,289	101,791	503	0.50%
Sudbury East	16,508	16,808	300	1.82%
Intake	325,506	328,471	2,965	0.91%
Volunteer Resources	5,711	4,850	(861)	-15.08%
Facilities Management	-	562,937	562,937	0.00%
Total Corporate Services	5,255,035	5,363,511	108,475	2.06%
Clinical Services				
Clinical Services - General	1,218,998	1,157,626	(61,372)	-5.03%
Clinic	1,280,708	1,335,692	54,983	4.29%
Clinical Services - Branches	273,028	221,267	(51,761)	-18.96%
Family Team	618,225	633,751	15,526	2.51%
Risk Reduction	98,842	98,842	0	0.00%
Clinical Outreach	144,218	148,934	4,716	3.27%
Sexual Health	947,285	982,235	34,950	3.69%
Dental	520,983	525,880	4,896	0.94%
Total Clinical Services	5,102,288	5,104,227	1,939	0.04%
Health Promotion				
Promotion - General	1,266,330	1,242,506	(23,825)	-1.88%
School	1,392,900	1,426,438	33,538	2.41%
Workplace	146,613	146,826	213	0.15%
Branches (Espanola/Manitoulin)	334,250	324,077	(10,173)	-3.04%
Nutrition & Physical Activity Team	1,050,154	1,089,514	39,359	3.75%
Branches (Sudbury East/Chapleau)	390,709	390,476	(233)	-0.06%
Injury Prevention	375,956	393,692	17,736	4.72%
Tobacco Cessation	269,249	272,393	3,144	1.17%
Reproductive & Child Health	1,189,379	1,207,483	18,103	1.52%
Drug Strategy	120,651	114,242	(6,409)	-5.31%
Mental Health and Addictions	324,148	305,326	(18,822)	-5.81%
Alcohol and Substance Misuse	219,480	244,533	25,053	11.41%
Total Health Promotion	7,079,820	7,157,505	77,685	1.10%
Knowledge & Strategic Services				
Knowledge & Strategic Services	1,736,650	1,699,835	(36,815)	-2.12%
Workplace Capacity Development	23,507	23,507	-	0.00%
Health Equity Office	53,501	14,440	(39,061)	-73.01%
Strategic Engagement Unit	585,665	596,767	11,102	1.90%
Indigenous Engagement Strategy	-	105,972	105,972	0.00%
Total Knowledge & Strategic Services	2,399,324	2,440,521	41,197	1.72%
Environmental Health				
Environmental Health - General	807,854	808,066	213	0.03%
Environmental	2,459,165	2,451,450	(7,715)	-0.31%
Vector Borne Disease	86,667	86,907	241	0.28%
Small Drinking Water Systems	153,222	163,130	9,908	6.47%
Total Environmental Health	3,506,907	3,509,554	2,647	0.08%
Total Expenditures	23,343,374	23,575,318	231,944	0.99%
Net Surplus (Deficit)	-	-	-	-

Public Health Sudbury & Districts
Cost Shared Programs & Services
Expenditures By Category

2019 Recommended Budget

Description	2018 BOH Approved Budget	2019 Recommended Budget	Change (\$) Inc/(Dec)	Change (%) Inc/(Dec)
Salaries	16,342,905	16,401,818	58,914	0.36%
Benefits	4,585,110	4,550,610	(34,500)	-0.75%
Total Salaries & Benefits	20,928,015	20,952,428	24,413	0.12%
Building Maintenance	378,709	588,599	209,890	55.42%
Utilities	208,937	214,325	5,388	2.58%
Insurance	103,774	115,636	11,862	11.43%
Information Technology	567,040	588,040	21,000	3.70%
Office Supplies	105,712	103,091	(2,621)	-2.48%
Media & Advertising	135,661	110,048	(25,613)	-18.88%
Health Services / Purchased Services	84,040	84,040	-	0.00%
Professional Fees	41,490	42,015	525	1.27%
Travel	261,166	249,009	(12,157)	-4.65%
Program Expenses	663,257	617,852	(45,405)	-6.85%
Photocopy Expenses	26,455	28,555	2,100	7.94%
Telephone Expenses	193,826	193,652	(174)	-0.09%
Postage & Courier Services	70,536	69,322	(1,214)	-1.72%
Vector Borne Disease - Education and Surveillance	44,825	44,825	-	0.00%
Books & Subscriptions	11,315	11,815	500	4.42%
Furniture & Equipment	19,220	13,770	(5,450)	-28.36%
Rent Revenue	(67,881)	(69,076)	(1,195)	1.76%
Rent Surplus Transferred to Reserve	55,744	56,642	898	1.61%
Translation	46,000	45,127	(873)	-1.90%
Memberships	32,289	32,289	-	0.00%
Expense Recoveries	(939,786)	(893,660)	46,126	-4.91%
Rent	256,105	259,105	3,000	1.17%
Staff Development	116,925	117,867	942	0.81%
Total Operational Expenses	2,415,359	2,622,889	207,530	8.59%
Total Expenditures	23,343,374	23,575,318	231,944	0.99%

**Public Health Sudbury & Districts
Cost Shared Programs & Services
Revenue by Funding Agency**

2019 Recommended Budget

	2018 BOH Approved Budget	2019 Proposed Budget	Increase (Decrease)
Ministry of Health and Long-Term Care			
Official Local Health Agency	15,127,700	15,127,700	-
Unorganized Territories	826,000	826,000	-
Vector Borne Disease- education & surveillance	65,000	65,000	-
Small Drinking Water System	106,000	106,000	-
Total MOHLTC	16,124,700	16,124,700	-
Municipalities			
Official Local Health Agency	7,064,806	7,276,750	211,944
Vector Borne Disease- education & surveillance	21,646	21,646	0
Small Drinking Water System	47,222	47,222	-
Total Municipalities	7,133,674	7,345,618	211,944
Other Revenue			
Interest	85,000	105,000	20,000
Total Other	85,000	105,000	20,000
Grand Total	23,343,374	23,575,318	231,944

Public Health Sudbury & Districts
Cost Shared Programs and Services

2019 Recommended Budget

Municipal Levy (excluding VBD Contingency)

	2018	2019
Total Budget	22,896,074	23,575,318
Municipal Levy	7,064,806	7,276,750
Municipal Levy - Vector Borne Disease	21,646	21,646
Municipal Levy Small Drinking Water System	47,222	47,222
Total Levy**	7,133,674	7,345,618

	2018	%	2018	2019		Monthly
Municipal Levy	Population*	Population	Levy	Levy	Difference	Billing
Assiginack (Township of)	754	0.459%	32,747	33,720	973	2,810
Baldwin (Township of)	505	0.307%	21,904	22,555	651	1,880
Billings (Township of)	501	0.305%	21,762	22,408	646	1,867
Burpee and Mills (Township of)	273	0.166%	11,846	12,198	352	1,016
Central Manitoulin (Township of)	1,711	1.042%	74,337	76,545	2,208	6,379
St. Charles	1,156	0.704%	50,225	51,717	1,492	4,310
Chapleau (Township of)	1,915	1.166%	83,182	85,654	2,471	7,138
French River	2,374	1.445%	103,085	106,148	3,063	8,846
Espanola Town	4,362	2.655%	189,403	195,030	5,627	16,253
Gordon/ Barrie Island	449	0.273%	19,479	20,057	579	1,671
Gore Bay Town	739	0.450%	32,105	33,059	954	2,755
Markstay-Warren	2,328	1.417%	101,088	104,091	3,003	8,674
Northeastern Manitoulin & the Islands (Town)	2,129	1.296%	92,456	95,203	2,747	7,934
Naim & Hyman (Township)	396	0.241%	17,196	17,707	511	1,476
Killarney	346	0.211%	15,056	15,503	447	1,292
Sables-Spanish River (Township of)	2,680	1.631%	116,354	119,811	3,457	9,984
City of Greater Sudbury	141,290	86.010%	6,135,679	6,317,974	182,295	526,498
Tehkummah (Township of)	363	0.221%	15,769	16,238	468	1,353
TOTAL	164,271	100%	7,133,674	7,345,618	211,944	612,134
Per Capita Rate			43.43	44.72	1.29	

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

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

IN CAMERA

MOTION: THAT this Board of Health goes in camera. Time: _____

RISE AND REPORT

MOTION: THAT this Board of Health rises and reports. Time: _____

2019 COST-SHARED BUDGET

MOTION:

THAT the Board of Health for the Sudbury and District Health Unit approve the 2019 operating budget for cost-shared programs and services in the amount of \$23,575,318.

STAFF APPRECIATION DAY

MOTION:

THAT this Board of Health approve a Staff Appreciation Day for the staff of Public Health Sudbury & Districts during the upcoming holiday season. The Staff Appreciation Day may be taken between the dates of December 1, 2018, to February 28, 2019. Essential services will be available and provided at all times during the holiday period except for statutory holidays when on-call staff will be available.

Briefing Note

To: Rene Lapierre, Chairman – Board of Health
From: Dr. Penny Sutcliffe, Medical Officer of Health and CEO
Date: November 15, 2018
Re: Support for Provincial Oral Health Program for Low Income Adult and Seniors

☐ For Information

☐ For Discussion

☒ For a Decision

Issue:

Oral health care is not a component of the provincial health insurance program and many adults and older Ontarians have no private insurance. In his campaign platform, Premier Ford committed to investing in a dental care program for low income seniors. Low income adults were not included in this commitment.

Recommended Action:

That the Board of Health for Public Health Sudbury & Districts fully support the Premier's plan to invest in oral health programs for low income adults and further encourage the government to expand access to include low income adults.

Background:

Summary:

Dental caries (tooth decay) is one of the most prevalent and preventable chronic diseases and can contribute to poor nutritional status, damage self-esteem and may affect employment and potential to thrive. The Board of Health for Public Health Sudbury & Districts has a mandate under the Ontario Public Health Standards, Chronic Disease Prevention and Well Being, to reduce the burden of chronic diseases of public health importance and improve well-being.

Prevention is critical to good oral health and optimally fluoridated drinking water is a highly effective preventive strategy that should be accessible to all Ontarians, protecting children's primary teeth and the permanent teeth of children, adults and seniors.

As compared with other provinces, Ontario has the lowest rate of public funding for dental care, as a percentage of all dental care expenditures and the lowest per capita public sector spending on dental

2018–2022 Strategic Priorities:

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

O: October 19, 2001
R: January 2017

services, resulting in precarious access to dental preventive and treatment services, especially for low-income Ontarians. Over 60,000 visits to the emergency departments, across Ontario, in 2015 were due to oral health concerns, as acute health care services are often the only remaining option for treatment of complications from a lack of dental care.¹ An estimated \$38M is spent in the acute care medical system for these complications without addressing the underlying causes.

Details:

There is a patchwork of municipally funded dental programs for adults and seniors in Ontario however these programs are not available in all communities, have long wait lists or have limited funding therefore impacting the sustainability and available treatment services of the program. The number of Canadians unable to access dental care likely to grow rapidly in the next decade as the baby boomer generation retires.²

Oral health is essential for healthy living and aging. The lack of access to dental care results in substantial reductions in quality of life and poor oral health may be a disadvantage in the labour market.² Given the higher dental care needs of the adult and aging populations there will be increased pressures on the health care system as this population will seek care for emergency issues through walk in clinics and emergency departments. There is a link between oral health and chronic diseases such as heart disease, diabetes and cancer which also directly impact the health care system.

Inequities in dental care and oral health outcomes continue in Ontario, older populations of lower socioeconomic status and those living in rural areas or long term care facilities are particularly at risk for poor access to dental care and poor oral health.

Premier Ford's campaign promise to invest in a dental care program for low income seniors would not address the needs of the low income adult population. In Ontario there are publically funded dental care programs for low income children, families with disabilities and low income adults looking for employment. Unfortunately, this patchwork of programs excludes adults who are working in low paying jobs or precarious employment.

Access to affordable dental care for adults and seniors is a complex issue that requires decision makers to consider multiple factors when creating a strategy to address the gap in dental care services. A dental care strategy that is multi-pronged in nature is likely to benefit from efficiencies that otherwise do not exist in the current patchwork of dental care provision for adults and older adults. The creation of a program for only low income seniors will result in a greater disparity for low income adults and increased pressures on a seniors' program as the current adult population ages and gains access to a provincially funded program. This is likely to result in greater burden to the health care system through costly visits to hospital emergency rooms and physicians' offices that would not result in treating the underlying cause of oral health emergencies.

Ontario Public Health Standard:

Chronic Disease Prevention and Wellbeing Standard

2018–2022 Strategic Priorities:

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

Strategic Priority:

- Equitable Opportunities
- Practice Excellence
- Meaningful Relationships

References:

¹ Ontario Oral Health Alliance. 2017. *No access to dental care: Facts and figures on visits to emergency rooms and physicians for dental problems in Ontario*

² CD Howe Institute. 2018. *Filling the Cavities: Improving the Efficiency and Equity of Canada’s Dental Care System*

SUPPORT FOR PROVINCIAL ORAL HEALTH PROGRAM FOR LOW INCOME ADULTS AND SENIORS

MOTION:

WHEREAS the Board recognizes that the health impacts of poor oral health extend beyond cavities; and

WHEREAS as compared with other provinces, Ontario has the lowest rate of public funding for dental care, as a percentage of all dental care expenditures and the lowest per capita public sector spending on dental services, resulting in precarious access to dental preventive and treatment services, especially for low-income Ontarians; and

WHEREAS the Ontario Progressive Conservative party pledged to implement a comprehensive dental care program that provides low income seniors with quality care by increasing the funding for dental services in Public Health Units, Community Health Centres, and Aboriginal Health Access Centres and by investing in a new dental services in underserved areas including increasing the capacity in public health units and investing in mobile dental buses;

THEREFORE BE IT RESOLVED THAT the Board of Health for Public Health Sudbury & Districts fully support the Premier's plan to invest in oral health programs for low income adults and further encourage the government to expand access to include low income adults; and

FURTHER that this motion be shared with area municipalities and relevant dental and health sector partners, all Ontario Boards of Health, Chief Medical Officer of Health, Association of Municipalities of Ontario (AMO), and local MPPs.

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: _____