



Board of Health

Tuesday, February 19, 2019

1:30 p.m.

Public Health Sudbury & Districts Boardroom

1300 Paris Street



Corporation of the Municipality of French River
Corporation de la Municipalité de la Rivière des Français
P.O. Box/C.P. 156, 44 rue St. Christophe Street
Noëlville, Ontario POM 2N0

RESOLUTION

MOVED BY: dv NO: 2018 - 266
SECONDED BY: dw DATE: December 19, 2018

BE IT RESOLVED THAT Council appoints Councillor Randy Hazlett to the Board of Health, Public Health Sudbury & Districts.

☒ CARRIED

☐ DEFEATED


CHAIR'S SIGNATURE

Page 2 of 135

Division Vote					
	FOR	AGAINST		FOR	AGAINST
MAYOR Gisèle Pageau	<input type="checkbox"/>	<input type="checkbox"/>	COUNCILLOR Richard Malette	<input type="checkbox"/>	<input type="checkbox"/>
COUNCILLOR Renée Carrier	<input type="checkbox"/>	<input type="checkbox"/>	COUNCILLOR David Viau	<input type="checkbox"/>	<input type="checkbox"/>
COUNCILLOR Ron Garbutt	<input type="checkbox"/>	<input type="checkbox"/>	COUNCILLOR Dean Wenborne	<input type="checkbox"/>	<input type="checkbox"/>
COUNCILLOR Randy Hazlett	<input type="checkbox"/>	<input type="checkbox"/>			

Disclosure of Pecuniary Interest

Name: _____

Name: _____

Disclosed his/her (their) interest(s), abstained from discussion and did not vote on this question.

LACLOCHE FOOTHILLS MUNICIPAL ASSOCIATION

c/o Township of Sables-Spanish Rivers
11 Birch Lake Road, Massey, ON P0P 1P0
Tel. 705-865-2181 ext. 222

January 10, 2019

Rachel Quesnel, Executive Assistant to
Medical Officer of Health and
Secretary to the Board of Health
PUBLIC HEALTH SUDBURY & DISTRICTS
1300 Paris Street
Sudbury, ON
P3E 3A3

email only: quesnelr@phsd.ca

Dear Ms. Quesnel,

Re: Board of Health for Public Health Sudbury & Districts

I am pleased to advise that on behalf of the Township of Baldwin, Town of Espanola, Township of Nairn-Hyman and the Township of Sables-Spanish Rivers that Glenda Massicotte is being appointed to the Board to represent our Association members.

Glenda is a Councillor for the Township of Sables-Spanish Rivers.

If you require any further information at this time please feel free to contact me.

Yours truly,



Kim Sloss
Association Secretary
Clerk-Administrator-Sables-Spanish Rivers



Thu 2019/01/10 3:18 PM

Bonnie Bailey <bbaileyburpeemills@gmail.com>

MMA Resolution

To Rachel Quesnel



You forwarded this message on 2019/02/07 2:34 PM.

If there are problems with how this message is displayed, click here to view it in a web browser.

Click here to download pictures. To help protect your privacy, Outlook prevented automatic download of some pictures in this message.

Hi,

Please note below Manitoulin Municipal Association (MMA) Resolution Number 19 - 32 passed during the December 19, 2018 MMA meeting.

Resolution 18- 23 Richard Stephens, Lee Hayden

RESOLVED to appoint Ken Noland as representative to the Sudbury and District Health Unit.....carried

If you require additional information please let me know.

Bonnie Bailey
Secretary Treasurer
Manitoulin Municipal Association
Phone/Fax: 705 282 0624



Moved By

[Signature]

No. CC2019- 10

Seconded By

[Signature]

Date Tuesday, January 29, 2019

Resolution #4 (Board of Health for Public Health Sudbury and Districts):

THAT the City of Greater Sudbury appoints Councillor (s) Signorotti, Kiwan, Lapierre
and Longue to the Board of Health for Public Health Sudbury
and Districts for the term of this Council and the necessary by-laws be prepared.

CARRIED
Tuesday, January 29, 2019

[Signature]
Mayor Bigger, Chair



Nominating Committee Resolutions

Moved By

No. NC2019- 03

Seconded By

Date Tuesday, February 5, 2019

Resolution #3 (Board of Health for the Public Health Sudbury & Districts):

THAT the City of Greater Sudbury appoints Jeffery Huska Carolyn Thain and Paul Myre to the Board of Health for the Public Health Sudbury & Districts for the term ending November 14, 2022.



From: Barbara Major [mailto:clerk@chapleau.ca]
Sent: January 24, 2019 3:47 PM
To: Rachel Quesnel <quesnelr@phsd.ca>
Cc: 'Barbara Major' <clerk@chapleau.ca>
Subject: RE: UPDATE: Board of Health for Public Health Sudbury & Districts

Good afternoon

Kindly be informed that the Township of Chapleau Council has reappointed Rita Pilon to the Board of Health for Public Health Sudbury and Districts for the term of Council (4 years).

I trust this meets with your approval

Barbara Major, AMCT, CMO

Acting CAO

Township of Chapleau

705-335-0982

**AGENDA – FIRST MEETING
BOARD OF HEALTH
PUBLIC HEALTH SUDBURY & DISTRICTS
BOARDROOM, SECOND FLOOR
TUESDAY, FEBRUARY 19, 2019 – 1:30 P.M.**

1. CALL TO ORDER AND TERRITORIAL ACKNOWLEDGMENT

- Resolution from Corporation of the Municipality of French River Re: Sudbury East Municipal Association (SEMA) Appointment of Randy Hazlett dated December 19, 2018
- Letter from the Lacloche Foothills Municipal Association Re: Appointment of Glenda Massicotte dated January 10, 2019
- Email from the Manitoulin Municipal Association (MMA) Re: Re-Appointment of Ken Noland dated January 10, 2019
- Resolution from the City of Greater Sudbury Council Re: Council Appointments of Councillors Mark Signoretti, Robert Kirwan, René Lapierre, and Bill Leduc dated January 29, 2019
- Resolution from the City of Greater Sudbury Nominating Committee Re: Municipal Appointment of Jeffery Huska, Carolyn Thain, and Paul Myre dated February 5, 2019
- Email from the Township of Chapleau Re: Appointment of Rita Pilon dated January 24, 2019

2. ROLL CALL

3. REVIEW OF AGENDA/DECLARATIONS OF CONFLICTS OF INTEREST

4. ELECTION OF OFFICERS

APPOINTMENT OF CHAIR OF THE BOARD

(2018 Chair: René Lapierre – 4 terms)

**THAT the Board of Health appoints _____
as Chair for the year 2019.**

APPOINTMENT OF VICE-CHAIR OF THE BOARD

(2018 Vice-Chair: Jeffery Huska – May 2016 to 2018)

**THAT the Board of Health appoints _____
as Vice-Chair for the year 2019.**

APPOINTMENT TO BOARD EXECUTIVE COMMITTEE

(2018 Board Executive: Jeffery Huska – 4 terms; René Lapierre – 4 terms; Ken Noland – 2 terms; Paul Myre – 2 terms; Nicole Sykes – 1 term)

THAT the Board of Health appoints the following individuals to the Board Executive Committee for the year 2019:

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

APPOINTMENT TO FINANCE STANDING COMMITTEE OF THE BOARD

(2018 Finance Committee: Carolyn Thain – 4 terms; René Lapierre – 4 terms; Paul Myre – 2 terms; Mark Signoretti – 2 terms)

THAT the Board of Health appoints the following individuals to the Finance Standing Committee of the Board of Health for the year 2019:

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

5. DELEGATION/PRESENTATION

i) 2018 Year-In Review

- Dr. Ariella Zbar, Associate Medical Officer of Health and Director, Clinical Services Division
- Stacey Laforest, Director, Environmental Health Division
- Sandra Laclé, Director, Health Promotion Division
- Renée St Onge, Director, Knowledge and Strategic Services Division

6. CONSENT AGENDA

- i) Minutes of Previous Board of Health Meeting**
 - a. Eighth Meeting – November 22, 2018
- ii) Business Arising From Minutes**
- iii) Report of Standing Committees**
- iv) Report of the Medical Officer of Health / Chief Executive Officer**
 - a. MOH/CEO Statistical Report, February 2019
- v) Correspondence**
 - a. Cannabis Retail Model
 - Letter from the Kingston, Frontenac and Lennox & Addington Board of Health to the Attorney General and Minister of Francophone Affairs dated December 5, 2018
 - Letter from Southwestern Public Health CEO and Medical Officer of Health to the Executive Director, Ministry of the Attorney General dated January 10, 2019
 - Letter from the Grey Bruce Health Unit Medical Officer of Health to the Executive Director, Ministry of the Attorney General Legalization of Cannabis Secretariat dated January 18, 2019
 - Letter from the Grey Bruce Health Unit Medical Officer of Health to the Attorney General and Minister of Francophone Affairs dated January 22, 2019
 - b. Provincial Legislation for Cannabis and the amended Smoke-Free Ontario Act, 2017
 - Letter from the Peterborough Board of Health Chair to the Minister of the Attorney General dated November 18, 2018
 - Letter from the Grey Bruce Health Unit Medical Officer of Health to the Minister of the Attorney General dated January 22, 2019
 - c. Healthy Babies Healthy Children (HBHC) Program Funding
 - Letter from the Thunder Bay District Health Unit Board of Health Chair to the Minister of Children, Community and Social Services dated November 21, 2018
 - d. Ontario Basic Income Pilot Project
 - Letter from the Thunder Bay District Health Unit Board of Health Chair to the Premier of Ontario and the Minister of Children, Community and Social Services dated November 21, 2018
 - e. Nutritious Food Basket
 - Letter from the Wellington-Dufferin-Guelph Public Health Board of Health Chair to the Minister of Children, Community and Social Services/Minister Responsible for Women's Issues dated November 27, 2018

- f. The Truth and Reconciliation Commission of Canada Calls to Action
 - Letter from the Middlesex-London Health Unit Medical Officer of Health to Public Health Colleagues and Community Partners dated November 16, 2018
- g. A Population Health Perspective on Bill 47, Making Ontario Open for Business Act, 2018
 - Letter from the Board of Health Chair for the Timiskaming Health Unit to the Minister of Economic Development, Job Creation and Trade and the Minister of Labour dated December 5, 2018
- h. Provincial Oral Health Program for Low Income Adults and Seniors
 - Letter from the Simcoe Muskoka Board of Health Chair to the Premier of Ontario dated February 6, 2019

Board of Health for Public Health Sudbury & Districts' Motion 42-18

 - Letter from the Premier of Ontario to Dr. Sutcliffe dated December 12, 2018
 - Letter and Resolution from the Municipality of Killarney to Dr. Sutcliffe dated January 10, 2019
 - Letter from the Grey Bruce Health Unit Medical Officer of Health to the Premier of Ontario dated January 22, 2019
- i. C.P. Shah Alumni Award of Excellence in Public Health – Dr. Sutcliffe
 - Letter from the Northwestern Health Unit Medical Officer of Health and Board of Health Chair to Dr. Sutcliffe dated November 20, 2018
 - Letter from the Association of Local Public Health Agencies (alPHA) to Dr. Sutcliffe dated November 23, 2018
- j. Bill 66, Restoring Ontario's Competitiveness Act, 2018
 - Letter from the Association of Local Public Health Agencies President to the Minister of Economic Development, Job Creation and Trade dated January 16, 2019
- k. Sustainable Public Health System and Funding
 - Letter from the Public Health Sudbury & Districts Board of Health Chair to the Minister of Health and Long-Term Care dated December 21, 2018
- l. Advocacy to Increase Actions re Opioid Crisis
 - Letter from the Peterborough Public Health Board of Health Chair to the Premier of Ontario dated January 7, 2019
 - Letter from the Grey Bruce Health Unit Medical Officer of Health to the Minister of Health and Long-Term Care dated January 18, 2019
- m. alPHA AGM Notice and Call for Resolutions – June 2019
 - Notice of the 2019 alPHA Annual General Meeting; Call for 2019 alPHA Resolutions; Call for 2019 alPHA Distinguished Service awards; and Call for Board of Health Nominations to the alPHA Board of Directors

- n. Vapour Products Display and Promotion
 - Letter from the Grey Bruce Health Unit Medical Officer of Health to the Minister of Health and Long-Term Care dated January 18, 2019
- o. Congratulations Re: Public Health Anniversaries
 - Letter to Peterborough Public Health Medical Officer of Health and Board Chair from Public Health Sudbury & Districts Medical Officer of Health dated February 5, 2019
 - Letter to the Algoma Public Health Board of Health Chair from Public Health Sudbury & Districts Board Chair dated December 7, 2018
- vi) **Items of Information**
 - a. alPHA's Public Health Resource Paper: *Improving and Maintaining the Health of the People*
 - b. alPHA Information Break December 17, 2018
January 25, 2019
 - c. Health Canada News Release re New Approach for Canada's Food Guide January 22, 2019
 - d. 2018 Nutritious Food Basket Scenarios
 - e. Public Health Sudbury & Districts *2018 Highlights*

APPROVAL OF CONSENT AGENDA

MOTION:

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

7. NEW BUSINESS

- i) **Board Survey Results from Regular Board of Health Meeting Evaluations**
 - Board of Health Meeting Evaluations Summary – 2018
- ii) **Board of Health, Public Health Sudbury & Districts Meeting Attendance**
 - Board of Health Meeting Attendance Summary – 2018
- iii) **Corporate Name Registration**
 - Briefing Note from the Medical Officer of Health and Chief Executive Officer dated February 12, 2019

CORPORATE NAME REGISTRATION

MOTION:

WHEREAS the name of the Corporation was inadvertently coined to be "Sudbury and District Health Unit" at the time of obtaining an Ontario Corporation number for the Corporation.

AND WHEREAS, in order to rectify this error, Supplementary Letters Patent are to be filed with the Ministry of Government Services confirming the correct name of the Corporation to be “Board of Health for the Sudbury and District Health Unit”.

BE IT RESOLVED, AS A SPECIAL RESOLUTION, THAT:

- 1. The name of the Corporation, as registered for business names purposes, be changed from “Sudbury and District Health Unit” to “Board of Health for the Sudbury and District Health Unit”.**
- 2. Any two of the directors or officers of the Corporation are authorized and directed for and on behalf of the Corporation to execute and deliver Supplementary Letters Patent, in duplicate, and to do and perform all acts and things, including the execution of documents, necessary or desirable to give effect to the foregoing resolutions.**

8. ADDENDUM

ADDENDUM

MOTION:

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

9. IN CAMERA

IN CAMERA

MOTION:

THAT this Board of Health goes in camera to deal with personal matters involving one or more identifiable individuals, including employees or prospective employees. Time: ____

10. RISE AND REPORT

RISE AND REPORT

MOTION:

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

11. ANNOUNCEMENTS / ENQUIRIES

Please remember to complete the Board meeting evaluation in BoardEffect following the Board meeting.

12. ADJOURNMENT

ADJOURNMENT

MOTION:

THAT we do now adjourn. Time: ____

APPOINTMENT OF CHAIR OF THE BOARD

(2018 Chair: René Lapierre – 4 terms)

**THAT the Board of Health appoints _____
as Chair for the year 2019.**

APPOINTMENT OF VICE-CHAIR OF THE BOARD

(2018 Vice-Chair: Jeffery Huska - May 2016 to 2018)

**THAT the Board of Health appoints _____
as Vice-Chair for the year 2019.**

APPOINTMENT TO EXECUTIVE COMMITTEE

*(2018 Board Executive: Jeffery Huska – 4 terms; René Lapierre – 4 terms;
Ken Noland – 2 terms; Paul Myre – 2 terms; Nicole Sykes – 1 term)*

THAT the Board of Health appoints the following individuals to the Board Executive Committee for the year 2019:

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

APPOINTMENT TO FINANCE STANDING COMMITTEE OF THE BOARD

*(2018 Finance Committee: Carolyn Thain – 4 terms; René Lapierre – 4 terms;
Paul Myre – 2 terms; Mark Signoretti – 2 terms)*

THAT the Board of Health appoints the following individuals to the Finance Standing Committee of the Board for the year 2019:

1. _____, Board member at large
2. _____, Board member at large
3. _____, Board member at large
4. _____, Chair
5. **Medical Officer of Health/Chief Executive Officer**
6. **Director, Corporate Services**
7. **Manager, Accounting Services**
8. **Board Secretary**

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

BOARD MEMBERS PRESENT

Maigan Bailey	Jeffery Huska	Ken Noland
Janet Bradley	Robert Kirwan	Rita Pilon
Thoma Crabs	René Lapierre	Mark Signoretti
James Crispo	Monica Loftus	Carolyn Thain

BOARD MEMBERS REGRETS

Paul Myre	Nicole Sykes
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STAFF MEMBERS PRESENT

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

RENÉ LAPIERRE PRESIDING

1. CALL TO ORDER AND TERRITORIAL ACKNOWLEDGEMENT

The meeting was called to order at 1:30 p.m. followed by a territorial acknowledgement.

2. ROLL CALL

3. REVIEW OF AGENDA/DECLARATIONS OF CONFLICTS OF INTEREST

There were no declarations of conflict 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

S. Calixte and T. Haslehurst were introduced and invited to provide an overview of Public Health Sudbury & Districts work on mental health, both externally with the community and internally including the work of the Psychological Health & Wellness Committee. Public Health's role centers on promoting mental health and preventing mental illness and we are currently developing a public mental health action framework to guide a comprehensive workplan.

The Psychological Health and Wellness Committee developed a five-year action plan broken down into these components: awareness and education; capacity building; key indicators and monitoring; as well as organizational commitment.

A motion on today's agenda proposes the Board's endorsement to sign the Mindful Employer Canada's *Mindful Employer Charter* signifying the Board's commitment to supporting workplace mental health. The Charter was made available as a handout at today's meeting and is posted on BoardEffect. Becoming a Mindful Employer is free, voluntary, and open to any employer in Canada. It is a commitment to be actively engaged in:

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

Questions and comments were entertained. Dr. Sutcliffe clarified PHSD work as it relates to mindfulness and resiliency in schools and supports in place for staff. The presenters were thanked.

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

As it relates to the realignment of the Ministry of Health and Long-Term Care, a key change as it relates to public health is that, with the elimination of the Assistant Deputy Minister (ADM) of the Population and Public Health Division, the Chief Medical Officer of Health is now also the ADM.

Dr. Sutcliffe clarified considerations as it relates to the cannabis retail model.

C. Thain referred to the Board of Health Finance Standing Committee minutes of October 29, 2018, noting the Committee had considerable discussion around the proposed 2019 cost-shared budget being presented to the Board today. The Committee also reviewed information regarding reserves.

Dr. Sutcliffe was congratulated on receiving the well-deserved C.P. Shah Alumni Award of Excellence.

35-18 APPROVAL OF CONSENT AGENDA

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

CARRIED

6. NEW BUSINESS

i) 2018 Board of Health Self-Evaluation Survey

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

The briefing note describes the process and results for the 2018 Board of Health self-evaluation survey. The annual survey is part of the Board's ongoing commitment to continuous quality improvement and good governance.

The Board of Health Member Self-Evaluation of Performance survey included 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.

There was a response rate of 85.7%. Discussion was held regarding the qualitative comments and it was suggested that these be required fields for completion in future.

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

Further to today's delegation, the Board's support was sought to endorse the Mindful Charter for Canadian employers and help guide our organizational actions. The Mindful Employer of Canada's Mindful Employer is a good faith agreement to continue to strive towards supporting a mentally healthy workplace.

36-18 MINDFUL EMPLOYER CANADA'S MINDFUL EMPLOYER CHARTER FOR CANADIAN EMPLOYERS SUPPORTING WORKPLACE MENTAL HEALTH

MOVED BY LOFTUS – HUSKA: 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.

CARRIED

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

Chair of the Board of Health Finance Standing Committee, C. Thain, reported that, taking budget principles into considerations, staff came well prepared with a balanced budget. 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. C. Thain indicated that the Board of Health Finance Committee recommended the proposed 2019 budget to the Board which maintains the provincial funding at the 2018 level and increases the overall municipal funding by 3%.

Dr. Sutcliffe acknowledged the work of the Director of Corporate Services, Manager of Accounting and management. She also provided some highlights of the recommended 2019 budget for cost-shared programs and services totaling \$23,575,318 and represents an overall increase of 1% over the 2018 Board of Health-approved budget.

Unanticipated provincial funding for the 2018 fiscal year was integral to attain a balanced budget for 2019. Based on reasonably conservative cost assumptions and zero growth in the 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.

Questions and comments were entertained. The Board supported that the MOH write to the provincial government advocating for adequate and sustainable funding to reduce financial pressures from the municipalities. Dr. Sutcliffe concluded that we are keeping apprised of developments with the new provincial government and being proactive with our work such as the Northeast collaborative work currently underway to identify possible efficiencies for the northeast public health units.

IN CAMERA

37-18 IN CAMERA

***MOVED BY CRABS – CRISPO: THAT this Board of Health goes in camera.
Time: 2:32 p.m.***

CARRIED

- Labour relations or employee negotiations

RISE AND REPORT

38-18 RISE AND REPORT

***MOVED BY CRISPO – CRABS: THAT this Board of Health rises and reports. Time:
2:34 p.m.***

CARRIED

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

39-18 APPROVAL OF MEETING NOTES

MOVED BY CRABS – CRISPO: THAT this Board of Health approve the meeting notes of the February 15, 2018, 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

The Board Chair shared the municipal levy rate increases since 2008. He added that the proposed 2019 budget maintains public health program and services and the proposed municipal levy increase is in line with our average increases since 2008.

Public Health Sudbury & Districts has been invited by the City of Greater Sudbury to present its 2019 Board-approved budget to Council on January 22, 2019.

40-18 2019 COST-SHARED BUDGET

MOVED BY HUSKA – LOFTUS: 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.

CARRIED

iv) Staff Appreciation Day

This motion comes forward for the Board's consideration on an annual basis. The staff appreciation day has been granted by the Board in the past as a symbol of thanks for the staff's work and commitment to Public Health Sudbury & Districts. The Board noted that the staff appreciation day is well-deserved and hope that staff enjoy their day off in the spirit by which it was granted.

41-18 STAFF APPRECIATION DAY

MOVED BY SIGNORETTI – KIRWAN: 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.

CARRIED

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

As advocated by other Boards of Health, the proposed motion supports the Premier's dental care program and encourages the provincial government to go further by including low income adults in their commitment. The briefing note summarizes the risk associated with 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. This motion supports the Premier's plan to invest in oral health programs for low income adults and further encourages the government to expand access to include low income adults.

42-18 SUPPORT FOR PROVINCIAL ORAL HEALTH PROGRAM FOR LOW INCOME ADULTS AND SENIORS

MOVED BY HUSKA – LOFTUS: 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~~ seniors 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.

CARRIED with friendly amendment

7. ADDENDUM

– DECLARATION OF CONFLICT OF INTEREST

There were no declarations of conflict of interest.

43-18 ADDENDUM

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

CARRIED

i) Association of Local Public Health Agencies (alPHA) Newsletter

- alPHA Information Break dated November 21, 2018

The newsletter, shared for information, provides updates from the leadership and members of alPHA, including recent announcements from the provincial government and dates of upcoming meetings and conferences. Returning Board members are encouraged to put their names forward to attend the Board of Health Section meeting and Winter Symposium.

ii) Board of Health Meeting

The appointment processes and timelines from all of constituent municipalities and Associations to their outside board, including the Board of Health, are unknown. Per legislation, the Board of Health must hold its election of officers at its first meeting of the year. Dr. Sutcliffe indicated that to date there is no urgent content requiring a January meeting.

It is proposed that the January 2019 Board of Health meeting be cancelled and for the first Board of Health meeting to be held on Tuesday, February 19, 2019, at 1:30 p.m. It was pointed out that Tuesday February 19 is being recommended as the Thursday, February 21, 2019, would conflict with the alPHA symposium.

44-18 BOARD OF HEALTH MEETING

MOVED BY KIRWAN – SIGNORETTI: WHEREAS area municipalities have various processes and timeframes for appointing members to the Board of Health following municipal elections, some of which conclude following the regularly scheduled January 17, 2019, Board of Health meeting; and

WHEREAS at its first meeting of the year and per the Health Protection and Promotion Act, the Board of Health must elect its chair and vice chair and further typically elects members to its committees;

THEREFORE BE IT RESOLVED THAT the first meeting for 2019 of the Board of Health for Public Health Sudbury & Districts be scheduled for Tuesday, February 19, 2019, at 1:30 p.m.

CARRIED

8. ANNOUNCEMENTS / ENQUIRIES

- Dr. Sutcliffe provided the background and history of the C.P. Shah Alumni Award of Excellence she recently received for her leadership in the area of health equity.
- Board members are asked to RSVP to R. Quesnel by December 6 for the poverty challenge scheduled for December 14 from 9:00 am to 2:30 pm at St Albert Adult Learning Centre.
- Board members are invited to receive their flu shot following the BOH meeting if they did not have a chance to do so prior to today's meeting.
- Board members are invited to a social gathering immediately following this meeting.
- There is no regular Board of Health meeting in December and the date of the next Board of Health meeting is now Tuesday, February 19, 2019, at 1:30 p.m.
- Board of Health members are asked to return their PHSD iPad device to the Board Secretary as soon as they know if they are not returning to the Board.
- R. Lapierre, Board of Health Chair, thanked the Board of Health for its progressive work as a team and indicated it was a pleasure working with all members. The members were thanked for dedicating their time to the Board of Health, Board of Health Standing Committee, including Executive and Finance, as well as Working Groups and for attending events and training sessions.

9. ADJOURNMENT

45-18 ADJOURNMENT

MOVED BY KIRWAN – SIGNORETTI: THAT we do now adjourn. Time: 2:56 p.m.

CARRIED

(Chair)

(Secretary)



Medical Officer of Health/Chief Executive Officer

Board of Health Report, February 2019

Words for thought

Health systems exist to improve health. They do so in many different ways. Some involve interactions between individual health workers and patients. Others involve actions by health workers on behalf of populations. This book is about the second group. It examines how services that take a population perspective are organized and funded in different parts of Europe. What roles do they assume? What do they do? And how can they learn from each other's experiences?

Those who look after the health of the population can be found in many different settings. Some are in specialized technical agencies. Others are in government departments, both central and local. Yet others are embedded in the health care system. Wherever they are, they comprise what we here term the public health workforce.

From the origins of these roles in the industrial revolution (although some of their roles can be traced back much further), the public health workforce has contributed greatly to improving the health of populations. Sometimes this is highly visible, as when they intervene to prevent the spread of an epidemic. More often it is largely invisible, taking place outside the public gaze, but equally important for safeguarding health. Overall, there is much to celebrate.

Yet, stepping back momentarily to take stock, it is also clear that there is still much to be done. Clean water, safe food supply, and immunization have virtually eliminated many once common infectious diseases (although the resurgence of measles in unvaccinated

populations challenges any complacency), but new ones have replaced them, taking advantage of new ecological niches.

The promise of antibiotics has given way to fears about a future dominated by antimicrobial resistance, with multiresistant tuberculosis acting as a wake-up call. Successes against infection, coupled with many other medical advances, have allowed many more people to live into old age. But despite some success against the major risk factors, in particular tobacco (although the fundamental cause of tobacco-related death is far from defeated), there has been limited success against the producers of other harmful products, such as junk food and sugar-sweetened beverages (WHO, 2015). Looking more broadly, humanity faces profound threats to population health from pollution and climate change (Watts et al., 2017; Landrigan et al., 2018).

For all these reasons, public health services in European countries need to be better prepared to respond appropriately to major public health challenges. It is against this background that there is renewed interest in the organization and financing of public health services and the strengthening of the public health workforce more broadly. Countries are increasingly seeking information on what organizational, financial and workforce arrangements work best, in what circumstances, and what can be learnt from ongoing reforms of public health services in Europe . . .

Source: *Source: Organizing and financing of public health services in Europe (2018).*
http://www.euro.who.int/_data/assets/pdf_file/0009/383544/hp-series-50-eng.pdf?ua=1

Chair and Members of the Board,

A warm welcome to new and returning Board of Health members!

Overall there *is* much to celebrate about the achievements of public health in improving people's quality and length of life. Ontario has arguably one of the most effective public health systems in the country, closely tied with local municipalities, governed by local leaders, and working in partnership with and supported by local and provincial stakeholders.

However, also as noted in the *Words for Thought* above, there is still much to be done in the face of new and emerging health challenges. There is a need to better understand how to optimally organize and finance the public health system so that our practice and effectiveness can be strengthened.

Ontario public health leaders are well aware of the Ontario government's goal to end hallway medicine. As noted in the Association of Local Public Health Agencies (aLPHa) resource paper, *Improving and Maintaining the Health of the People*, we see the work of public health as a key contributor to this goal. We further understand that as health system transformation evolves, the public health system must be prepared to examine its organization, financing, and workforce to ensure we optimally support healthy people contributing to a strong and healthy Ontario now and in the future.

As per our annual reporting cycle, the February Board Report provides a statistical summary of the previous year. Additional timely updates are therefore included below in the General Report followed by the program statistics.

General Report

1. Board of Health Updates

I am very pleased to warmly welcome new municipal appointees to the Board:

- Glenda Massicotte, appointed by the Lacloche Foothills Municipal Association
- Randy Hazlett, appointed by the Sudbury East Municipal Association
- Bill Leduc, appointed by the City of Greater Sudbury

I am equally pleased to welcome back returning municipal and provincial appointees:

- Rita Pilon, appointed by the Township of Chapleau
- Jeff Huska, appointed by the City of Greater Sudbury
- Robert Kirwan, appointed by the City of Greater Sudbury
- René Lapierre, appointed by the City of Greater Sudbury
- Paul Myre, appointed by the City of Greater Sudbury
- Mark Signoretti, appointed by the City of Greater Sudbury
- Carolyn Thain, appointed by the City of Greater Sudbury
- Ken Noland, appointed by the Manitoulin Municipal Association

- James Crispo, provincial appointee
- Janet Bradley, provincial appointee
- Nicole Sykes, provincial appointee

We have enhanced our security access system and in addition to access doors, the elevator now includes a wireless access card reader. Board of Health members will be provided cards for the elevator should they wish to use it.

Thank you for providing your individual profiles as a new or returning Board of Health member. Board of Health member profile information will be shared internally with our staff as well as with our communities as part of the news release for our first Board of Health meeting of 2019. Please be sure to promote this release through social media!

Further to Board Motion 41-18, several notes have been received from Public Health Sudbury & Districts staff in recognition of the staff appreciation day. These messages from staff have been posted to the BoardEffect landing page of the Board of Health workroom.

Board of Health members are notified of the upcoming Association of Local Public Health Agencies (ALPHA) [Winter Symposium](#) and Boards of Health Section meeting on February 21, 2019, in Toronto. There will be an orientation session during the afternoon Board of Health Section meeting. Public Health Sudbury & Districts has a modest travel budget for Board members to attend these types of conferences and typically up to three Board of Health representatives attend. Further program and registration details will be shared once made available by ALPHA. If you are interested in attending, please contact Rachel Quesnel, Board Secretary. Proceedings will be available on the ALPHA website following the symposium.

A half-day Board orientation session will be held on Tuesday, February 19, 2019, from 9 a.m. until 12:30 p.m. The orientation session will be held at the main office, 1300 Paris Street, Sudbury, in the Ramsey Room and lunch will be provided following the session.

Board of Health members are invited to attend a three-hour Bridges out of Poverty workshop offered by our agency on Friday, April 12, from 9 a.m. until 12 p.m. in the Ramsey Room at 1300 Paris Street. New and returning Board of Health members who did not participate in a previous Bridges out of Poverty workshop are encouraged to attend. Bridges out of Poverty is a training initiative which aims to increase awareness about the realities of living in poverty, and inspire compassion and a commitment to poverty reduction among participants. Please advise Rachel Quesnel by Friday, March 22, 2019, if you plan to attend the session.

2. Finance

The 2019 Annual Service Plan and Budget Submission are being prepared for the March 1, 2019, deadline. The Ministry of Health and Long-Term Care (MOHLTC) continues to advise Boards of Health to plan for no growth funding for 2019.

Our auditors, KPMG, will return to Public Health Sudbury & Districts for the 2018 audit. On-site audit work will commence March 4, 2019, and conclude by March 8, 2019. The current due date for submission of the audited financial statements and annual reconciliation report to the ministry is April 30, 2019. The current date for submission of the audited financial statements and annual reconciliation report to the ministry is April 30, 2019. As our audited financial statements are usually presented to the Board of Health at its May meeting, we will request an extension to the ministry deadline and expect other boards of health to do the same. The ministry has historically approved the extension.

3. 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 January 25, 2019, on January 25, 2019. The Employer Health Tax has been paid as required by law, to January 31, 2019, with a cheque dated February 15, 2019. Workplace Safety and Insurance Board (WSIB) premiums have also been paid, as required by law, to January 31, 2019, with a cheque dated January 31, 2019. There are no outstanding issues regarding compliance with the *Occupational Health & Safety Act*, Ontario Human Rights Code, or *Employment Standards Act*.

4. Regulatory Health Protection Reporting

Control of Infectious Diseases: During the month of January, five sporadic enteric cases and three infection control complaints were investigated. Six enteric outbreaks were declared in institutions. There were 12 respiratory outbreaks declared in institutions.

Food Safety: Public health inspectors issued one charge to one food premise for an infraction identified under the *Food Premises Regulation*.

Health Hazard: In January, 31 health hazard complaints were received and investigated. Two of these complaints involved marginalized populations.

Rabies Prevention and Control: Twenty rabies-related investigations were carried out in the month of January. One specimen was submitted to the Canadian Food Inspection Agency Rabies Laboratory for analysis and was subsequently reported as negative.

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

Safe Water: One pool was ordered closed due to adverse water chemistry in the month of January.

Smoke-Free Ontario Act, 2017 Enforcement: In January, *Smoke-Free Ontario Act* inspectors charged three individuals for smoking tobacco on school property, 14 individuals for using an electronic cigarette on school property, and one individual for smoking cannabis within a hospital.

5. North East Public Health Units Collaboration Project

The work of the Northeastern Public Health Collaborative project progressed over the fall. The group received the consultant's final report outlining their findings and analysis of potential opportunities for increased collaboration among the five health units. The group also participated in a facilitated workshop to discuss areas of common interest and next steps. The project will move forward into phase III which involves developing detailed project plans and business cases which will broaden the involvement of management staff across all health units.

6. Food Insecurity/Nutritious Food Basket Costing

Since the early 1990s, Ontario's public health units have been mandated to monitor food affordability using the Nutritious Food Basket. While the Ontario Public Health Standards, 2018, do not include a protocol, there is still a requirement to monitor food affordability as per the Population Health Assessment and Surveillance Protocol, 2018. Year after year, the results indicate that people living in households with a limited income struggle to pay rent, bills and to put healthy food on the table. To eliminate food insecurity, an income solution, such as basic income, is required. The 2018 Nutritious Food Basket Scenarios ([EN](#), [FR](#)) are available for your reference. These scenarios support our local efforts to increase awareness of the implications of food insecurity on health.

I am pleased to commend to you the following sections of my report which provide the statistical highlights in public health programming and services for the 2018 year. In contrast to the usual MOH/CEO report, which describes various aspects of public health programming, this **"the year by the numbers"** report provides a snapshot of the scope and volume of our work.

Clinical Services Division

Control of Infectious Diseases

Universal Influenza Immunization Program (UIIP)

41 119 doses of seasonal influenza vaccine distributed to health care providers in 2018

2 993 doses of vaccine administered by the agency in 2018

3 community influenza vaccinations clinics provided in underserved areas (Chapleau, Wahnapiet First Nation, and Dowling)

55 pharmacies took part in the UIIP for the 2018/2019 influenza season

224 cold chain inspections conducted

Respiratory Outbreaks

28 outbreaks in long-term care homes (n=25) and retirement homes (n=3)

14 of the 28 outbreaks due to influenza

14 of the 28 outbreaks due to other respiratory pathogens

Infection Prevention and Control

44 infection control and outbreak meetings attended by public health nurses

Online Immunization Records

2 877 immunization records submitted through our website by **626** clients since October 2017

2 072 digital yellow cards retrieved by community members since October 2017

(These are running totals since October 2017 when the website was activated)

School Immunizations

2 794 doses of Hepatitis B vaccine administered

1 769 doses of quadrivalent meningococcal ACYW-135 vaccine administered

2 716 doses of 9-valent HPV vaccine administered

66 doses of 4-valent HPV administered

(These represent the number of vaccines administered during 2018 for eligible Grade 7 and 8 students)

Immunization of School Pupils Act (ISPA) enforcement for 2017/2018 School Year

7 communications sent to School Board Directors within Public Health Sudbury & Districts

27 223 student immunization records reviewed

3 143 letters sent to parents/students who had incomplete immunization records

747 students received suspension letters

Child care and Early Years Act (CCEYA) enforcement

66 Licensed Child Care Settings contacted by CID PHNs

2 335 child immunization registrations reviewed/updated

TB Control Program

1 421 TB tests performed

1 353 TB tests read

106 referrals for assessment of LTBI

10 TB medical surveillance follow ups conducted by CID PHNs

Publically and Non-publicly Funded Vaccines (excludes school immunizations)

10 757 vaccines administered

3 261 drop in appointments

6 295 booked appointments

Nurse On Call – CID

2 836 calls taken on topics such as immunization, infection control, and reportable diseases

14 presentations and events with community partners provided by PHNs

Sexual Health, Sexually Transmitted Infections and Blood-borne Infections (including HIV)

6 025 client visits for services related to sexually transmitted infections, blood-borne infections, birth control, and pregnancy counselling

3 156 calls to the nurse on call on sexual health topics such as birth control, pregnancy counselling, sexually transmitted infections and blood-borne infections

1 507 total HIV tests completed (1394 nominal tests, 113 anonymous tests)

286 client visits in secondary school settings

102 client visits at community partner agencies

Sexual Health Promotion

2 050 pamphlets and promotional items distributed

54 community presentations and consultations to **2 139** participants

4 media campaigns

6 interactive displays

Growing Family Health Clinic

912 client appointments

105 prenatal and postnatal appointments

509 appointments for children aged 0–6 years

Healthy Babies Healthy Children (HBHC) Program

1 808 live births in the Sudbury and Manitoulin districts

91% of new moms were screened to identify those who would benefit from further services

312 families supported with ongoing home visiting

1 193 women attended breastfeeding clinics at the Sudbury and Val Caron clinic sites

Health Information Line

1 864 total number of calls with over 50% related to breastfeeding

Oral Health

413 calls received for assistance, emergency care, and general information

167 walk-in visits seeking assistance for treatment or access to services

8 103 children screened during school screening clinics

570 children referred for urgent care

468 children participated in school-based preventive services

334 children participated in agency-based preventive care

332 children enrolled for emergency assistance

702 Indigenous children participated in dental screening programs located in daycares, elementary schools, and health centres

Academic Detailing – Lyme disease

264 clinicians were sent a personal invitation letter by mail

69 clinicians participated in an academic detailing session

Needle Exchange Program

23 268 client visits

1 576 520 needles distributed

1 039 836 needles returned

66% needle return rate

108 calls received regarding used needle and syringe sightings in the community

6 302 inhalation kits were distributed

Corporate Services Division

Volunteer Resources

63 active volunteers

41 new volunteers

830 volunteer hours of services provided

Environmental Health Division

Food Safety

3 844 inspections of food premises

306 complaint investigations

15 charges: **10** orders issued

89 food handler training courses

1479 food handlers certified

11 food recalls: **778** recall inspections

640 special events food service permits

355 consultations and inquiries

Chronic Disease Prevention

170 Healthy Menu Choices Act inspections

Safe Water

Drinking Water

37 boil water orders

No boil water advisories

2 drinking water advisories

11 drinking water orders

2 closure orders issued

8 blue-green algae advisories

862 adverse drinking water reports investigated

310 bacteriological samples taken

243 consultations and inquiries

15 complaint investigations and **22** for blue-green algae

73 Small Drinking Water System (SDWS) risk assessments completed

73 SDWS directives completed

77 SDWS inspections conducted

Recreational Water

35 beaches inspected weekly

411 beach inspections

2 220 bacteriological samples taken

3 beaches temporarily posted

2 blue-green algae beach advisories

192 pool inspections

48 spa inspections

23 splash/spray pad inspections

7 pool and/or spa closure orders issued

127 bacteriological samples taken

Chronic Disease Prevention – Comprehensive Tobacco Control

Smoke-Free Ontario Act and Electronic Cigarettes Act Enforcement

442 youth access inspections

260 display and promotion inspections

152 school compliance inspections/checks

13 sales or supply charges issued

No warnings issued to retailers/vendors

13 charges: smoking on school property

14 charges: smoking on hospital property

41 charges: smoking in the workplace

3 charges smoking in a public place

2 charges: CGS smoking By-Law

136 complaints investigated

66 consultations and inquiries

Health Hazard

534 complaint investigations

- **115** mould complaints
- **118** insects, cockroaches, birds
- **32** marginalized population/housing
- **37** housing complaints
- **57** rodents, vermin
- **29** indoor air quality
- **13** sewage backup, spills
- **30** heating complaints
- **11** garbage and waste
- **92** miscellaneous complaints

6 orders issued

301 consultations and inquiries

49 arena air quality inspections

865 calls to the after-hours line (24/7)

Control of Infectious Diseases

62 enteric outbreaks investigated

1 510 people ill

123 sporadic enteric cases investigated

104 consultations and inquiries

Rabies

416 animal exposure incidents investigated

11 animal specimens submitted

No positive cases of rabies

14 individuals received post-exposure prophylaxis

66 consultations and inquiries

Vector-borne Diseases

331 mosquito traps set

20 540 mosquitoes trapped

11 179 mosquitoes speciated

374 mosquito pools tested

- **0** for Eastern Equine Encephalitis
- **374** for West Nile virus

No positive mosquito pools for WNV

No human cases of WNV

35 ticks submitted: **No** positive for bacteria causing Lyme disease

No human cases of Lyme disease reported

Infection Control

8 institutional infection control meetings

110 inspections in institutional settings

554 inspections in settings where there is a risk of blood exposure

123 consultations and inquiries

41 complaint investigations

Environmental Health Policy

Extreme Weather Alerts

5 heat warnings issued

Built Environment

4 plans and proposals reviewed

Emergency Response

75 staff received respirator fit testing

Participated in **3** municipal emergency exercises

Part 8 – Land Control

1 713 inspection activities

265 sewage system permits issued

28 consent applications processed

155 renovation applications processed

40 mandatory maintenance inspections completed

60 private sewage complaints investigated

No orders issued

No charges issued

677 consultations and inquiries

2 zoning applications processed

101 requests for service

48 file search requests

89 copy of records requests

Health Promotion Division

Chronic Disease Prevention

Comprehensive Tobacco Control

675 inquiries to the Tobacco Information Line

133 702 people reached through social media posts

133 appointments to the Quit Smoking Clinic

583 nicotine replacement therapy (NRT) vouchers distributed to clients

41 pharmacies participated in voucher program

158 participants attended Smoking Treatment for Ontario Patients (STOP) on the Road workshops and received **5** weeks of nicotine patches free from the Centre for Mental Health and Addictions

46 health care providers provided with Minimal Contact Intervention information

8 consultations for smoke-free policies

1 Board of Health motion urging post-secondary institutions to enhance existing policies to achieve 100% tobacco and smoke-free campuses

Exposure to Ultraviolet Radiation and Early Detection of Cancer

95 people screened by a dermatologist at the Skin Cancer Screening Clinic, resulting in identification of melanoma (<5), pre-cancer actinic keratosis (21), and basal cell/squamous cell carcinoma (13).

7 963 people reached by Facebook posts on sun safety

Healthy Eating

3 collaborations with recreation centers to implement healthy canteen menus

2 presentations on food behaviours in workplaces

5 workshops trained **18** community members to be food literacy facilitators in their communities

25 media interviews on healthy eating behaviours and food environments

1 Four Minute Foodie and **1** Kitchen Gathering (food literacy) event hosted

2 tools developed in collaboration to support the Nutritious Food Basket costing

Healthy Weights

159 summer camp staff trained on Reach for your best (R4YB) and weight-bias

9 workshops on weight bias and body image/self-esteem were provided to

110 adult influencers of children and youth (including health care providers, recreation and youth centre staff, early childhood

professionals and Healthy Kids Community Challenge partners)

Physical Activity

11 246 people reached through

10 Facebook posts promoting active living

489 pairs of skates were collected and

561 were donated through **7** skate exchange events in 2018. Skate exchange activities occurred in collaboration with **5** municipalities

15 workshops and presentations hosted to increase physical literacy capacity, with **390** participants

Road & Off-Road Safety

3 car seat technician trainings, **1** car seat instructor training, **4** technicians recertified, **21** new car seat technicians trained and **1** new instructor trained

211 car seats inspected at **20** car seat clinics and **2** baby ride blitzes

1 distracted driving social media campaign reaching **125 600** individuals

150 Grade 11 and 12 students from Bishop Alexander Carter Catholic Secondary School educated on the dangers of risky driving behaviours during National Teen Drivers Safety Week

130 camp counsellors received a presentation on helmet safety

16 injury prevention social media posts reaching **30 718** individuals, **236** likes and **149** shares

76 children completed helmet fitting

300 lawn signs made available for a vulnerable road user campaign

110 impaired and distracted driving public service announcements

6 school presentations on impaired and distracted driving

2 electronic signs created for impaired and distracted driving

3 online advertisements on My Espanola Now website with a reach of **5 to 10 000** visitors per day

2 620 road safety resources distributed

Falls Prevention, Stay On Your Feet (SOYF)

114 calls received on the SOYF telephone line

22 645 educational resources distributed

3 new resources created in partnership on winter safety, healthy eating and physical activity

79 community partners engaged in a falls prevention coalition

31 health care providers attended the Registered Nurses' Association of Ontario falls prevention best practice champion workshop hosted by SOYF/Public Health Sudbury & Districts

70 individuals attended the health fair which focused on falls prevention with Indigenous populations

27 new *Stand-Up* facilitators trained and **34** *Stand-Up* exercise programs supported and delivered by community partners reaching a total of **438** older adults

19 Assistive Devices Program clinics supported and **80** older adults screened in partnership with Parkside Centre for Older Adults

65 479 people reached on social media

758 individuals attended **64** older adult skits on falls prevention performed by the Sudbury Rising Stars

34 media spots on CTV to promote healthy eating and **669 700** individuals reached across Northern Ontario

Alcohol Misuse Prevention

2 campaigns – Rethink Your Drinking: *Cancer Matters* (provincial); and Alcohol: *Let's Get Real* (local)

3 240 adults reached through **2** information booths to promote Canada's Low-Risk Alcohol Drinking Guidelines

3 200 people reached through social media posts

2 presentations to **34** community stakeholders

11 consultations to **173** community stakeholders to inform the Alcohol and the Health of our Community report

Cannabis

1 local campaign – *Be Cannabis Wise* which included social media posts, website content, and advertisements on city busses, bus shelters, MAC media and billboards throughout Sudbury and districts

13 inquiries to the Cannabis Information Line

705 people viewed Public Health Sudbury & Districts' cannabis page

17 300 people reached through social media posts

7 presentations to **196** community stakeholders

3 000 individuals reached through community events while promoting Canada's Lower-Risk Cannabis Use Guidelines

4 Rapid Risk Factor Surveillance System cannabis modules developed in partnership with the Institute for Social Research, Halton Public Health and Ottawa Public Health

Substance Misuse/Harm Reduction

10 education, skill-building, workshops

5 meetings and consultations with external stakeholders

Naloxone

758 clients or family/friends received naloxone training from partner agencies

998 kits distributed (in community and through train-the-trainer events)

222 refills distributed

36 staff at Public Health Sudbury & Districts received train-the-trainer training

163 staff in agencies received train-the-trainer training

29 agencies received training

1 community presentation on naloxone

22 memorandum of understandings signed with community agencies for naloxone distribution

1 media interview

Community Drug Strategy

23 Community Drug Strategy Steering Committee and Foundational Pillar meetings

4 Community Drug Strategy Executive Committee meetings

8 Supervised Consumption Services Community Working Group and Technical Working Group meetings

8 community partner meetings related to opioids and the prevention of overdose

3 drug alert overdose prevention messages released

9 media interviews

5 communications products created, including **2** videos launched (Safe Disposal Needle and Community Drug Strategy Stigma videos)

10 presentations or workshops, including the Know More Tour in partnership with all four school boards, Greater Sudbury Police Service, Health Canada and North East Local Health Integration Network with **500** students in Greater Sudbury

4 community partners provided with resources

3 public events, including a Community Drug Strategy booth at an opioid awareness event with **200** participants

Espanola

9 meetings with the Lacloche Foothills Drug Strategy

1 booth at Sagamok Mental Health and Addictions Day

Manitoulin

7 meetings with the Manitoulin Community Drug Strategy

1 launch with partners, of the Manitoulin Community Drug Strategy survey results for National Addictions Awareness Week

2 presentations

1 community engagement session on the Manitoulin Community Drug Strategy's next steps

Sudbury East

5 meetings with the Sudbury East Community Drug Strategy

6 community stakeholders provided with resources

Mental Health Promotion

1 public event – mental health promotion meeting with **28** internal and external partners to inform the development of a mental health promotion strategy

1 workshop – Life Promotion Suicide Prevention Youth Summit with **225** partners from the Sudbury and Manitoulin districts:
1 Suicide Safer Network created including **4** pillars: **1** leadership pillar, **1** mental health promotion pillar, **1** suicide prevention pillar and **1** intervention and clinical support pillar

1 Empowerment Council created with **4** representatives with lived experience to help guide decision making at Public Health Sudbury & Districts

13 staff engagement sessions to inform a mental health promotion strategy

23 meetings with external stakeholders

Espanola

17 meetings with external partners

1 open house at Webwood Public Library

Manitoulin

8 meetings with external partners

Sudbury East

7 meetings with external partners

Family Health

Healthy Growth and Development

177 community partners attended a Public Health Sudbury & Districts co-sponsored full day workshop on "How to build a healthy brain" with guest speaker Dr. Chaya Kulkarni

26 parents attended an evening workshop "How to build a healthy brain" with guest speaker Dr. Chaya Kulkarni

500+ unique views of the live webcast of the "How to build a healthy brain" event on Public Health Sudbury & Districts' Facebook page were registered

265 child care sector stakeholders participated in the "Brain Architecture Game" to better understand how brain development works and how risk and protective factors influence health outcomes

147 parents participated in Triple P, Positive Parenting Program interventions

269 pregnant women and their support persons attended in-class prenatal

130 of the prenatal class participants were contacted for feedback to inform the prenatal class evaluation

147 pregnant women registered for online prenatal

20 expectant parents attended the new preparation for parenting class

500+ prenatal packages delivered to health care provider offices

All requirements to maintain Baby-Friendly Initiative designation were upheld

69 mothers and family took part in the Breastfeeding Challenge at Science North

22 breastfeeding mothers attended the face-to-face support group implemented in Greater Sudbury

97 community as client interactions on prenatal and child health topics (for example, breastfeeding, postpartum mood disorder, healthy eating and child safety) in partnership with agencies that work with priority populations (Better Beginnings, Better Futures; Our Children Our Future (OCOF); EarlyON Centres)

138 community public in the district offices in a variety of settings (EarlyON hubs, fairs, libraries) were presented with family health information such as preconception, healthy pregnancies and healthy growth and development and **49** community partners were collaborated with in various district community initiatives

21 Laurentian University students participated in the Reproductive Life Plan project evaluation study

9 total activities related to promoting NutriSTEP screening tools to **91** health professionals and childcare providers

10 workshops and presentations on food and nutrition during pregnancy or raising healthy children, reaching at least

70 community members

1 model created entitled "Preventing Mental Health Crises in Children and Youth"

School Health

549 education, workshop/skill building, consultations were delivered to school community members on the following topics: mental health promotion, healthy

eating behaviours and food safety, healthy sexuality, substance use and harm reduction, healthy growth and development, physical activity and sedentary behaviour, ultraviolet exposure, and injury prevention, including bullying

4 school board mental health leads were consulted and collaborated in the development and implementation of school-based programs that addressed health and wellness, health equity and access to services

43 training sessions, workshops and presentations were delivered to adult influencers, reaching **894** adults in school communities on mental health promotion, healthy eating behaviours and food safety, substance use and harm reduction, physical activity and sedentary behaviour, and healthy sexuality

30 elementary school teachers from two school boards participating in the Physical Literacy Mentorship Program. Physical literacy assessments were conducted with more than **500** students from **13** schools

30 school board staff members, including principals and superintendents, were trained on opioids and naloxone administration

200 students participated in the Mindfulness in Schools Pilot Project, which targeted students in Grades 7-8

41 activities were delivered to post-secondary students, faculty members and decision-makers on comprehensive tobacco control, physical activity and sedentary behaviour, healthy eating behaviours and food safety, mental health promotion,

healthy sexuality and healthy growth and development

Northern Fruit and Vegetable Program (NFVP)

18 660 students received fruits and vegetables weekly for **20** weeks as part of the Northern Fruit and Vegetable Program. **86** elementary schools from Sudbury and each district office participated in the program

The NFVP expanded to service **7** First Nations schools providing **901** students with weekly servings of fruits and vegetables

Workplace Health

19 consultations on workplace health initiatives

12 lunch and learn workshops and presentations provided

34 individuals representing **27** workplaces attended **2** workplace health network meetings

5 workplace health presentations delivered to **69** individuals from different workplaces

2 editions of the workplace health newsletter published and distributed to **347** workplaces reaching **2 056** people

115 pedometers borrowed by a total of **6** workplaces

340 workplace wellness resources distributed

3 promotional radio ads promoting Canada's Healthy Workplace Month and reached an average of **107 100** listeners

7 038 individuals reached with social media messages

Smoke-Free Ontario (north east regional activities)

35 Northeastern youths attended the Indigenous Gathering of Young People Summit hosted in Sudbury in spring 2018

16 TCAN members participated in a tobacco cessation knowledge exchange session on the use of e-cigarettes, vaping, and cannabis

2 regional cessation testimonial videos were created to support increased cessation attempts

687 young people entered the annual Leave the Pack Behind “Would U Rather” challenge

2 “One Day Stand” events were hosted to champion Leave the Pack Behind’s Smoke-Free Campuses campaign

4 tobacco prevention and cessation campaigns including Would U Rather, Make Quit Memorable, Party Without the Smoke, Keep the Promise, “Smoke-Free Campuses” “One Day Stand” and smoke-free housing promoted

5 public health units in the north east participated in **18** Youth Engagement Coordinator meetings, **10** North East TCAN meetings; and **6** Enforcement meetings

Indigenous Engagement

1 strategy, “Finding our Path Together – Maamowi Mkamang Gdoo-miikaansminaa –

Kahkinaw e mikskamahk ki meskanaw” Indigenous Engagement Strategy for Public Health Sudbury & Districts, developed with Indigenous community partners.

Development of the strategy included:

- **10** manager and director key informant interviews were completed
- **135** staff completed a survey to provide input to the strategy
- **4** public health planning roundtables were held
- **16** managers provided feedback on strategic directions
- **4** Indigenous Engagement Strategy Advisory Committee meetings held with representation from **11** Indigenous community voices and perspectives to inform the strategy’s development

69 people attended the strategy launch, **150** viewed the launch event on Facebook live

78 attended a presentation with guest speaker Kevin Lamoureux, former Education Lead for the National Center for Truth and Reconciliation

Knowledge and Strategic Services

Population Health Assessment and Surveillance

17 maternal and newborn health indicators added to the existing Public Health Sudbury & Districts Population Health Profile available online

2016 Census of Population Demographic Profile for the agency's service area on topics including population distribution, official languages, marital status, family and household structure, Indigenous populations, non-official languages, mobility, ethnic origins, immigration, income, housing, and journey to work

25 Population Health Assessment and Surveillance team – indicator reports for internal use on nearly **100** indicators – **22** using Rapid Risk Factor Surveillance System and 3 using the Canadian Community Health Survey

46 internal and external data requests, and **22** consultations on topics such as communicable diseases, demographics, determinants of health, maternal health, chronic disease, mental health, etc.

1 750 Public Health Sudbury & Districts area residents were surveyed by Rapid Risk Factor Surveillance System (RRFSS) – to provide program needs and planning information for Public Health Sudbury & Districts service area overall and additional surveys to provide information at each district office area level

Other surveillance activities: seasonal bi-weekly or weekly Acute Care Enhanced Surveillance (ACES) reports, daily school absenteeism reports, Data Sharing

Agreement in place for Greater Sudbury EMS to provide their “suspected opioid” calls for service volumes to support an opioid early warning system as required by MOHLTC

Research, Evaluation, and Needs Assessments

15 research and evaluation projects where Knowledge and Strategic Services acts in a lead or consultation role

6 research projects funded by the Louise Picard Public Health Research Grant

14 new proposals reviewed by the Research Ethics Review Committee

38 needs assessments

70 online surveys on a variety of topics

49 consults on development of methodology or approach for research, evaluation, or needs assessments

Knowledge Exchange

2 Knowledge Exchange Symposiums

7 Knowledge Exchange Sessions

31 conference or external meeting presentations and workshops

3 publications (research and evaluation reports, journal or newsletter articles, fact sheets, and surveillance reports)

Professional Practice and Development

Academic Affiliations

4 faculty appointments with the Northern Ontario School of Medicine (NOSM)

2 joint-appointments as Adjunct Professor with Laurentian University and **1** joint-appointment as Public Health Consultant with Public Health Sudbury & Districts

Student Placements

93 students from **8** post-secondary institutions representing **8** disciplines

9 269 hours of student placement experience

13 undergraduate medical students from NOSM

2 NOSM dietetic interns

4 Masters in Public Health student

1 preceptor appreciation event

54 staff and **2** teams in preceptor roles

Staff Development

45 staff completed staff orientation

2 lunch-and-learn sessions

1 in person management development session and **15** externally hosted webinars/workshops for managers/leaders

68 cross-divisional development opportunities (**11** in person and **55** offered via webinar)

10 division-specific development webinars offered

66 externally-hosted staff development webinars/teleconferences offered to staff

2 days to host the Noojamadaa Photo Exhibit to build cultural awareness for our staff

Strategic Planning

Launch of the 2018–2022 Strategic Plan on January 18, 2018

Numerous activities related to the introduction of the new Strategic Plan and ways in which it can be put into action (internal and external)

Accountability Monitoring

1 SDHU Performance Monitoring Report presented to the Board of Health in February 2018 (part of the 2013–2017 Performance Monitoring Plan)

1 Strategic Priorities Narrative Report presented to the Board of Health in October 2018 and shared with external community partners

Development and approval of the Public Health Sudbury & Districts 2018–2022 Accountability Monitoring Plan that serves as an overarching framework for organizational accountability and monitoring

Committee Work and Partnerships

Participation on:

2 national committees, **15** provincial committees, and **12** local or regional committees

Health Equity Knowledge Exchange and Resource Team

Bridges out of Poverty training

220 participants attended **18** Bridges out of Poverty sessions (3- and 6-hour formats in English and in French).

Circles Leader Training 12-session program:

4 Leader Training programs offered to **48** community members living in low income; **3** community partner host sites

Circles Program

18 Circles meetings and **1** volunteer Ally session at **2** community partner host sites

17 Circles Leaders (participants) recruited into the program with their 25 children; **44** Circles Allies (volunteers) recruited into the program

2 Circles videos launched in October and December 2018: **6 510** combined views

Partners to End Poverty Steering Committee:

14 partner agencies committed to the Circles initiative including Indigenous and Francophone advisories

Poverty Challenge simulation event

Co-hosted by Public Health Sudbury & Districts and the Partners to End Poverty Steering Committee; **46** community leaders participated; **17** partner agencies represented themselves in the simulation; **7** individuals living in poverty participated in planning of event and attended event

Respectfully submitted,

Original signed by

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

Health Equity Lesson Plan Pilot Project for Elementary Students

Collaboration with **2** community partners; **5** knowledge exchange presentations and workshops delivered

Requests to the Health Equity (HE) Team

External HE requests:

133 instances of staff support including: **60** presentations/workshops; **23** meetings; **14** external supports/collaborative work; **11** media requests; **6** resource provision; **4** consultations; **10** other requests

Internal HE requests:

33 instances of staff support including: **11** internal supports/collaborations, **4** consultations, **2** presentations and **1** facilitated debrief session, and **15** other requests

Communications Support and Consultations

612 resource review and approval requests

61 media releases issued

143 media requests coordinated by Communications staff

946 636 Facebook users reached

298 341 Twitter impressions

375 requests for information received through phsd.ca

December 5, 2018

Honourable Caroline Mulroney
Attorney General and Minister of Francophone Affairs
Ministry of the Attorney General
McMurtry-Scott Building
720 Bay Street, 11th Floor
Toronto, ON K7A 2S09

Dear Minister Mulroney:

Re: Cannabis Retail Locations

With the Government of Ontario's policy objective to ensure that a private cannabis retail system is implemented with a minimum of harm, KFL&A Board of Health is expressing concern about the recently announced regulations regarding the physical availability of cannabis. At its meeting of November 21, 2018, the KFL&A Board of Health approved the following motion:

THAT correspondence be sent to Ontario's Attorney General to express concern regarding the minimum distance requirement of 150 metres between cannabis retail locations and schools and to urge the government to strengthen regulations by increasing the minimum distance requirements.

Physical accessibility is a determinant of use for both tobacco and alcohol use and it is reasonable to expect that there will be a similar relationship for cannabis.¹ Notably, alcohol retail outlet proximity to sensitive use spaces, such as schools, increases normalization among sensitive populations.^{2,3} Accordingly, KFL&A Public Health,⁴ City of Kingston⁵ and other public health stakeholders such as the Centre for Addiction and Mental Health,⁶ have recommended more restrictive proximity buffers around sensitive use areas (e.g., 300 to 500 meters). These wider buffers will still ensure access to regulated cannabis by those who choose to use, while limiting the social normalization of cannabis among youth.

As a society, we need to heed the lessons we have learned from tobacco and alcohol; indeed, we are compelled to do so to protect the health of Ontarians, particularly those at the greatest risk of harm. As such, the KFL&A Board of Health respectfully urges the Ontario Government to strengthen ONTARIO

... 2

Honourable Caroline Mulroney
December 5, 2018

REGULATION 468/18, under the *Cannabis Licence Act, 2018* by increasing the minimum distance requirements between cannabis retail storefronts and schools.

Yours truly,



Denis Doyle, Chair
KFL&A Board of Health

Copy to: Board of Health Members
R. Hillier, MPP, Lanark-Frontenac
D. Kramp, MPP, Hastings-Lennox and Addington
I. Arthur, MPP, Kingston and the Islands
Ontario Boards of Health
Association of Municipalities of Ontario

References

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2. Alcohol policy review: opportunities for Ontario municipalities. [Internet] Developed for Wellington-Dufferin Guelph Health Unit, Durham Region Health Department and Thunder Bay District; 2018. Available from <http://opha.on.ca/getmedia/4e8f860f-6e34-4036-9fa6-a1311a35852e/Alcohol-Policy-Review-Full-Report-Final.pdf.aspx>
3. OPHA Issue Series: Alcohol Marketing & Advertising. Strategies to Reduce Alcohol-Related Harms and Costs in Ontario. [Internet]. Toronto: Ontario Public Health Association; 2015. Available from <http://opha.on.ca/getmedia/23a643ff-6899-4846-920f-7440631c92ac/Marketing-Advertising-Alcohol-OPHA-Issue-Series-2015.pdf.aspx>
4. KFL&A Public Health. Provincial Recommendations on the Cannabis Retail System: Roundtable Consultation on Cannabis; 2018 Aug 21.
5. City of Kingston. Siting of Cannabis Retail Operation in Kingston Information Report to Council Report Number 18-025; 2017 Dec 19. Available from: https://www.cityofkingston.ca/documents/10180/22990022/COU_A0218-18025.pdf/fec38a0d-b3f5-4227-90f6-81189dd59214
6. Centre for Addiction and Mental Health. Submission to the Ministry of the Attorney General and the Ministry of Finance; 2018 Sep 24. Available from https://www.camh.ca/-/media/files/pdfs---public-policy-submissions/camhsubmission-cannabisretail_2018-09-25-pdf.pdf?

January 10, 2019

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

Email: Renu.Kulendran@ontario.ca

Dear Ms. Kulendran,

Re: Regulatory Framework for Cannabis Storefronts in Ontario

The Board of Health for Southwestern Public Health, at its meeting on January 9, 2019 considered correspondence from Peterborough Public Health (November 8, 2018) regarding the regulatory framework for cannabis storefronts in Ontario. On behalf of the Board of Health for Southwestern Public Health, we are writing to you to inform you that the Board supports the comments written by Peterborough Public Health, as outlined below. Southwestern Public Health continues to receive questions from municipalities and residents concerning the cannabis retail environment. The regulation of the cannabis retail environment is an important component of a public health approach to cannabis legalization to reduce negative impacts of cannabis use. Lessons from alcohol and tobacco retail show that increased availability results in increased consumption, which can lead to significant health and social costs.¹

Operating Parameters

Limit retail hours:

- Research shows that longer retail hours significantly increase consumption and related harms.¹ Cannabis consumption and harms can be reduced by limiting early morning and late-night hours.²

Establish minimum training requirements for staff:

- According to the Alcohol and Gaming Commission of Ontario (AGCO), training will be required for holders of a retail store authorization, holders of a cannabis retail manager licence, and employees of a cannabis retail store. The Centre for Addiction and Mental Health (CAMH) suggested the Liquor Control Board of Ontario's Challenges and Refusal program could provide a good model for this training.

Siting Requirements

Set minimum distances from youth-serving facilities and vulnerable populations:

- Retail outlet proximity to youth-serving facilities and vulnerable populations can normalize and increase substance use.³ Setting minimum distances prevents the role-

modeling of cannabis use and reduces youth access through minimum distance requirements from facilities such as schools, child care centres, libraries, and community centres. In Kelowna there are recommendations for retail cannabis stores to be 150m from elementary schools and 500m from middle and secondary schools.

Regulate cannabis retail densities:

- A high retail density can contribute to increased consumption and related harms.¹ Outlet density can be reduced through minimum distance requirements between cannabis retail outlets and limits on the overall number of outlets. The City of Calgary has enacted a 300m separation distance between cannabis stores.

Prohibit co-location of cannabis, alcohol, and tobacco retail:

- Evidence suggests the co-use of cannabis and other substances increases the risk of harm, such as impaired driving.⁴ Prohibiting the co-locations of cannabis, alcohol, and tobacco can discourage the co-use of these substances. CAMH reports that this precautionary measure has been taken in all U.S. states that have legalized cannabis.

Public Notice Processes

Strengthen municipal influence over store locations and density:

- The *Cannabis Licence Act, 2018*, limits the authority of municipalities to pass zoning or licensing by-laws relating to cannabis retail. Municipalities play an important role in the health and safety of communities and strengthening the voice of municipalities within the written comment period with AGCO, would enable municipalities to uphold this role.

Clarify 'public interest' for written submission:

- As the *Cannabis Licence Act, 2018*, sets out, municipalities and residents are granted a 15-day period to make written submissions to the AGCO regarding whether a store authorization is in public interest. It is unclear how municipalities are to make an informed determination around public interest within the 15-day period. Municipal by-laws can help clarify the written submission parameters for municipal respondents.

Sincerely,



Cynthia St. John
Chief Executive Director



Dr. Joyce Lock
Medical Officer of Health

- c. The Hon. Doug Ford, Premier of Ontario
The Hon. Christine Elliot, Minister of Health and Long-Term Care
Municipal Councils in Oxford County, County of Elgin, and the City of St. Thomas
Ernie Hardeman, MPP, Oxford
Jeff Yurek, MPP, Elgin-Middlesex-London
Loretta Ryan, Executive Director, Association of Local Public Health Agencies
Ontario Boards of Health

¹ Babor, T, Caetano R, Cassell S, Edwards G, Giesbrecht N, Graham K, Rossow I. (2010). *Alcohol no ordinary commodity: Research and public policy* (Second ed.). New York, USA: Oxford University Press. Ottawa, ON.

² Popova S, Giesbrecht N, Bekmuradov D, Patra J. (2009). Hours and days of sale and density of alcohol outlets: impacts on alcohol consumption and damage: a systematic review. *Alcohol* Oct;44(5):500-16.

³ U.S. Department of Health and Human Services (HHS), Office of the Surgeon General (2016). *Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health*. Available from: <https://addiction.surgeongeneral.gov/surgeon-generals-report.pdf>

⁴ Government of Canada (2016). *A framework for the legalization and regulation of cannabis in Canada: The final report of the task force on cannabis legalization and regulation*. Available from: <http://www.healthycanadians.gc.ca/task-force-marijuana-groupe-etude/framework-cadre-alt/framework-cadre-eng.pdf>



January 18, 2019

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

On November 23, 2018 at a regular meeting of the Board for the Grey Bruce Health Unit, the Board considered the attached correspondence from Peterborough Public Health regarding regulations pertaining to cannabis storefront operating parameters, siting requirements and public notice processes. The following motion was passed:

GBHU BOH Motion 2018-113

Moved by: David Shearman

Seconded by: Mitch Twolan

"THAT, the Board of Health support the correspondence from Peterborough Health Unit in regards to regulation of cannabis storefront retail sales."

Carried

Sincerely,

A handwritten signature in dark ink, appearing to read "Ian Arra".

Dr. Ian Arra, Medical Officer of Health (Acting)
Grey Bruce Health Unit

Encl.

Cc: Local MP's and MPP's
alPha
All Ontario Health Units

Working together for a healthier future for all.

101 17th Street East, Owen Sound, Ontario N4K 0A5 www.publichealthgreybruce.on.ca



January 22, 2019

Hon. Caroline Mulroney
Attorney General and Minister of Francophone Affairs
Ministry of the Attorney General
McMurty-Scott Building
720 Bay Street, 11th Floor
Toronto, ON M7A 2S9

Dear Minister Mulroney:

Re: Cannabis Retail Locations

On December 21, 2018 at a regular meeting of the Board for the Grey Bruce Health Unit, the Board considered the attached correspondence from Kingston, Frontenac and Lennox & Addington Public Health regarding the physical availability of cannabis. The following motion was passed:

GBHU BOH Motion 2018-129

Moved by: Anne Eadie Seconded by: Chris Peabody

"THAT, the Board of Health endorse correspondence 8.6 from Kingston, Frontenac and Lennox & Addington Public Health regarding physical accessibility of cannabis and minimum distance requirements between cannabis retail locations and schools."

Carried

Sincerely,

A handwritten signature in black ink, appearing to read "Ian Arra".

Dr. Ian Arra, Medical Officer of Health (Acting)
Grey Bruce Health Unit

Encl.

Cc: Local MP's and MPP's
alPHa
All Ontario Health Units

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101 17th Street East, Owen Sound, Ontario N4K 0A5 www.publichealthgreybruce.on.ca

November 18, 2018

Hon. Caroline Mulroney
Ministry of the Attorney General
McMurtry-Scott Building
720 Bay Street
Toronto, ON M7A 2S9
caroline.mulroney@pc.ola.org

Dear Minister Mulroney,

The Board of Health (BOH) for Peterborough Public Health (PPH) at its October 10, 2018 meeting received and discussed a staff report regarding the provincial legislation for cannabis and the amended Smoke-Free Ontario Act, 2017.

Through the revisions to the Smoke-Free Ontario Act, 2017, boards of health have been appointed to enforce cannabis use in locations where smoking and vaping of tobacco are prohibited. Although the Ministry of Health and Long-Term Care has provided boards of health with a one-time grant opportunity to request reimbursement for costs associated with the enforcement of the use of cannabis, the BOH is very concerned about its ability to comply with the enforcement requirement within the current funding envelope and organizational constraints. We have requested \$35,151 until March 31, 2019 for this additional work, with no further indication of sustained long-term funding after this date.

This suggested approach presents the BOH with several difficulties. Firstly, we understand that the funds provided to municipalities are intended for their own costs to help with the transition to recreational cannabis use being made legal in their communities. According to the Association of Municipalities of Ontario, it is likely that municipal costs would exceed the municipal share of the federal cannabis excise tax. There may not be sufficient funds to give to local public health agencies along with municipalities.

Secondly, there is no assurance that local municipalities will opt to allow retail cannabis outlets which could result in no transfer of funds from the Government of Ontario past the initial \$10,000 installment.

Thirdly, as an autonomous board, there currently is no mechanism for the municipality to specifically fund enforcement activities nor share with Peterborough Public Health the proceeds from infractions.

Finally, any communication to date describes funding over the next two years only, which does not sustain needs over the long term.

This matter is of grave concern to the BOH as we experience increased demands due to implementation of modernized Ontario Public Health Standards, increased costs and no additional financial support from the Province. This is clearly unsustainable and we anticipate will result in cuts to other services. A dedicated funding stream to support cannabis education and enforcement activities is necessary for public health

interventions which can result in long-term cost savings and reduced pressures on emergency health services.

We respectfully request that you continue to engage with the BOH on this matter to ensure that public health interventions and programs continue to be delivered at a level that results in their intended impacts.

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
Ontario Boards of Health
The Association of Local Public Health Agencies



January 22, 2019

Hon. Caroline Mulroney
Ministry of the Attorney General
McMurty-Scott Building
720 Bay Street
Toronto, ON M7A 2S9
Caroline.mulroney@pc.ola.org

Dear Minister Mulroney:

**Re: Provincial Legislation for Cannabis and the amended Smoke-Free Ontario Act,
2017**

On December 21, 2018 at a regular meeting of the Board for the Grey Bruce Health Unit, the Board considered the attached correspondence from Peterborough Public Health regarding funding to support cannabis education and enforcement activities. The following motion was passed:

GBHU BOH Motion 2018-127

Moved by: Anne Eadie

Seconded by: Chris Peabody

"THAT, the Board of Health endorse correspondence 8.1 from Peterborough Public Health regarding provincial legislation for cannabis and the amended Smoke-Free Ontario Act, 2017."

Carried

Sincerely,

A handwritten signature in black ink, appearing to read "Ian Arra".

Dr. Ian Arra, Medical Officer of Health (Acting)
Grey Bruce Health Unit

Encl.

Cc: Local MP's and MPP's
aIPHa
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TBDHU.COM

November 21, 2018

SENT VIA EMAIL

The Honourable Lisa MacLeod
Minister of Children, Community and Social Services
14th Flr, 56 Wellesley St W,
Toronto, ON
M7A 1E9

Dear Minister MacLeod,
On behalf the Thunder Bay District Health Unit (TBDHU) Board of Health, it is with significant concern that I am writing to you regarding funding for the Healthy Babies, Healthy Children (HBHC) Program.

The Healthy Babies Healthy Children (HBHC) program is a prevention/early intervention initiative designed to ensure that all Ontario families with children (prenatal to age six) who are at risk of physical, cognitive, communicative, and/or psychosocial problems have access to effective, consistent, early intervention services and is a mandatory program for Boards of Health.

In 1997 the province committed to funding the Healthy Babies Healthy Children program at 100%. Province wide funding allocations have been essentially "flat-lined" from an original allocation that was completed in 2008, with the exception of the one-time funding increases for implementation of the 2012 Protocol. In the interim, collective agreement settlements, travel costs, pay increments and accommodation costs have increased the costs of implementing the HBHC program. Management and administration costs related to the program are already offset by the cost-shared budget for provincially mandated programs.

Simultaneously the complexity of clients accessing the program has increased requiring that more of the services be delivered by professional versus non-professional staff. The TBDHU has made every effort to mitigate the outcome of this ongoing funding shortfall however it has become increasingly more challenging to meet the targets set out in HBHC service agreements. At the current funding level services for these high-risk families will be reduced.

In 2016 the firm MNP performed a review of the HBHC program provincially and found that "based on the activities of the current service delivery model, and using the targets outlined in the service agreements ... there is a gap in the current funding of the program of approximately \$7.808M." (Ministry of Children and Youth Services - Healthy Babies Healthy Children Program Review Executive Summary p.7)

The Thunder Bay District Board of Health continues to advocate that the Ministry of Children, Community and Social Services fully funds the Healthy Babies Healthy Children program, including all staffing, operating and administrative costs.

.../2

Thank you for your attention to this important public health issue.

Sincerely,

Original Signed by

Joe Virdiramo, Chair
Board of Health
Thunder Bay District Health Unit

cc. Michael Gravelle, MPP (Thunder Bay-Superior North)
Judith Monteith-Farrell, MPP (Thunder Bay-Atitkokan)
All Ontario Boards of Health



Thunder Bay District Health Unit

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TBDHU.COM

November 21, 2018

Hon. Doug Ford
Premier of Ontario
Doug.fordco@pc.ola.org

Hon. Lisa Macleod
Minister of Children, Community and Social Services
Lisa.macleodco@pc.ola.org

Dear Premier Ford and Minister Macleod,

As chair of the board of health for the Thunder Bay District Health Unit, I am writing to convey my concern at the termination of Ontario's Basic Income Pilot and reduction of the scheduled increase to Ontario Works and Ontario Disability Support Program from 3% to 1.5%, and urge you to reconsider your decision.

The government's current decision is a retraction of the pre-election indications to continue the project, and will place more than 4000 pilot participants in very challenging socio-economical circumstances. The pilot was provincially and nationally recognized as a pivotal opportunity to study the impact of basic income on societal, economical and health outcomes in Ontario. Significant resources have already been invested in the planning and implementation of the project; to terminate the project at this inopportune time would be wasteful especially without gathering insight from its outcomes.

The Thunder Bay District Health Unit believes that addressing issues of poverty is a public health priority, and a healthy equity and human rights issue. There is considerable research to show that individuals or households with lower income experience higher levels of food insecurity, which is linked to higher levels of adverse health and societal outcomes, compared to those with higher incomes¹. This includes morbidity and/or

mortality from chronic diseases (i.e. obesity, diabetes), mental illness (i.e. depression, anxiety, and reduced learning and productivity), infant mortality, infectious diseases, amongst others¹. In 2014, 11.9% or 594,900 Ontario households experienced food insecurity², which is defined as the inadequate or insecure access to food due to financial constraints¹. This statistic is acknowledged as an underestimate as it does not reflect households in First Nations reserves and those that are homeless². Furthermore, 64% of Ontario households reliant on social assistance were food insecure². In some cases, employment does not guarantee that a households' basic needs are met, as almost 60% of food insecure Ontario households were relying on income from wages and salaries². As a result, the estimated burden on healthcare costs from socio-economic health inequalities amounts to a staggering \$6.2 billion annually, with Canadians in the lowest income bracket accounting for approximately 60% of these costs³. The fact is, health is related to food security, which is deeply rooted in poverty. It's not just about having inadequate skills or nutrition knowledge to prepare healthy food, or that the distance to supermarkets is too far – the main reason is the lack of adequate disposable income for food².

The allocation of Thunder Bay as a designated pilot site of the Ontario Basic Income Pilot was an exciting opportunity to explore the impact of basic income in our community and to gather local level data. Poverty and food insecurity pose a risk for certain individuals in our District. Most recent data from Statistics Canada indicates that 13.8% of all households in the District of Thunder Bay are considered low-income, of which 19.8% are children aged 0 – 17⁴. This represents approximately 1 in 7 households being food insecure. As an example of how the basic income pilot positively impacts food security, I will use the most recent information from our local Nutritious Food Basket (2018; Appendix 1). The monthly cost of food for a family of four in the District of Thunder Bay is \$828.68 per month. If the family relies on Ontario Works, the income remaining for other living expenses is limited and increases risk for financial strain, whereas the same family enrolled in the basic income pilot would be in a much better position to meet their basic needs. Furthermore, the on-going effectiveness of the Guaranteed Income Supplement for

seniors provides evidence of how overall health is improved from ensuring financial security^{5,6}. As an advocate for promoting socio-economic and health equity within my community, I am supportive of the Ontario Basic Income Pilot and increased social assistance rates as it is based on evidence informed research indicating the strong relationship between income, food security and health.

I strongly urge the province to maintain the continuation of the Ontario Basic Income Pilot and the scheduled increases of Ontario Works and Ontario Disability Support Program. The need for adequate income from basic income and social assistance rates provides socio-economic stability and equity, and is highlighted in the report: "Income Security – A Roadmap for Change"⁷.

Ontario has the opportunity to champion an initiative that could have a profound impact on informing future policies that could expand to the international level. But more importantly, it could provide the residents of Thunder Bay and Ontario with improved livelihood, healthy equity, and the opportunity to live with dignity.

Yours Sincerely,

Original Signed by

Joe Virdiramo, Chair,
Board of Health for Thunder Bay District Health Unit

cc. Michael Gravelle, MPP (Thunder Bay-Superior North)
Judith Monteith-Farrell, MPP (Thunder Bay-Atikokan)
All Ontario Boards of Health

References:

1. PROOF Food Insecurity Policy Research. (2017). Household Food Insecurity in Canada: Factsheets. Accessed at: <http://proof.utoronto.ca/resources/fact-sheets/>
2. PROOF Food Insecurity Policy Research. (2016). Household Food Insecurity in Canada – Research to identify policy options to reduce food insecurity. Accessed at: <http://proof.utoronto.ca/resources/proof-annual-reports/annual-report-2014/>

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5. Government of Canada. (2016). Canada's most vulnerable single seniors will see an increase of up to \$947 annually to the Guaranteed Income Supplement. Accessed at: <https://www.canada.ca/en/employment-social-development/news/2016/06/canada-s-most-vulnerable-single-seniors-will-see-an-increase-of-up-to-947-annually-to-the-guaranteed-income-supplement.html>
6. McIntyre, L, Kwok, C, Herbert-Emery, J.C, Dutton, D.J. (2016). Impact of a guaranteed annual income program on Canadian senior's physical mental and functional health. *Can J Public Health*;107(2):e176-e182
7. Income Security Reform Working Group, First Nations Income Security Reform Working Group, Urban Indigenous Table on Income Security Reform. (2017). Income Security – A Roadmap for Change. Accessed at: https://files.ontario.ca/income_security_-_a_roadmap_for_change-english-accessible_0.pdf

Appendix 1 - Comparison of Household Income and Expenses for Families (2018)

Low-income households often live in rental housing. Using the average costs of renting in the District of Thunder Bay for 2018, and the results from the NFBS, here are five family scenarios outlining their respective monthly costs of living.

Scenarios	Family of 4 Ontario Works (2 parents; 2 children)	Family of 4 Ontario Basic Income Pilot (2 parents; 2 children)	Family of 4 Full-Time Minimum Wage (2 parents; 2 children)	Family of 4 Median Income (After Tax) (2 parents; 2 children)	Family of 3 Ontario Works (1 parent; 2 children)
Monthly Incomeⁱ	\$2601.00	\$3353.00	\$3622.00	\$7871.00	\$2382.00
Rent ⁱⁱ	\$1194.00 (3 Bdr. Apartment)	\$1194.00 (3 Bdr. Apartment)	\$1194.00 (3 Bdr. Apartment)	\$1194.00 (3 Bdr. Apartment)	\$959.00 (2 Bdr. Apartment)
Cost of Food ⁱⁱⁱ	\$828.68	\$828.68	\$828.68	\$828.68	\$595.84
Income Remaining for Other Living Expenses	\$578.32	\$1330.32	\$1599.32	\$5848.32	\$827.16

- i. Incomes (except those including the Ontario Basic Income Pilot) derived from NFBS Income Scenario Spreadsheet (May 2018), developed by the Ontario Dietitians in Public Health - Locally Driven Collaborative Project Food Insecurity Working Group
- ii. Rental cost calculations are from the Rental Market Report – Canada Mortgage and Housing Cooperation (June 2017)
- iii. Based on the NFBS for the District of Thunder Bay (May 2018)

November 27, 2018

DELIVERED VIA E-MAIL

lisa.macleodco@pc.ola.org

Ministry of Children, Community and Social Services/Minister Responsible for Women's Issues
Hepburn Block
6th Floor,
80 Grosvenor St.
Toronto, ON M7A 1E9

Attention: The Honourable Lisa MacLeod

Dear Minister MacLeod:

Re: Results of 2018 Nutritious Food Basket Survey for Wellington-Dufferin-Guelph Public Health

Wellington-Dufferin-Guelph Public Health (WDGPH) has just released the 2018 results of its Nutritious Food Basket (NFB) survey. The NFB provides a standardized measurement for the cost of a 'basket' of healthy foods that reflects Canadian nutrition recommendations and food purchasing patterns. WDGPH uses the NFB to monitor food affordability, availability and accessibility by relating the cost of the food 'basket' to the income of local individuals and families. We want to share these results with you and have also shared with the Waterloo-Wellington Local Health Integration Network and the Central West Local Health Integration Network.

In 2018, the cost of the NFB in the Counties of Wellington and Dufferin and the City of Guelph (WDG) is **\$909.69 per month** for a family of four (4) and **\$306.10, per month**, for single individuals. When these numbers are considered alongside the costs of housing and other basic living expenses, it becomes evident that households with limited incomes struggle to afford nutritious food. A single person receiving Ontario Works, for example, spends approximately 93% of her or his income on rent leaving insufficient income to afford healthy food (costing 38% of income) and other basic living expenses.

These findings highlight how challenging it can be for individuals on social assistance to stay healthy. Individuals who cannot afford nutritious food are more likely to have chronic diseases, to develop mental health problems and to place greater demand on the health care system. Ensuring that these households have the resources they need to stay healthy is an investment in our community's health.

Page 65 of 135

.../2



Please find attached our Board of Health Report (BOH Report BH.01.NOV0718.R33 - Nutritious Food Basket for WDG 2018), which provides additional details about the costs of healthy eating in our community. We hope that you find this information helpful as your Ministry undertakes its review of social assistance programs with an aim to develop a compassionate, sustainable system.

Thank you for your attention to this important issue.

Sincerely,

Nancy Sullivan
Chair, WDGPH Board of Health

Attachment

c.c. Ontario Public Health Units
c.c. Dr. Nicola Mercer, MOH & CEO, WDGPH – via e-mail

November 16, 2018

To our public health colleagues and community partners:

We are pleased to share with you our newly approved plan, "[Taking Action for Reconciliation: An Organizational Plan for Middlesex-London Health Unit](#)".

In response to The Truth and Reconciliation Commission of Canada Calls to Action, this organizational plan for reconciliation focuses not only on health and public health issues, but on understanding the long-term impacts of colonization and racism that continue to exist today.

MLHU's organizational plan supports several purposes by outlining mechanisms that:

- Address the Truth and Reconciliation Commission of Canada's Calls to Action, particularly those related to health
- Provide a supportive environment for reflection, and increased knowledge and skill building
- Disrupt ongoing colonial practices related to health that are part of the organization
- Enhance organizational capacity to address racially-based health inequities
- Enhance the ability to build relationships and meaningful engagement with Indigenous communities and organizations

Recommendations within this plan have been informed by the literature, including a range of wise practices and best practices, as well as by the local context and perspective, from conversations and dialogue with representatives of local Indigenous-led organizations and Indigenous individuals. It is essential that a fulsome collaborative approach with Indigenous organizations and neighbouring First Nations continues in order to build and strengthen existing relationships before implementation of actions. As such, the recommendations contained in this plan are preliminary and evolving.

The recommendations, whether simple or complex, already in process or aspirational, are clustered into themes of awareness and education, supportive environments, relationships, research, workforce development, governance, and equitable access and service delivery.

With respect and appreciation, we extend thanks to the individuals who shared their expertise and perspective to inform the development of our organizational plan for reconciliation.

We look forward to the journey ahead of us, as we work to fulfill our individual and collective responsibilities in realizing genuine reconciliation.

Sincerely,



Christopher Mackie, MD, MHSc, CCFP, FRCPC
Medical Officer of Health and CEO



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Tel.: 705-647-4305 Fax: 705-647-5779

Branch Offices:

Englehart Tel.: 705-544-2221 Fax: 705-544-8698
Kirkland Lake Tel.: 705-567-9355 Fax: 705-567-5476

www.timiskaminghu.com

December 5, 2018

Honourable Minister Todd Smith
Minister of Economic Development, Job Creation and Trade
900 Bay Street - Mowat Block, 6th Floor
Toronto, ON M7A 1L2

Honourable Minister Laurie Scott
Minister of Labour
14th Floor, 400 University Avenue
Toronto, ON M7A 1T7

Dear Minister Smith and Minister Scott:

Re: A population health perspective on Bill 47, Making Ontario Open for Business Act, 2018

On behalf of the Timiskaming Health Unit (THU), I am writing to express our concerns about Bill 47, Making Ontario Open for Business Act, 2018 which recently received Royal Assent.

We appreciate your government's intention to help job creators succeed and keep Ontario workers and families safe and healthy. However, evidence-informed assessments reveal that Bill 47 excludes aspects of the repealed Bill 148, The Fair Workplaces Better Jobs Act, 2017 which could result in negative health outcomes for Ontario workers and families. This includes some of our most vulnerable residents thereby worsening health inequities within the population.

As outlined in the attached letter to you from Simcoe Muskoka District Health Unit Board of Health (November, 2018) and in a related Wellesley Institute 2018 report¹ there is significant evidence demonstrating the powerful link between income, employment security and working conditions and health outcomes.

Reducing the negative impact of such social determinants of health is fundamental to the work of public health. The Board of Health for the Timiskaming Health Unit has previously expressed support for an adequate income for Ontarians. The effects of employment security, working conditions, low income and of income inequality may be felt more severely in northern areas of the province such as Timiskaming, where the median income is lower than the provincial average, a greater proportion of the population lives in low income, and access to health and social services may be more limited.²

Halting the minimum wage increase, repealing equal pay for equal work and employee scheduling benefits and reducing leave of absence benefits with Bill 47 could have harmful physical and mental health consequences,

...2

especially for Ontario's most vulnerable workers and families. Public health staff are committed to working for the people of Ontario and are available to consult with government on such legislative decisions.

Furthermore, we recommend close monitoring of the social, health and well-being impacts of Bill 47 for all Ontarians.

Sincerely,

Carman Kidd, Chair
Board of Health for Timiskaming Health Unit

cc: Honourable Doug Ford, Premier of Ontario
Honourable Christine Elliott, Minister of Health and Long-Term Care and Deputy Premier
John Vanthof, Member of Provincial Parliament, Timiskaming-Cochrane
Loretta Ryan, Executive Director, Association of Local Public Health Agencies
Pegeen Walsh, Executive Director, Ontario Public Health Association
All Ontario Boards of Health

References

1. Wellesley Institute. 2018 Hill, Malaika., Cheff, Rebecca. Potential Health Equity Impacts of the Making Ontario Open for Business Act (Bill 47). Available from <https://www.wellesleyinstitute.com/wp-content/uploads/2018/11/Potential-Health-Equity-Impacts-of-the-Making-Ontario-Open-for-Business-Act-Bill-47.pdf>
2. Statistics Canada. 2017. Timiskaming Health Unit, [Health region, December 2017], Ontario and Ontario [Province] (table). Census Profile. 2016 Census. Statistics Canada Catalogue no. 98-316-X2016001. Ottawa. Released November 29, 2017. <https://www12.statcan.gc.ca/census-recensement/2016/dp-pd/prof/index.cfm?Lang=E> (accessed July 24, 2018).

November 14, 2018

Honourable Minister Todd Smith
Minister of Economic Development, Job Creation and Trade
Mowat Block, 6th Floor
900 Bay St
Toronto, ON M7A 1L2
todd.smithco@pc.ola.org

Honourable Minister Laurie Scott
Minister of Labour
14th Floor, 400 University Ave
Toronto, ON M7A 1T7
laurie.scott@pc.ola.org

Dear Minister Smith and Minister Scott,

Re: A population health perspective on Bill 47, Making Ontario Open for Business Act, 2018

On behalf of the Simcoe Muskoka District Health Unit (SMDHU) Board of Health, I am writing to express our concern about your government's decision to repeal Bill 148, The Fair Workplaces Better Jobs Act, 2017, and to replace it with Bill 47, Making Ontario Open for Business Act, 2018. In our assessment, the new bill excludes a number of important aspects of the previous bill, which will result in negative impacts on both income and health, particularly for our most vulnerable citizens.

While we appreciate your government's intention to create and protect jobs that help families get ahead, we feel strongly that certain employment protections are needed to ensure these outcomes are achieved. A large body of research indicates that income, employment security and working conditions are critical determinants of health¹. With long-term trends toward greater precarious employment in Ontario and beyond, the previous bill made a significant step forward in providing important mechanisms for greater security and stability for workers – both financially and in their employment and working conditions – therefore creating opportunity for substantial and equitable health improvements for individuals and communities in Ontario.

From an income and health perspective, the key elements of the previous bill that we are in strong support of and would like to see continued in Bill 47 include:

1. Minimum wage increase as planned for Jan 1, 2019, followed by annual increases at the rate of inflation, and scheduled minimum wage reviews every 5 years;
2. Pay equity for full-time, part-time, casual and temporary workers doing the same work; and
3. Employee benefits related to scheduling and personal emergency leave.

... 2

Barrie:
15 Sperling Drive
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L4M 6K9
705-721-7520
FAX: 705-721-1495

Collingwood:
280 Pretty River Pkwy.
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L9Y 4J5
705-445-0804
FAX: 705-445-6498

Cookstown:
2-25 King Street S.
Cookstown, ON
L0L 1L0
705-458-1103
FAX: 705-458-0105

Gravenhurst:
2-5 Pineridge Gate
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Huntsville:
34 Chaffey St.
Huntsville, ON
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FAX: 705-789-7245

Midland:
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Midland, ON
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705-526-9324
FAX: 705-526-1513

Orillia:
120-169 Front St. S.
Orillia, ON
L3V 4S8
705-325-9565
FAX: 705-325-2091

SMDHU's Board of Health has been a vocal proponent of policies and legislation that support fair workplaces, good jobs, and adequate income for Ontarians. In August 2018, our Board wrote a letter urging your government to reconsider its decision to cancel the Ontario Basic Income Pilot and reduce the planned increases to social assistance rates. In 2016, our Board endorsed the Responses to Food Insecurity Position Statement of the Ontario Society of Nutrition Professionals in Public Health, which recognizes that food is a significant human right and social justice issue with strong links between poverty, food insecurity and health, and advocates for income-based policy responses. In 2013, SMDHU staff contributed a letter to the Minimum Wage Advisory Panel in support of the Ontario minimum wage review, which highlighted the link between income and health and advocated for an increase in minimum wage. In 2008, our Board wrote a letter and passed a resolution urging the provincial government to implement a coordinated, long-term poverty reduction strategy as a way to ensure that people have enough money to purchase an adequate and nutritious diet. The letter also called for the immediate implementation of the full Ontario Child Benefit, a minimum wage (at that time \$10) which is indexed to keep pace with inflation, and a review of the Employment Standards Act to ensure vulnerable workers are protected. Finally, in 2018, our Board supported SMDHU's information sheets for the 2018 [provincial](#) and [municipal](#) elections, which highlight the above policy priorities and also call for economic development strategies that will attract full-time jobs paying an adequate wage.

Our support of these policies and legislation has been informed by evidence that income is likely the most important determinant of a person's health and quality of life². Research also indicates that employment insecurity and precarious work arrangements are linked with poorer working conditions and overall poorer health¹. Mortality is higher in temporary workers than in permanent workers, and poor mental health outcomes are associated with precarious employment³.

In Simcoe Muskoka, 12% of the population live in low income, and the prevalence of self-reported chronic diseases such as diabetes and heart disease are one and a half to two times higher for those living in low income compared to their higher income counterparts². In addition, our [2018 Nutritious Food Basket Survey results](#) show that individuals and families living in low income do not have enough money to cover the cost of healthy food, housing and other basic necessities. For example, a family of four earning minimum wage (\$14/hr) in our region spends at least 60% of their household income on food and housing costs alone. Food insecure individuals experience poorer physical and mental health, including higher rates of depression, diabetes, high blood pressure and heart disease⁴. Clearly there are compelling reasons to ensure our most vulnerable citizens have enough money for food and other basic needs.

While we appreciate your government's decision to maintain the previous minimum wage increase to \$14/hour and other positive aspects of Bill 47, such as preserving the right to three weeks of paid vacation after five years and protecting current paid leave provisions for cases of domestic and sexual violence, we are concerned that repealing the other important aspects of the previous bill as highlighted above will have negative health, social and economic consequences for employees, their families, and communities.

... 3

As Bill 47 proceeds through the legislative process, we urge you to consider its necessary protective elements to ensure access to jobs with adequate pay and benefits, in pursuit of the health, social and economic well-being of all Ontarians.

Sincerely,

ORIGINAL SIGNED BY

Scott Warnock
Board of Health Chair
Simcoe Muskoka District Health Unit

Att. (3)

- c. Simcoe Muskoka District Health Unit Board of Health
Honourable Doug Ford, Premier of Ontario
Honourable Christine Elliot, Minister of Health and Long-Term Care and Deputy Premier
Ontario Boards of Health
Loretta Ryan, Executive Director, Association of Local Public Health Agencies
Pegeen Walsh, Executive Director, Ontario Public Health Association
Simcoe Muskoka Members of Provincial Parliament:
Doug Downey, Barrie—Springwater—Oro-Medonte
Jill Dunlop, Simcoe North
Andrea Khanjin, Barrie – Innisfil
Caroline Mulroney, York Simcoe
Norman Miller, Parry Sound—Muskoka

References

¹ Raphael, D, editor. Social determinants of health: Canadian Perspectives 3rd edition. Toronto: Canadian Scholars' Press Inc; 2016.

² Simcoe Muskoka District Health Unit. Low income focus report. [on line]. Barrie: Simcoe Muskoka District Health Unit; 2017 [Last accessed 2018 Nov 1]. Available from <http://www.simcoemuskokahealthstats.org/reports/focus-reports>

³ Marmot M, Friel S, Bell R, Houweling TA, Taylor S. Closing the gap in a generation: health equity through action on the social determinants of health. The Lancet 2008; 372:1661-9.

⁴ Vozoris N, Tarasuk V. Household food insufficiency is associated with poorer health. The Journal of Nutrition 2003; 133(1):120 -126.

February 6, 2019

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

Dear Premier Ford:

Re: Support of a Provincial Oral Health Program for Seniors

The Board of Health for the Simcoe Muskoka District Health Unit (Board) is encouraged by the new provincial government's support for a provincial oral health program for low-income seniors. The financial, health and social impacts of poor oral health in seniors has been a long standing area of concern for our Board.

In 2016, our Board sent a letter to the Minister of Health calling on the Provincial Government to expand access to publically funded dental care for all low income adults, including low income seniors and all institutionalized seniors. The letter cited how access to prevention and dental treatment would reduce oral health inequities in Ontario that profoundly impact some of the most vulnerable people in our local jurisdiction and the Province as a whole.

As an indication of this need, in 2017 there were 4,069 visits to emergency departments within hospitals in Simcoe and Muskoka for oral health reasons. This figure remains highly troubling. It shows that a large number of our residents lack access to preventive and restorative oral health care, and therefore, need to resort to emergency departments for their dental needs. Unfortunately, these visits further burden an already overwhelmed hospital system and ultimately fail to address the underlying oral health problems causing pain and infection.

The Ontario Progressive Conservative Party has pledged to implement a publically funded dental care program for low income seniors. As well, they have committed to increase dental services through Public Health Units, Community Health Centres, and Aboriginal Health Access Centres and to increase funding to provide investment for service delivery in underserved areas. Our Board sees firsthand the positive impact that our Healthy Smiles Dental Clinics have on the clients and communities we serve. In 2018, we completed approximately 4,300 appointments for eligible clients in our clinics and over 900 preventive appointments for

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FAX: 705-458-0105

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FAX: 705-526-1513

❑ **Orillia:**
120-169 Front St. S.
Orillia, ON
L3V 4S8
705-325-9565
FAX: 705-325-2091

Healthy Smiles Ontario children in schools. We support increasing clinical capacity, including in Public Health Units, in order to address the severe need among low income seniors. We await further news concerning public health's role in reducing barriers to oral health, increasing service delivery for low income seniors and improving health system efficiency.

Sincerely,

ORIGINAL Signed By:

Anita Dubeau
Chair, Board of Health

AD:HM:cm

Cc. Honorable Christine Elliot, Minister of Health and Long-Term Care
Dr. David Williams, Chief Medical Officer of Health
Members of Provincial Parliament for Simcoe and Muskoka
Ontario Boards of Health
Ms. Loretta Ryan, Association of Local Public Health Agencies
Ms. Jacquie Maund and Ms. Anna Rusak, Ontario Oral Health Alliance
Mayors and Councils in Simcoe Muskoka
Central Local Health Integration Network
North Simcoe Muskoka Local Health Integration Network



Premier of Ontario
Premier ministre
de l'Ontario

Legislative Building
Queen's Park
Toronto, Ontario
M7A 1A1

Édifice de l'Assemblée législative
Queen's Park
Toronto (Ontario)
M7A 1A1

December 12, 2018

SUDBURY & DISTRICT HEALTH UNIT Medical Officer of Health and CEO			
DEC 17 2018			
Environ Health	_____	RRED	_____
CFS	_____	SEU	_____
Corporate Services	_____	Board	_____
Health Promotion	_____	Committee	_____
File () Circulate () Return () F.Y.I ()			

Ms. Penny Sutcliffe
Medical Officer of Health and Chief Executive Officer
Public Health Sudbury & Districts
1300 Paris Street
Sudbury, Ontario
P3E 3A3

Dear Ms. Sutcliffe:

Thanks for your letter about the Sudbury and Districts Board of Health's resolution dealing with dental care for low income adults and seniors. I appreciate hearing the board's views on the issue.

I note that you've sent a copy of the resolution to the Honourable Christine Elliott, Minister of Health and Long-Term Care. I'm sure the minister will also take the board's views into consideration.

Thanks again for the information.

Sincerely,

Doug Ford
Premier

c: The Honourable Christine Elliott



Municipality of Killarney

January 10, 2019

Public Health Sudbury & Districts
c/o Penny Sutcliffe,
1300 rue Paris Street,
Sudbury, Ontario
P3E 3A3

Public Health Sudbury & Districts Medical Officer of Health and CEO	
JAN 15 2019	
Environ Health	KSS
Clinical Services	SEU
Corporate Services	Board
Health Promotion	Committee
File () Circulate () Return () F.Y.I. ()	

Main Office:

32 Commissioner Street
Killarney, Ontario
P0M 2A0

Tel: 705-287-2424
Fax: 705-287-2660

E-mail:
inquiries@municipalityofkillarney.ca

Public Works Department:

1096 Hwy 637
Killarney, Ontario
P0M 2A0

Tel: 705-287-1040
Fax: 705-287-1141

website:
www.municipalityofkillarney.ca

Dear Ms. Sutcliffe:

Attached hereto is a copy of Resolution #19-006, which is self-explanatory.

Should you have any questions, please contact the municipal office.

Sincerely,
THE MUNICIPALITY OF KILLARNEY

(Mrs.) Angie Nuziale,
Administrative Assistant

Attachment

cc: *Chief Medical Officer*
AMO
Local MPPs

Word: Letters:PHSD-Oral Health Programs-10-01-2019



The Corporation of the Municipality of Killarney
32 Commissioner Street
Killarney, Ontario
P0M 2A0

MOVED BY: Nancy Wirtz

SECONDED BY: John Dimitrijevic


RESOLUTION NO. 19-006

BE IT RESOLVED THAT the Municipality of Killarney supports Resolution No. 42-18 passed by the Board of Health for Public Health Sudbury & Districts which fully supports the Premier's plan to invest in Oral Health Programs for Low Income Adults and Seniors.

FURTHER THAT this resolution be sent to the Chief Medical Officer of Health, AMO and our local MPP's for support.

CARRIED

I, Candy K. Beauvais, Clerk Treasurer of the Municipality of Killarney do certify the foregoing to be a true copy of Resolution #19-006 passed in a Regular Council Meeting of The Corporation of the Municipality of Killarney on the 9th day of January 2019.


Candy K. Beauvais
Clerk Treasurer



January 22, 2019

The Honourable Doug Ford
Premier of Ontario
Legislative Building
Queen's Park
Toronto, ON M7A1A1

Dear Premier Ford:

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

On December 21, 2018 at a regular meeting of the Board for the Grey Bruce Health Unit, the Board considered the attached correspondence from Public Health Sudbury and Districts regarding supporting the oral health program for low income seniors and encouraging the government to expand access to include low income adults. The following motion was passed:

GBHU BOH Motion 2018-128

Moved by: Anne Eadie

Seconded by: Chris Peabody

"THAT, the Board of Health endorse correspondence 8.5 from Sudbury and District Public Health regarding support for a provincial oral health program for low income adults and seniors."

Carried

Sincerely,

A handwritten signature in black ink, appearing to read "Ian Arra".

Dr. Ian Arra, Medical Officer of Health (Acting)
Grey Bruce Health Unit

Encl.

Cc: Local MP's and MPP's
alPHa
All Ontario Health Units

Working together for a healthier future for all.

November 20, 2018

Dr. Penny Sutcliffe
Public Health Sudbury & Districts
1300 Paris Street
Sudbury, Ontario P3E 3A3

Dear Dr. Sutcliffe,

We wish to congratulate you on receiving the *C.P. Shah Alumni Award of Excellence in Public Health*.

Over the years, you have repeatedly stepped forward to take on many roles in addition to your role as Medical Officer of Health. You have represented local public health in a time of uncertainty and potential instability; you have effectively facilitated a collective and strategic approach from the leadership of all local health units, and strengthened relationships with other agencies and with the province. Through your work with ALPHA, COMOH and other northern health units, you have demonstrated a visionary, thoughtful and collaborative leadership style.

This is a well-deserved award and we could not think of a better person to receive it. As a sector, we are very fortunate to have you as a leader and a colleague.

Sincerely,



Dr. Kit Young Hoon
Medical Officer of Health



Paul Ryan
Chair, Board of Health

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

alPHA Sections:

Boards of Health
Section

Council of Ontario
Medical Officers of
Health (COMOH)

**Affiliate
Organizations:**

Association of Ontario
Public Health Business
Administrators

Association of
Public Health
Epidemiologists
in Ontario

Association of
Supervisors of Public
Health Inspectors of
Ontario

Health Promotion
Ontario

Ontario Association of
Public Health Dentistry

Ontario Association of
Public Health Nursing
Leaders

Ontario Dietitians in
Public Health

November 23, 2018

Dr. Penny Sutcliffe
Medical Officer of Health
Public Health Sudbury & Districts
1300 Paris Street,
Sudbury, ON P3E 3A3

Dear Penny,

Re: C.P. Shah Alumni Award of Excellence

On behalf of the Association of Local Public Health Agencies (alPHA) and its member Medical Officers of Health, Boards of Health and Affiliate organizations, we would like to take this opportunity to congratulate you on your receipt of the C.P. Shah Alumni Award of Excellence.

As the award that recognizes graduates of academic programs of the Dalla Lana School of Public Health who have made significant contributions to the advancement of public/population health in Canada through practice, teaching, or research, your nomination was hardly a surprise. When we learned that this award was to recognize your work in the area of health equity in particular, we could think of few recipients as deserving.

Your tireless efforts to ensure that health equity considerations are part of every conversation about public health in Ontario have been invaluable to alPHA in articulating and advancing justifiable public health positions related to the social determinants of health. They have no doubt also contributed in no small part to the fact that health equity is now an explicit foundational requirement in the Ontario Public Health Standards.

This award is well deserved, recognizing but one of your many outstanding and exemplary contributions to your community, the Association and the Province of Ontario.

alPHA is proud to count you as a member and we congratulate you again on this honour.

Yours sincerely,



Dr. Robert Kyle,
alPHA President



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



Trudy Sachowski,
Chair, Boards of Health
Section

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

Hon. Todd Smith
Minister of Economic Development, Job Creation and Trade
900 Bay Street - Mowat Block, 6th Floor
Toronto, ON M7A 1L2

January 16, 2019

Dear Minister Smith,

Re: Bill 66, Restoring Ontario's Competitiveness Act, 2018.

On behalf of the Association of Local Public Health Agencies (alPHa) and its member Medical Officers of Health, Boards of Health and Affiliate organizations, I am writing today to provide comments on aspects of Bill 66, Restoring Ontario's Competitiveness Act, which we believe could have negative consequences for the health of Ontarians.

Bill 66 contains exemptions to several key legislative provisions that are in place to protect the health of the people. As public health professionals, we are on the front lines of protecting the people of Ontario from threats to their health and we have obligations under the Ontario Public Health Standards to "reduce exposure to health hazards and promote the development of healthy built and natural environments that support health and mitigate existing and emerging risks". Specific requirements include collaborating with municipalities under the Ontario Planning Act to reduce exposure to environmental health hazards in the community, which includes examining and addressing the potential impacts of land use decisions on ground water sources.

We are therefore troubled by the list in Schedule 10 of the Bill that itemizes the legislated environmental protections that could be suspended in favour of commercial interests and job creation. Far from being "red tape", these provisions are in place to protect healthy environments and prevent the introduction of and exposure to health hazards. It is very difficult to interpret exempting business from these provisions as anything other than eliminating their obligations to minimize their negative impacts on the environments within which they operate.

We are particularly concerned by the potential for exemptions from the source water protection clause of the Clean Water Act, 2006 that requires land-use planning decisions in the province to protect safe drinking water, which was passed in the wake of the May 2000 outbreak of *E. coli* O157:H7 in Walkerton, Ontario that killed 7 people and made over 2,300 – more than half of the town's population - seriously ill. Since that time, Ontario has applied the lessons learned from this tragedy to become a world leader in ensuring the availability of safe drinking water through a strict regulatory regime that includes source-to-tap protection, treatment, monitoring, and swift public notification of any potential hazards.

To exempt commercial interests from any part of this regime is to weaken a link in the strong regulatory chain that has made Ontario's drinking water among the safest and best protected in the world, putting the health of the people of Ontario at risk. We therefore strongly recommend that any potential exemptions to the legislated protections of Ontario's water sources be removed from Bill 66.

We would be pleased to meet with you to discuss our submission. To schedule a meeting, please contact Loretta Ryan, Executive Director, at loretta@alphaweb.org or 647-325-9594.

Yours sincerely,



Dr. Robert Kyle,
alPHa President

COPY: Hon. Christine Elliott, Deputy Premier & Minister of Health and Long-Term Care
Hon. Steve Clark, Minister of Municipal Affairs and Housing
Hon. Rod Phillips, Minister of the Environment, Conservation and Parks
Dr. David Williams, Chief Medical Officer of Health
Hon. Bill Walker, MPP, Bruce-Grey-Owen Sound



**Public Health
Santé publique**
SUDBURY & DISTRICTS

December 21, 2018

The Honourable Christine Elliott
Minister of Health and Long-Term Care
10th Floor, 80 Grosvenor Street
Toronto, ON M7A 1E9

Dear Minister Elliott:

I am writing on behalf of the Board of Health for Public Health Sudbury & Districts. I am pleased to advise you that at its meeting of November 22, 2018, the Board of Health approved its cost-shared operating budget for 2019.

In its deliberations, the Board carefully considered the provincial and local contexts of significant fiscal constraint. Members also reflected on the growing needs for local public health programming, including our work in mental health and addictions, Indigenous engagement, health protection, and chronic disease prevention, among others.

The Board is committed to effectively balancing the competing needs for fiscal restraint with the needs for enhanced public health programming. However, members are concerned about the increasing fiscal toll this is placing on its constituent municipalities and wish to bring this to your attention.

Public Health Sudbury & Districts looks forward to further engagement with the Ministry and provincial government partners to ensure an effective, sufficiently funded, and sustainable public health system that delivers for the people of Ontario.

Sincerely,

René Lapierre, Chair, Board of Health

cc: Ontario Boards of Health
Loretta Ryan, Executive Director, Association of Local Public Health Agencies

Sudbury

1300 rue Paris Street
Sudbury ON P3E 3A3
t: 705.522.9200
f: 705.522.5182

Rainbow Centre

10 rue Elm Street
Unit / Unité 130
Sudbury ON P3C 5N3
t: 705.522.9200
f: 705.677.9611

Sudbury East / Sudbury-Est

1 rue King Street
Box / Boîte 58
St.-Charles ON P0M 2W0
t: 705.222.9201
f: 705.867.0474

Espanola

800 rue Centre Street
Unit / Unité 100 C
Espanola ON P5E 1J3
t: 705.222.9202
f: 705.869.5583

Île Manitoulin Island

6163 Highway / Route 542
Box / Boîte 87
Mindemoya ON P0P 1S0
t: 705.370.9200
f: 705.377.5580

Chapleau

101 rue Pine Street E
Box / Boîte 485
Chapleau ON P0M 1K0
t: 705.860.9200
f: 705.864.0820

Toll-free / Sans frais

1.866.522.9200

phsd.ca



Healthier communities for all.
Des communautés plus saines pour tous.

January 7, 2019

The Honourable Doug Ford
Premier of Ontario
Legislative Building, Queen's Park
Toronto, ON M7A 1A1
doug.ford@pc.ola.org

Dear Premier Ford,

On behalf of the Board of Health for Peterborough Public Health, I am writing a letter of support for Southwestern Public Health's request of both the provincial and federal governments to increase their actions in response to the current opioid crisis.

Throughout Canada the misuse of opioids, particularly fentanyl, is a growing public health crisis resulting in epidemic-like numbers of overdose deaths. The overall economic cost (healthcare costs, lost productivity costs, criminal justice costs and other direct costs) of substance use in Canada in 2014 was estimated to be \$38.4 billion. This estimate represents a cost of approximately \$1,100 for every Canadian regardless of age. Opioids contributed \$3.5 billion or 9.1% of these total costs.

Our current approaches to managing this situation- focused on changing prescribing practices and interrupting the flow of drugs- have failed to reduce the death toll. An enhanced comprehensive public health approach based on the evidence-informed four pillars of harm reduction, prevention, treatment and enforcement is necessary. This approach should include the meaningful involvement of people with lived expertise as well as stakeholders including Indigenous peoples' governance organizations to establish prevention, harm reduction and health promotion programs that meet the needs of their communities.

The time to act is now. In the Chief Public Health's Officer's Report on the State of Public Health in Canada 2018: Prevention Problematic Substance Use in Youth, Dr. Theresa Tam states that "The national life expectancy of Canadians may actually be decreasing for the first time in decades, because of the opioid overdose crisis".

We are urging all levels of government 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,

Original signed by

Councillor Henry Clarke
Chair, Board of Health

/ag
Encl.

cc: The Right Hon. Justin Trudeau, Prime Minister of Canada
The Hon. Ginette Petitpas Taylor, Minister of Health
The Hon. Christine Elliott, Minister of Health and Long-Term Care
Dr. Theresa Tam, Chief Public Health Officer of Canada
Dr. David Williams, Ontario Chief Medical Officer of Health
Local MPs
Local MPPs
Association of Local Public Health Agencies
Ontario Boards of Health

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

January 18, 2019

The Honourable Christine Elliott
Minister of Health and Long-Term Care and Deputy Premier
Hepburn Block, 10th Floor
80 Grosvenor St.
Toronto, ON M7A 1E9
christine.elliott@pc.ola.org

Dear Minister Elliott:

Re: Sustainable Infrastructure and Financial Supports for Local Drug Strategies

On November 23, 2018 at a regular meeting of the Board for the Grey Bruce Health Unit, the Board considered the attached correspondence from Peterborough Public Health regarding opioid-related overdoses and ensuring that local drug strategies are integrated into future planning for provincial mental health and addiction programs. The following motion was passed:

GBHU BOH Motion 2018-111

Moved by: Mitch Twolan

Seconded by: Paul Eagleson

"THAT, the Board of Health support the correspondence from Peterborough Health Unit regarding sustainable infrastructure and financial supports for local drug strategies."

Carried

Sincerely,



Dr. Ian Arra, Medical Officer of Health (Acting)
Grey Bruce Health Unit

Encl.

Cc: Local MP's and MPP's
alPHa
All Ontario Health Units

Working together for a healthier future for all.



2019 ANNUAL CONFERENCE
June 9 - 11
Four Points by Sheraton Hotel & Suites
285 King Street East, Kingston, Ontario

This package contains the following information:

- Notice of the 2019 alPHA Annual General Meeting
- Call for 2019 alPHA Resolutions
- Call for 2019 alPHA Distinguished Service Awards
- Call for Board of Health Nominations to the alPHA Board of Directors

N O T I C E

2019 ANNUAL GENERAL MEETING

NOTICE is hereby given that the 2019 Annual General Meeting of the **ASSOCIATION OF LOCAL PUBLIC HEALTH AGENCIES** will be held at the Four Points by Sheraton Hotel & Suites, 285 King Street East, Kingston, Ontario on **Monday, June 10, 2019 at 8:00 AM** at the *2019 Annual Conference*, for the following purposes:

1. To consider and approve the minutes of the 2018 Annual General Meeting in Toronto, Ontario;
2. To receive and adopt the annual reports from the President, Executive Director, Section Chairs and others as appropriate;
3. To consider and approve the Audited Financial Statement for 2018-2019;
4. To appoint an auditor for 2019-2020; and
5. To transact such other business as may properly be brought before the meeting.

DATED at Toronto, Ontario, January 23, 2019.

BY THE ORDER OF THE BOARD OF DIRECTORS.



Loretta Ryan
Executive Director

Call for Resolutions

alPHa members are invited to submit resolutions for consideration at the 2019 alPHa Annual General Meeting & Resolutions Session during the Annual Conference in June.

It is important that resolutions are drafted using the "**Procedural Guidelines for alPHa Resolutions**" found by [clicking here](#).

We request that resolutions be limited to **one** operative clause per issue (other than specific directions on whom to advise) to allow for focused advocacy and monitoring.

Who may submit?

- a member board of health
- a Section Executive Committee, or general meeting of a Section
- the alPHa Board of Directors, its Executive Committee or a Standing Committee of the Association; or
- an Affiliate member organization

What is required?

- resolutions must first be endorsed by a properly constituted body, i.e. a board of health, a Section of alPHa, etc.
- a covering letter specifying your submission must accompany the resolution(s)
- proper formatting according to procedural guidelines, including clearly-worded introductory and operative clauses
- any concise background material to help prepare members voting on the issue

When is the deadline to submit?

- ***Friday, April 26, 2019, 4:30 PM*** for all resolutions that do not request a change in alPHa's Constitution.
- ***For resolutions to amend the alPHa Constitution, the deadline is April 11, 2019, 4:30 PM.***
- Taking into account that a late resolution may be necessary in response to a current event, you may bring a late resolution to the 2019 Resolutions Session. These late resolutions, however, will not have the benefit of being reviewed by alPHa's Executive Committee and there will be a vote during the Resolutions Session to determine if the membership will consider late resolutions. If the vote is successful, your resolution will be brought forward and considered.

When will resolutions be debated by the alPHa membership?

- There will be a special session to consider resolutions on June 10 immediately following the 2019 Annual General Meeting.

How may I submit the resolutions?

- only electronic submissions in **MS Word** will be accepted; [click here](#) to download a template.
- e-mail to: Susan Lee, Manager, Administrative & Association Services, alPHa
susan@alphaweb.org

CALL FOR NOMINATIONS

alPHa Distinguished Service Award

The Distinguished Service Award (DSA) is awarded annually by the Association of Local Public Health Agencies to individuals in recognition of their outstanding contributions made to public health in Ontario.

How many awards are given yearly?

- One award per Section and Affiliate organization may be presented in any given year.
- On occasion, an award may be given to individuals outside alPHa for their contributions to public health.

Who is eligible to receive the DSA?

- Members of alPHa who fall under the following categories are eligible:
 - an elected/appointed member of a local board of health or regional health committee;
 - a medical officer of health or associate medical officer of health;
 - one of alPHa's seven affiliated organizations (i.e. AOPHBA, APHEO, ASPHIO, HPO, OAPHD, ODPH, OPHNL).
- An individual outside the alPHa membership who has made outstanding contributions to public health in Ontario.

Who deserves the DSA?

- Eligible recipients have:
 - demonstrated exceptional qualities of leadership in his/her own milieu;
 - achieved tangible results through lengthy service and/or distinctive acts; and
 - displayed exemplary devotion to public health at the provincial level.

What are the eligibility criteria for nominees?

- Nominees:
 - currently hold a position of significant responsibility in one of alPHa's member agencies (i.e. board of health/local public health unit/affiliated organization) and have been a member in alPHa for at least three years; and
 - have been nominated by at least three voting members from the **nominee's Section or Affiliate organization** who are in good standing of alPHa.

- Note:
1. good standing refers to members who have paid their membership dues;
 2. voting members are individuals representing a member health unit. These individuals include board of health chairs, medical and associate medical officers of health, and representatives appointed to the alPHa Board of Directors by the seven alPHa Affiliate organizations.

continued on next page

Who can nominate?

- Any member of alPHA including Board of Health members, medical and associate medical officers of health, and Affiliate representatives may nominate. Please note that three Section or Affiliate members of alPHA must sign the nomination form.
- In the case of nominations of *non-members of alPHA*, nominations must come from any three active members of alPHA; only alPHA members may nominate potential candidates.
- The Award is presented on behalf of each of alPHA's various membership groups, i.e. the Boards of Health Section, Council of Ontario Medical Officers of Health (COMOH), and the seven Affiliate organizations of alPHA. **Therefore, nominations must be issued by the nominee's Section or Affiliate organization** (i.e. nominations of Board of Health members must come from the Board of Health Section; nominations of medical/associate medical officers of health must come from the Council of Ontario Medical Officers of Health; and nominations of senior public health staff must come from the nominee's respective Affiliate organization). If you want to recommend an individual for nomination by their Section or Affiliate organization, please contact the Chair or President of the respective Section or Affiliate organization.

What material must accompany the nomination form?

1. Signatures of the nominator and two other supporting voting members of alPHA.
2. A **cover letter explaining why the nominee is deserving of this award**. Since the members of the Selection Committee more than likely will not know the nominee, they will base their assessment on what is conveyed to them in the cover letter. The letter should tell the Selection Committee what the nominee has achieved and why it is outstanding.
3. A service record or curriculum vitae that includes the following:
 - personal achievements at the local level;
 - special or distinctive services on behalf of public health provincially;
 - leadership and contributions on behalf of alPHA and/or one of its Sections; an affiliated organization; or a provincial public health organization

Where should I send the nominations to?

- Nomination forms along with all relevant accompaniments should be e-mailed to Susan Lee, Manager, Administrative and Association Services, alPHA, at susan@alphaweb.org

When is the deadline to submit nominations?

- **Thursday, April 11, 2019, 4:30 PM**

Who selects the DSA recipients?

- All nominations are reviewed by the Executive Committee of alPHA.
- In the event of a tie, the alPHA Board of Directors will determine the Award recipient.

continued on next page

How are Award recipients notified?

- Award recipients are notified in writing by alPHa approximately one month prior to the conference date.
- Award recipients are invited to attend as guests of the association at the Annual Awards Banquet, which is held in conjunction with the Annual Conference.

Who can I contact if I have further questions on the Awards?

- Susan Lee, Manager, Administrative and Association Services, alPHa
 - tel: (416) 595-0006 ext. 25
 - e-mail: susan@alphaweb.org



I HEREBY NOMINATE THE FOLLOWING INDIVIDUAL TO RECEIVE THE a1PHA DISTINGUISHED SERVICE AWARD:

CALL FOR BOARD OF HEALTH NOMINATIONS 2019-2020 & 2020-2021 alPHa BOARD OF DIRECTORS



alPHa is accepting nominations for **three** Board of Health representatives from the following regions for the following term on its Board of Directors:

<ol style="list-style-type: none"> 1. Central West 2. East 3. South West 	<p>2-year term each (i.e. June 2019 to June 2020 & June 2020 to June 2021)</p>
--	---

See the attached appendix for boards of health in each of these regions.

Each position will fill a seat on the Boards of Health Section Executive Committee and a seat on the alPHa Board of Directors.

Qualifications:

- Active member of an Ontario Board of Health or regional health committee;
- Background in committee and/or volunteer work;
- Supportive of public health;
- Able to commit time to the work of the alPHa Board of Directors and its committees;
- Familiar with the Ontario Public Health Standards and its Organizational Standards.

An election to determine the representatives will be held at the Boards of Health Section Meeting on June 10 during the 2019 alPHa Annual Conference, Four Points by Sheraton Hotel, 285 King St. E., Kingston, Ontario.

Nominations close **4:30 PM, Friday, May 31, 2019.**

Why stand for election to the alPHa Board?

- Help make alPHa a stronger leadership organization for public health units in Ontario;
- Represent your colleagues at the provincial level;
- Bring a voice to discussions reflecting common concerns of boards of health and health unit management across the province;
- Expand your contacts and strengthen relationships with public health colleagues;
- Lend your expertise to the development of alPHa position papers and official response to issues affecting all public health units; and
- Learn about opportunities to serve on provincial ad hoc or advisory committees.

What is the Boards of Health Section Executive Committee of alPHa?

- This is a committee of the alPHa Board of Directors comprising seven (7) *Board of Health representatives*.
- It includes a Chair and Vice-Chair who are chosen by the Section Executive members.
- Members of the Section Executive attend all alPHa Board meetings and participate in teleconferences throughout the year.

How long is the term on the Boards of Health Section Executive/alpha Board of Directors?

- A full term is two (2) years with no limit to the number of consecutive terms.
- Mid-term appointments will be for less than two years.

How is the alpha Board structured?

- There are 22 directors on the alpha Board:
 - 7 from the Boards of Health Section
 - 7 from the Council of Ontario Medical Officers of Health (COMOH)
 - 1 from each of the 7 Affiliate Organizations of alpha, and
 - 1 from the Ontario Public Health Association Board of Directors.
- There are 3 committees of the alpha Board: Executive Committee, Boards of Health Section Executive, and COMOH Executive.

What is the time commitment for a Section Executive member/Director of alpha?

- Full-day alpha Board meetings are held in person 4 times a year in Toronto; a fifth and final meeting is held at the June Annual Conference.
- Boards of Health Section Executive Committee teleconferences are held 5 times throughout the year.
- The Chair of the Boards of Health Section Executive participates on alpha Executive Committee teleconferences, which are held 5 times a year.

Are my expenses as a Director of the alpha Board covered?

- Any travel expenses incurred by an alpha Director during Association meetings are *not* covered by the Association but are the responsibility of the Director's sponsoring health unit.

How do I stand for consideration for appointment to the alpha Board of Directors?

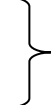
- Submit a completed Form of Nomination and Consent along with a biography of your suitability for candidacy and a copy of the motion from your Board of Health supporting your nomination to alpha by **May 31, 2019**.

Who should I contact if I have questions on any of the above?

- Susan Lee, alpha, Tel: (416) 595-0006 ext. 25, E-mail: susan@alphaweb.org

Board of Health Vacancies on alPHA Board of Directors

alPHA is accepting nominations for **three** Board of Health representatives to fill positions on its 2019-2020 and 2020-2021 Board of Directors from the following regions and for the following terms:

<ol style="list-style-type: none">1. Central West2. East3. South West	 2-year term each (i.e. June 2019 to June 2020 & June 2020 to June 2021)
--	---

See below for boards of health in these regions.

Each position will fill a seat on the Boards of Health Section Executive Committee and a seat on the alPHA Board of Directors. An election will be held at alPHA's annual conference in June to determine the new representatives (one from each of the regions below). If you are an active member of a Board of Health/Regional Health Committee who is interested in running for a seat, please consider standing for nomination.

Central West Region

Boards of health in this region include:

Brant
Haldimand-Norfolk
Halton
Hamilton
Niagara
Waterloo
Wellington-Dufferin-Guelph

East Region

Boards of health in this region include:

Eastern Ontario
Hastings Prince Edward
Kingston Frontenac Lennox & Addington
Leeds Grenville & Lanark
Ottawa
Renfrew

South West Region

Boards of health in this region include:

Chatham-Kent
Grey Bruce
Huron
Lambton
Middlesex-London
Perth
Southwestern
Windsor-Essex

FORM OF NOMINATION AND CONSENT
alPHa Board of Directors 2019-2020 & 2020-2021

_____, a Member of the Board of Health of
(Please print nominee's name)

_____, is HEREBY NOMINATED
(Please print health unit name)

as a candidate for election to the alPHa Board of Directors for the following Boards of Health Section Executive seat from (*choose one using the list of Board of Health Vacancies on previous pages*):

- ☐ **Central East Region (2 year term)**
- ☐ **North East Region (2 year term)**
- ☐ **North West Region (2 year term)**

SPONSORED BY:

1) _____
(Signature of a Member of the Board of Health)

2) _____
(Signature of a Member of the Board of Health)

Date: _____

I, _____, HEREBY CONSENT to my nomination
(Signature of nominee)

and agree to serve as a **Director of the alPHa Board** if appointed.

Date: _____

IMPORTANT:

1. Nominations close **4:30 PM, May 31, 2019** and must be submitted to alPHa by this deadline.
2. A **biography** of the nominee outlining their suitability for candidacy, as well as a **motion passed by the sponsoring Board of Health** (i.e. record of a motion from the Clerk/Secretary of the Board of Health) must also be submitted along with this nomination form on separate sheets of paper by the deadline.
3. E-mail the completed form, biography and copy of Board motion by **4:30 PM, May 31, 2019** to Susan Lee at susan@alphaweb.org

January 18, 2019

The Honourable Christine Elliott
Minister of Health and Long-Term Care and Deputy Premier
Hepburn Block, 10th Floor
80 Grosvenor St.
Toronto, ON M7A 1E9
christine.elliott@pc.ola.org

Dear Minister Elliott:

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

On November 23, 2018 at a regular meeting of the Board for the Grey Bruce Health Unit, the Board considered the attached correspondence from Peterborough Public Health urging the Ontario government to strengthen the Smoke-Free Ontario (2017) Act and prohibit through regulation, the promotion of vaping products. The following motion was passed:

GBHU BOH Motion 2018-112

Moved by: Laurie Laporte

Seconded by: Sue Paterson

"THAT, the Board of Health support the correspondence from Peterborough Health Unit urging the province to strengthen the Smoke-Free Ontario Act 2017 and prohibit the promotion of vaping products."

Carried

Sincerely,



Dr. Ian Arra, Medical Officer of Health (Acting)
Grey Bruce Health Unit

Encl.

Cc: Local MP's and MPP's
alPHa
All Ontario Health Units

Working together for a healthier future for all.



Public Health
Santé publique
SUDBURY & DISTRICTS

February 5, 2019

VIA EMAIL rsalvaterra@peterboroughpublichealth.ca

Dr. Rosana (Pellizzari) Salvaterra, Medical Officer of Health
Ms. Kathryn Wilson, Chair, Board of Health
Peterborough Public Health
Jackson Square, 185 King Street
Peterborough, ON K9J 2R8

Rosana
Dear Dr. Salvaterra and Ms. Wilson:

Re: Peterborough Public Health's 130th Anniversary

On behalf of Public Health Sudbury & Districts, it is my pleasure to congratulate you and your colleagues on the 130th anniversary of Peterborough Public Health!

Peterborough Public Health has been a longstanding leader in protecting and promoting the health of its local communities and in advocating for public health programs and services at the local and provincial levels.

It has been a pleasure working with, and learning from you and your agency through our various partnerships, including on the alPHA-OPHA Health Equity Working Group, the co-development of rapid risk factor surveillance system modules, and sharing of naloxone and drug strategy resources, to name a few. Your organization's leadership in Indigenous engagement has been an inspiration to the public health field. I look forward to our continued collaborations in the future.

Wishing you all of the best with your celebratory activities and conference, as well as many more years of great success.

Sincerely,

Penny

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

cc: Chair, Board of Health, Public Health Sudbury & Districts

Sudbury

1300 rue Paris Street
Sudbury ON P3E 3A3
t: 705.522.9200
f: 705.522.5182

Rainbow Centre

10 rue Elm Street
Unit / Unité 130
Sudbury ON P3C 5N3
t: 705.522.9200
f: 705.677.9611

Sudbury East / Sudbury-Est

1 rue King Street
Box / Boîte 58
St.-Charles ON P0M 2W0
t: 705.222.9201
f: 705.867.0474

Espanola

800 rue Centre Street
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Espanola ON P5E 1J3
t: 705.222.9202
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6163 Highway / Route 542
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t: 705.370.9200
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Chapleau

101 rue Pine Street E
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f: 705.864.0820

Toll-free / Sans frais

1.866.522.9200

phsd.ca



December 7, 2018

Mr. Ian Frazier
Board of Health Chair
Algoma Public Health
294 Willow Avenue
Sault Ste. Marie, ON P6B 0A9

Dear Mr. Frazier:

Re: 50th Anniversary of the Algoma Public Health

On behalf of the Board of Health for Public Health Sudbury & Districts, I wish to congratulate Algoma Public Health on your 50 year anniversary!

As your northern neighbour, Public Health Sudbury & Districts has enjoyed working closely with Algoma Public Health over the years, including providing Acting Medical Officer of Health and Acting Chief Executive Officer coverage over 2015-2016. We have been privileged to have played a small part in your journey.

Congratulations on 50 years of collaboration and important public health services to your communities to *create and sustain healthy communities*.

Sincerely,

René Lapierre
Board of Health Chair

cc: Dr. M. Spruyt, Algoma Public Health
Dr. P. Sutcliffe, Public Health Sudbury & Districts

Sudbury

1300 rue Paris Street
Sudbury ON P3E 3A3
t: 705.522.9200
f: 705.522.5182

Rainbow Centre

10 rue Elm Street
Unit / Unité 130
Sudbury ON P3C 5N3
t: 705.522.9200
f: 705.677.9611

Sudbury East / Sudbury-Est

1 rue King Street
Box / Boîte 58
St.-Charles ON P0M 2W0
t: 705.222.9201
f: 705.867.0474

Espanola

800 rue Centre Street
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Improving and Maintaining the Health of the People

The Contribution of Public Health to Reducing Hallway Medicine

As the Government of Ontario considers one of its most high-profile election commitments – the elimination of “Hallway Medicine” in Ontario – this paper has been developed to explain the work of the public health sector and to highlight the important role that the sector can play in meeting that challenge.

One of the answers to keeping people out of hospital hallways is to reduce the demand for hospital and primary care services. Building healthy communities through an efficient, proactive and locally managed public health system, mandated to lead on preventative measures to protect and promote the health of Ontarians, can go a long way to reducing that demand.

Ontario’s public health system delivers value for money, ensuring Ontarians remain healthy, and are able to contribute fully to a prosperous Ontario. Studies have shown tremendous return on investment. For example, every \$1 spent on:

- **mental health and addictions** saves \$7 in health costs and \$30 dollars in lost productivity and social costs;
- **immunizing children** with the measles-mumps-rubella vaccine saves \$16 in health care costs; and
- **early childhood development and health care** saves up to \$9 in future spending on health, social and justice services.

A systematic review of international public health investments published in 2017 concludes that cuts to public health budgets in high income countries represent a false economy and are likely to generate billions of dollars of additional costs to health services and the wider economy.

At the same time, the public health system supports an effective health care system by reducing the demand for hospital services through:

- advising and convening diverse stakeholders (e.g. schools, police, healthcare) to improve mental health and addictions treatments in community settings;
- ensuring people are treated for sexually transmitted infections and tuberculosis and preventing infections and related hospital visits;
- safeguarding the community from harms caused by impure drinking water and environmental hazards;
- reducing the impact of outbreaks, such as influenza in Long Term Care Homes and hospitals; and
- providing a point of access to supports and information for people with greater needs, whether rural, newcomers or others isolated in urban environments.

In short, public health actions now can result in fewer emergency room and doctor’s office visits today and in the future.

The geographic breadth of Ontario means that the needs of residents differ from region to region. Public health and community-based programs and services require localised input and delivery, leveraging existing partnerships with schools, municipalities, business networks, health care providers and social services organizations, resulting in the ability to quickly and efficiently respond to the needs

of the people:

- In 2016, the Middlesex-London Health Unit identified an outbreak of HIV in London. Provincially, HIV rates largely driven by men who have sex with men, had been declining for a decade. In London, rates were spiking, and driven by IV drug use. The Health Unit put boots on the ground, assembled an outreach team to find people on the street, and connected them with HIV testing and treatment. Today, the outbreak is over.
- As the opioid crisis became critical in 2017, Ottawa Public Health supported people most at risk, informed schools and parents, made naloxone available across the city, and created a new real-time surveillance system. Today, the public health unit is using the surveillance data to inform and organize a Mental Health and Substance Use Summit, with The Royal Hospital. A broad range of stakeholders is identifying actions to increase prevention and create a more integrated approach to improve mental health assessment and access to treatment.
- Recently, the North Bay Parry Sound Health Unit identified a need for enhanced dental services for low-income adults, based on data about high rates of emergency room visits for dental problems. The health unit solved the problem by starting a now well-used dental clinic for people who meet the financial and program criteria.
- Last year, Toronto Public Health completed implementation of a wireless strategy that allows personal services setting inspectors and nurses inspecting vaccine fridges in doctors' offices to complete their visits using tablets that upload results in real time rather than recording the inspection on paper and entering it on the website later. This means that results of inspections, information on the BodySafe website that people use each day to shop for a nail salon or other personal service, is the most current information.
- Local public health units are increasingly using technology to serve people, improving convenience and cost-effectiveness, such as through interactive web-based prenatal education and chats with nurses on Facebook and by using on-line video to observe people taking tuberculosis medication instead of in-person observation. Such innovations begin locally and have spread across the province.

These local solutions show that, when combined with stable, designated funding, the public health system has the capacity to relieve pressure on doctors and hospitals. Furthermore, accountability is firmly established by provincial legislation and policy ensuring that the money spent on public health is spent effectively and with purpose.

Together we serve the people of Ontario to ensure:

- that healthy people can support a strong economy, providing a direct economic impact;
- coordination of responses to community health concerns such as mental health and addictions, in partnership with community level organizations;
- reduction of pressures on doctors and hospitals by concentrating on the health of the community, starting at birth; and,
- a significant, cost-effective contribution to the elimination of hallway medicine.

In conclusion, public health works as a system that is greater than the sum of its parts - leveraging the skills and experience of nutritionists, nurses, health promoters, inspectors, epidemiologists, doctors, dentists and dental hygienists, board members and administrators, and more – to together support and protect the health of the people of Ontario. Public health delivers promotion, protection and prevention services on behalf of, and in partnership with, the Ontario Government.



Information Break

December 17, 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.

Meeting with Minister of Health and Long-Term Care

On November 23, the alPHA Board of Directors met with the Honourable Christine Elliott, Minister of Health and Long-Term Care, in Toronto to introduce the association and highlight the key role public health plays in the health system. The Board emphasized not only the upstream approach in improving health but also public health's strong relationships at the community level. Minister Elliott identified her immediate priorities, i.e. hospital overcrowding, a comprehensive mental health framework, and the long-term care bed shortage. She went on to thank public health for its role as the Board expressed hope for further opportunities to engage with her office.

[View alPHA's Twitter: @PHAgencies for photos from Nov. 23](#)

Board of Health Orientation Manual & Governance Toolkit

alPHA has released its updated *2018 Orientation Manual for Boards of Health* along with its companion kit *Governance Toolkit for Ontario Boards of Health*. The documents can be accessed by visiting alPHA's website (see links below). Special thanks to members who provided their feedback on the manual. We hope these resources will be of use to new and returning board of health members.

[Download the 2018 Orientation Manual for BOH Members](#)

[Download the Governance Toolkit for Ontario BOHs](#)

2019 alPHA Winter Symposium

alPHA invites all members to attend the upcoming [2019 Winter Symposium](#) on February 21, 2019 at the Chestnut Conference Centre in downtown Toronto. The one-day event will feature two discussion panels, one on the public health system and the other on managing risk for Ontario health units. The panels will take place in the morning of February 21 and will be followed by concurrent business meetings for COMOH and board of health members in the afternoon. The Boards of Health Section meeting will include an orientation session for those new to public health; it will also cover must-know topics such as board liability for all BOH members. Ending the Symposium will be a reception and special guest lecture that will be held at the nearby Dalla Lana School of Public Health, our co-host for the evening. Stay tuned for more program and registration details in the new year!

Important note: *Symposium attendees requiring an overnight stay are advised to start booking their own accommodations at their preferred lodging. The Chestnut Conference Centre does not have onsite guest accommodations.*

Public Consultations on Bill 66 and Alcohol Sales

On December 6, the Ontario government introduced Bill 66, *Restoring Ontario's Competitiveness Act, 2018*. Bill 66 seeks to amend several pieces of legislation for the purpose of creating a more favourable environment for the operation of Ontario businesses. Public consultation on the bill closes on January 20, 2019, 11:59 PM. alPHA will be preparing a response to Bill 66 in the new year as there could be impacts to health, and asks that health units share their Bill 66 concerns and responses with us by sending them to gordon@alphaweb.org. We will post these along with alPHA's input on our website.

[Read the full text of Bill 66, Restoring Ontario's Competitiveness Act](#)
[Learn more about Bill 66 and the consultation](#)

alPHA will also be commenting in follow up to the province's invitation to share views on increasing consumers' choice and convenience on alcohol. A survey has been made available; the deadline to submit input is February 1, 2019.

[Learn more about the consultation on alcohol and take the survey](#)

Click [here](#) to view the list of current consultations on alPHA's website.

New No Smoking & No Vaping Signage Available

Employers and proprietors can now download new signage for smoke- and vape-free places by visiting the Ontario government website (click link below). They can also see a list of places where smoking and vaping is banned.

[Learn more here and download new signage](#)

[View list of places where smoking and vaping is banned in Ontario](#)

Government News Round Up

[Ontario launches consultation on alcohol sale and consumption](#) - 2018/12/13

[Province to open cannabis retail stores in phases](#) - 2018/12/13

[Ontario responds to 2018 Auditor General's Report](#) - 2018/12/05

[CPHO Forum Statement on new cannabis toolkit](#) - 2018/12/03

[Federal health minister's call to end HIV stigma](#) - 2018/12/01

[Ontario takes next step to oppose federal carbon tax](#) - 2018/11/30

[Chief Drinking Water Inspector's 2017-18 Annual Report](#) - 2018/11/27

[Province announces social assistance reforms](#) - 2018/11/22

Upcoming Events - Mark your calendars!

February 21, 2019 - Winter Symposium & Section Meetings, Chestnut Conference Centre, 89 Chestnut Street, Toronto, Ontario. [See a flyer here](#). Note: There are no accommodations at the Chestnut Conference Centre so attendees will need to book their own accommodations (see flyer for suggestions).

March 27, 28 & 29, 2019 - [TOPHC 2019](#), Beanfield Centre, Toronto, Ontario. [Registration now open](#). Early bird registration ends February 13, 2019.

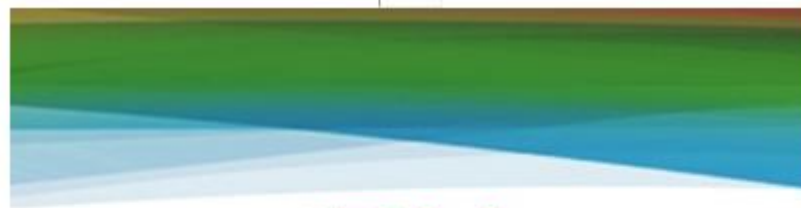
June 9, 10 & 11, 2019 - Annual General Meeting & Conference, Kingston, Ontario. Co-hosted with KFL&A Public Health. [Four Points by Sheraton](#), 285 King St. E., Kingston, Ontario.

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.

This email was sent to lerouxh@phsd.ca from the Association of Local Public Health Agencies (info@alphaweb.org).

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



alPHA

Association of Local
PUBLIC HEALTH
Agencies

Information Break

January 25, 2019

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.

2019 alPHA Winter Symposium

Staff and members have been hard at work creating an exciting and engaging program for the upcoming alPHA Winter Symposium on February 21. Registration is now open and a [draft program](#) is available. The morning lineup will feature guest presenter Lori Spadorcia, VP, CAMH, who will speak about the intersection of public health and mental health, a stated priority of the Ontario government. There will also be an update on alPHA's strategic plan and a panel discussion on managing risks in public health. These will be followed by an afternoon meeting for medical officers of health and an [orientation session](#) for board of health members. The latter includes a presentation by legal counsel James LeNoury on board of health liability. Ending the day will be a late afternoon reception and special guest lecture by the Dean of the Dalla Lana School of Public Health, Steini Brown. The reception and lecture will be held at the nearby School of Public Health. We hope everyone can attend!

[Register here for the 2019 Winter Symposium](#)

[Learn more about the Symposium here](#)

Important note: *Symposium attendees requiring an overnight stay are advised to book their own guest accommodations at their preferred lodging. The Chestnut Conference Centre does not have onsite guest accommodations; however, there are many nearby options (see the [flyer](#)). Apologies for any inconveniences caused.*

alPHA Pre-Budget Submission

In December, Ontario Minister of Finance Vic Fedeli launched the province's annual pre-budget consultations. The government is seeking feedback specifically on cutting red tape, improving government programs and services, and saving taxpayers money in the 2019 provincial budget. Public hearings are currently being held across Ontario until the end of January.

[Read the province's announcement on pre-budget consultations](#)
[Go to the online survey on the 2019 Ontario Budget](#)

In response, alPHA has prepared a written submission on the budget to the Standing Committee on Finance and Economic Affairs. The letter focuses on public health's contributions in keeping people healthy and underscores the tremendous value of public health's work, which, as stated in the letter, can help the Province meet its mandate and priorities.

[Read alPHA's Pre-Budget submission here](#)

In support of the submission, alPHA has drafted a 2-page resource document. The communique can be used not only to start a conversation with MPPs about the importance of local public health, but also demonstrate public health's strong return on investment.

[Download the resource document on public health here](#)

Need something about public health to take to a meeting or leave with a stakeholder? Don't forget alPHA's promotional brochure, which can be found [here](#).

Consultations and alPHA Submissions

In addition to pre-budget consultations, this winter has seen a flurry of government calls for public input on a range of topics. alPHA recently responded to Schedule 10 of Bill 66, *Restoring Ontario's Competitiveness Act*, with concerns over potential negative health impacts on environmental health as the bill allows for the suspension of legislated environmental protections in favour of commercial interests and job creation. However, on January 23, the Province all but confirmed it would withdraw Schedule 10 due to overwhelming public opposition.

[Read alPHA's submission on Bill 66, Schedule 10 here](#)

To stay up to date on alPHA's submissions on various public health issues, visit our Correspondences web page for the latest letters and written responses.

[Go to alPHA's Correspondences page](#)

alPHA keeps a list of current government consultations on its website. Check the link below often as updates are made regularly.

[View a list of current consultations on alPHA's website](#)

AMO Releases Health Discussion Papers

The Association of Municipalities of Ontario recently released two policy discussion papers on the municipal role in health, including public health, and made recommendations on the provincial-municipal working relationship in this area. View the main discussion paper [here](#) and its accompaniment [here](#).

Government News Round Up

[Health Canada encourages youth to stop smoking](#) - 2019/01/23

[Federal Minister of Health unveils Canada's new Food Guide](#) - 2019/01/22

[Ontario appoints advisors to begin regional government review](#) - 2019/01/15

[Province seeks input on proposed changes to 2017 Growth Plan for the Greater Golden Horseshoe](#) - 2019/01/15

[Health Canada opens consultation on regulations of edible cannabis, extracts and topicals](#) - 2018/12/20

Upcoming Events - Mark your calendars!

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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. [View the Notice of AGM and calls](#).

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NEWS FROM HEALTH CANADA

Transmitted by Cision on January 22, 2019 10:12

Minister of Health launches new approach for Canada's Food Guide

Healthy eating is more than the foods you eat

MONTREAL, Jan. 22, 2019 /CNW/ - The Food Guide that many of us grew up with focused on food choices. But we now know that our eating habits are just as important to our health as the foods we choose. Busy Canadians want simple guidance that they can trust to help them make healthy food choices for themselves and their families.

In launching the new Canada's Food Guide today, the Honourable Ginette Petitpas Taylor, Minister of Health, emphasized that healthy eating is about more than the foods Canadians eat.

The new Food Guide is an online suite of resources that better meets the needs of different users, including the general public, policy makers and health professionals. This includes mobile-friendly web content to encourage Canadians to eat healthy whenever and wherever they go.

Canada's new dietary guidance includes concrete advice for Canadians on healthy food choices and healthy eating habits. This advice includes:

- eating plenty of vegetables and fruits,
- eating protein foods,
- choosing whole grain foods, and
- making water your drink of choice.

Healthy eating is more than the foods you eat. The Food Guide encourages Canadians to:

- cook more often,
- enjoy food,
- be mindful of eating habits, and
- eat meals with others.

Canada's Food Guide is intended for all Canadians. Health Canada is working to ensure that the revised Food Guide is inclusive of Indigenous Peoples, reflecting social, cultural and historical context. Additionally, Health Canada and Indigenous Services Canada are committed to working with First Nations, Inuit and Métis to support the development of distinctions-based healthy eating tools, as part of the revision process.

The new Food Guide is an integral part of Canada's Healthy Eating Strategy, which aims to make the healthier choice the easier choice for all Canadians.

Quotes

"Healthy eating is more than the foods you eat. It's about your whole relationship with food. The new Food Guide gets to the heart of this relationship and gives Canadians concrete advice that they can follow to make healthy eating part of their day."

The Honourable Ginette Petitpas Taylor
Minister of Health

"Healthy eating is an important part of maintaining a healthy lifestyle and helps prevent chronic diseases like type 2 diabetes, heart disease, and some cancers. The new Canada's Food Guide not only encourages healthy eating for all Canadians, but also teaches us that healthy eating is more than the foods we eat – it includes such important aspects as sharing meals with others, cooking more often and eating mindfully."

Dr. Theresa Tam
Chief Public Health Officer of Canada

"Dietitians are passionate about the potential of food to enhance lives and improve health. We commend Health Canada on taking a broader approach to eating by providing evidence-based guidance on not only what to eat but how to eat. We are also pleased to see inclusion and consideration of traditional foods, cultural diversity and environmental sustainability. Health promotion is an essential pillar in food policy and the new Food Guide tools and resources will support the creation of healthier food environments for Canadians."

Nathalie Savoie
CEO, Dietitians of Canada

Related Products

Canada.ca/FoodGuide

[Backgrounder: The science behind the new Food Guide](#)

SOURCE Health Canada



For further information: Thierry Bélair, Office of Ginette Petitpas Taylor,
Minister of Health, 613-957-0200; Media Relations, Health Canada, 613-957-2983,
hc.media.sc@canada.ca; Public Inquiries: 613-957-2991, 1-866 225-0709

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CISION



2018 NUTRITIOUS FOOD BASKET SCENARIOS

	Households with children					Single person households			
Scenarios	Family of 4 (Ontario Works)	Family of 4 (Minimum Wage Earner)	Family of 4 (Average Ontario Income)	Family of 4 (Ontario Basic Income Pilot) ^a	Single parent, 2 children (Ontario Works)	Single man (Ontario Works)	Single man (Ontario Basic Income Pilot) ^a	Single man (Ontario Disability Support Program)	Single elderly woman (OAS/GIS) ^b
	Income								
Total Monthly Income (after tax)	\$2601	\$3622	\$7871	\$ 3353	\$2382	\$823	\$1531	\$1264	\$1706
	Expenses								
	3 Bedroom				2 Bedroom	Bachelor		1 Bedroom	
Monthly Rent (may include heat/hydro) ^c	\$1195	\$1195	\$1195	\$1195	\$1048	\$659	\$659	\$848	\$848
Food ^d	\$935	\$935	\$935	\$935	\$706	\$315	\$315	\$315	\$229
	Funds remaining for other basic needs								
	\$471	\$1492	\$5741	\$1223	\$628	\$(151)	\$557	\$101	\$629
% of Income Required for Rent	46%	33%	15%	36%	44%	80%	43%	67%	50%
% of Income Required for Food	36%	26%	12%	28%	30%	38%	21%	25%	13%

a. Moved from Ontario Works to Ontario Basic Income Pilot.

b. Old Age Security/Guaranteed Income Supplement.

c. Rental costs calculations are from the Rental Market Report: Ontario Highlights. Canada Mortgage and Housing Corporation, Fall 2017.

d. 2018 Nutritious Food Basket data results for Public Health Sudbury & Districts.

For more information, please call 705.522.9200, ext. 257.



Scénarios	Ménages avec enfants					Ménages composés d'une seule personne			
	Une famille de quatre (Ontario au travail)	Une famille de quatre (Salaire minimum)	Une famille de quatre (Revenu ontarien moyenne)	Une famille de quatre PPPRBO ^a (Ontario au travail)	Famille monoparentale avec 2 enfants (Ontario au travail)	Homme célibataire (Ontario au travail)	Homme célibataire PPPRBO ^a (Ontario au travail)	Homme célibataire POSPH ^b	Femme âgée célibataire (Personne âgée SV/SRG) ^c
Revenu									
Revenu mensuel total (après impôt)	2601 \$	3622 \$	7871 \$	3353 \$	2382 \$	823 \$	1531 \$	1264 \$	1706 \$
Dépenses									
	3 Chambres				2 Chambres	Studio		1 Chambre	
Loyer mensuel (peut inclure le chauffage et l'électricité) ^d	1195 \$	1195 \$	1195 \$	1195 \$	1048 \$	659 \$	659 \$	848 \$	848 \$
Nourriture ^e	935 \$	935 \$	935 \$	935 \$	706 \$	315 \$	315 \$	315 \$	229 \$
Argent qui reste pour d'autres besoins essentiels									
	471 \$	1492 \$	5741 \$	1223 \$	628 \$	(151 \$)	557 \$	101 \$	629 \$
% du revenu requis pour le loyer	46 %	33 %	15 %	36 %	44 %	80 %	43 %	67 %	50 %
% de revenu requis pour acheter des aliments sains	36 %	26 %	12 %	28 %	30 %	38 %	21 %	25 %	13 %

a. Participant au Projet pilote portant sur le revenu de base de l'Ontario (PPPRBO), anciennement récipiendaire d'Ontario au travail.

b. Programme ontarien de soutien aux personnes handicapées.

c. Pension de la Sécurité de la vieillesse/Supplément de revenu garanti.

Pour avoir plus de détails, appelez le 705.522.9200, poste 257.

d. Les calculs des frais de loyer proviennent du Rapport sur le marché locatif : Faits saillants—Ontario. Société canadienne d'hypothèques et de logement, l'automne 2017.

e. Données du panier à provisions nutritif—Résultats 2017 du Santé publique Sudbury et districts—Comprend les facteurs d'ajustement en fonction de la taille des ménages.



Public Health Sudbury & Districts is a progressive public health agency that is committed to improving health and reducing social inequities in health through evidence-informed practice.

We work with many partners, such as municipalities, schools, health care providers, social services, and community agencies, to keep people healthy and reduce their needs for health care services. Our enriched culture fosters research, ongoing education, and the development of innovative programs and services.

Health Promotion

Northern Fruit and Vegetable Program

Fruits and vegetables were delivered weekly for **20** weeks to **18 660** students from **86** elementary schools across our service area. Program expansion to **7** First Nation schools meant reaching an additional **901** students.

School health

We reached **500** students in Greater Sudbury as part of the *Know More Tour* about opioids and engaged with **200** students in the Grade 7 and 8 *Mindfulness in Schools Pilot Project*.

Indigenous engagement

We launched the Indigenous Engagement Strategy for Public Health Sudbury and Districts, *Finding our Path Together – Maamowi Mkamang Gdoo-miikaansminaa – Kahkinaw e mikskamahk ki meskanaw*. Developing the strategy involved **10** manager and director key informant interviews, surveys completed by **135** staff, **4** public health planning roundtables, feedback from **16** managers, and **4** Indigenous Engagement Strategy Advisory Committee meetings held with representation from **11** Indigenous community voices and perspectives.

Healthy eating and healthy weights

We worked with **3** recreation centres to offer healthy canteen menus and trained **159** summer camp staff on *Reach For Your Best* (R4YB) and weight-bias.

Family health

177 community partners and **26** parents attended co-sponsored workshops on *How to Build a Healthy Brain*, and **265** child care sector stakeholders learned about brain development and how risk and protective factors influence health outcomes.

Falls prevention

27 new *Stand-Up* facilitators were trained, and **34** *Stand-Up* exercise programs were supported and delivered by community partners reaching a total of **438** older adults.

Community Drug Strategy

We launched videos about safe needle disposal and reducing stigma around drug use (**9 325** combined views), and distributed **998** naloxone kits and **222** refills.

Environmental Health

Blue-green algae

We issued **8** blue-green algae advisories to encourage the public to take precautions.

Food premises inspections

We conducted **3 844** inspections to ensure food safety and compliance with the *Ontario Food Premises Regulation*.

Enteric outbreaks

We investigated **62** enteric outbreaks.

Health hazards

We investigated **534** health hazard complaints, **32** of which involved marginalized populations whom we supported in collaboration with partner agencies.

Recreational water inspections

We conducted **411** beach inspections on **35** public beaches (weekly), which resulted in **2 220** bacteriological samples being collected and **3** swimming advisories being issued.

Clinical Services

Online immunization reporting

626 clients submitted **2 877** immunization records.

Sexual health

We offered **6 025** client visits for services related to sexually transmitted infections, blood-borne infections, birth control, and pregnancy counselling.

Breastfeeding

We supported **1 193** women who came to our breastfeeding clinics in Sudbury and Val Caron.

Dental screening and cleaning

We screened **8 103** children in school as part of our dental screening programs, of whom **802** received dental cleaning and fluoride treatments.

Knowledge and Strategic Services

Social media engagement

We reached **946 636** Facebook users and generated **298 341** Twitter impressions.

Research

The *Louise Picard Public Health Research Grant*, a collaboration between Public Health and Laurentian University, funded **6** research projects.

Poverty reduction

We welcomed **14** partner agencies who committed to the *Partners to End Poverty Steering Committee*.

Ongoing learning

We offered learning opportunities to **93** students from **8** post-secondary institutions, representing **8** disciplines.

Surveillance

The *Rapid Risk Factor Surveillance System* (RRFSS) surveyed **1 750** area residents, providing data that informs public health programming.



Santé publique Sudbury et districts est une agence progressiste de santé publique qui s'est engagée à améliorer la santé et à réduire les iniquités sociales dans le domaine de la santé en fondant la pratique sur les données probantes.

Nous collaborons avec de nombreux partenaires, comme les municipalités, les écoles, les fournisseurs de soins de santé, les services sociaux et les organismes communautaires, afin de garder la population en santé et de réduire ses besoins en matière de soins de santé. Notre culture enrichie favorise la recherche, l'éducation continue et la création de programmes et de services novateurs.

Promotion de la santé

Programme de distribution de fruits et légumes dans le nord de l'Ontario

Des fruits et légumes ont été distribués chaque semaine pendant **20** semaines à **18 660** élèves de **86** écoles élémentaires à l'échelle de notre territoire. L'élargissement du programme à **7** écoles de Première Nation a permis de toucher **901** élèves de plus.

Santé en milieu scolaire

Nous avons touché **500** élèves du Grand Sudbury dans le cadre de la campagne de sensibilisation aux opioïdes *Soyez au fait* et nous sommes intervenus auprès de **200** élèves de 7^e et de 8^e année dans le cadre du *Projet pilote de pleine conscience en milieu scolaire*.

Engagement auprès des Autochtones

Nous avons lancé la Stratégie d'engagement auprès des Autochtones pour Santé publique Sudbury et districts, *Trouver notre voie ensemble — Maamowi Mkamang Gdoo-miikaansminaa — Kahkinaw e mikskamahk ki meskanaw*. La mettre au point a nécessité des entrevues avec **10** informateurs clés au niveau de la gestion et de la direction, un sondage auquel ont répondu **135** membres du personnel, **4** tables rondes sur la planification en santé publique, la rétroaction de **16** gestionnaires et la tenue de **4** réunions du comité consultatif sur la Stratégie d'engagement auprès des Autochtones avec **11** porte-parole qui représentaient divers points de vue des populations autochtones.

Saine alimentation et poids santé

Nous avons collaboré avec **3** centres de loisirs afin d'offrir des menus santé pour la cantine et avons formé **159** employés de camp d'été au programme *VAS-Y Fais de ton mieux* et aux biais fondés sur le poids.

Santé familiale

Des ateliers coparrainés sur la manière de développer un cerveau en santé ont été donnés devant **177** partenaires communautaires et **26** parents, et **265** intervenants du secteur des services de garde se sont renseignés sur le développement du cerveau et la mesure dans laquelle les facteurs de risque et de protection influencent les résultats pour la santé.

Prévention des chutes chez les aînés

Nous avons formé **27** nouveaux animateurs pour le programme *Pied*, et des partenaires communautaires ont appuyé **34** programmes d'exercices *Pied* et les ont fournis à **438** aînés.

Stratégie communautaire contre les drogues

Nous avons lancé des vidéos sur l'élimination sécuritaire des seringues et la réduction de la stigmatisation concernant la consommation de drogues (**9 325** visionnements en tout), et avons distribué **998** trousse de naloxone et **222** recharges.

Santé environnementale

Algues bleu-vert

Nous avons émis **8** avis concernant les algues bleu-vert pour encourager la population à prendre des précautions.

Inspections de dépôts d'aliments

Nous avons mené **3 844** inspections pour garantir la salubrité des aliments et le respect du *Règlement de l'Ontario sur les dépôts d'aliments*.

Éclosions entériques

Nous avons enquêté sur **62** éclosions entériques.

Services cliniques

Déclaration en ligne des vaccinations

Des clients, au nombre de **626**, ont soumis **2 877** dossiers de vaccination.

Santé sexuelle

Nous avons rendu **6 025** visites pour des services liés aux infections transmissibles sexuellement ou par le sang, à la limitation des naissances et à la consultation pendant la grossesse.

Services stratégiques et du savoir

Mobilisation par les médias sociaux

Nous avons touché **946 636** utilisateurs de Facebook et généré **298 341** impressions sur Twitter.

Recherche

La *Subvention de recherche en santé publique Louise Picard*, une collaboration entre Santé publique et l'Université Laurentienne, a permis de financer **6** projets de recherche.

Réduction de la pauvreté

Nous avons accueilli **14** organismes partenaires qui se sont engagés auprès du *comité directeur Partenaires pour éliminer la pauvreté*.

Risques pour la santé

Nous avons examiné **534** plaintes concernant des risques pour la santé, dont **32** touchaient des groupes marginalisés que nous avons appuyés en collaboration avec des organismes partenaires.

Inspections des eaux utilisées à des fins récréatives

Nous avons mené **411** inspections sur **35** plages publiques (chaque semaine), ce qui a permis de prélever **2 220** échantillons bactériologiques et d'émettre **3** avis concernant la baignade.

Allaitement maternel

Nous avons appuyé **1 193** femmes qui sont venues à nos cliniques d'allaitement de Sudbury et de Val Caron.

Dépistage des problèmes dentaires et nettoyage de dents

Nous avons fait passer un examen à **8 103** enfants en milieu scolaire dans le cadre de nos programmes de dépistage des problèmes dentaires, et **802** d'entre eux ont reçu un service de nettoyage et un traitement au fluorure.

Apprentissage continu

Nous avons offert des occasions d'apprentissage à **93** étudiants inscrits dans **8** disciplines et provenant de **8** établissements d'enseignement postsecondaire.

Surveillance

Le *Système de surveillance rapide des facteurs de risque* (SSRFR) a permis de sonder **1 750** résidents de la région, ce qui a procuré des données pour influencer l'élaboration de programmes de santé publique.

APPROVAL OF CONSENT AGENDA

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

Board of Health

Public Health Sudbury & Districts

Meeting Evaluations – 2018

After every Board of Health meeting, Board of Health members are asked to complete a post-meeting evaluation survey. Overall, most of the Board of Health members (78%-100%) who attended the Board of Health meetings in 2018 completed a post-meeting evaluation survey.

Table 1: Board of Health Response Rate by Month, 2018

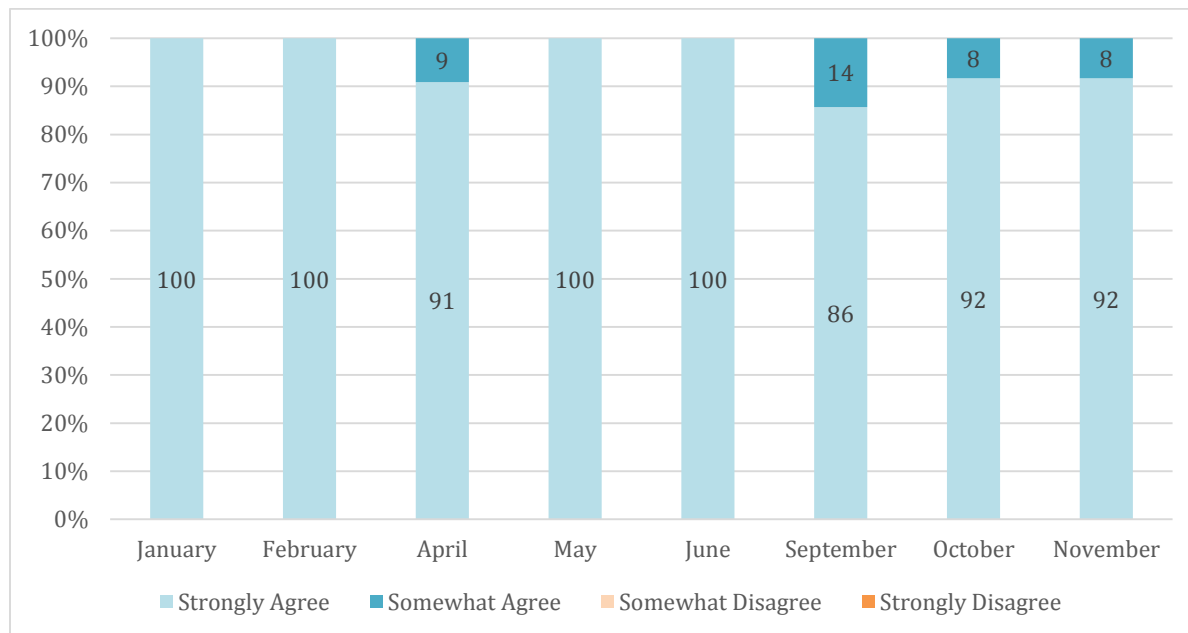
Month	Completed Evaluations	Attendance	Response Rate%
January	10	12	83%
February	9	11	82%
April	11	11	100%
May	13	13	100%
June	10	10	100%
September	7	9	78%
October	12	13	92%
November	12	12	100%

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

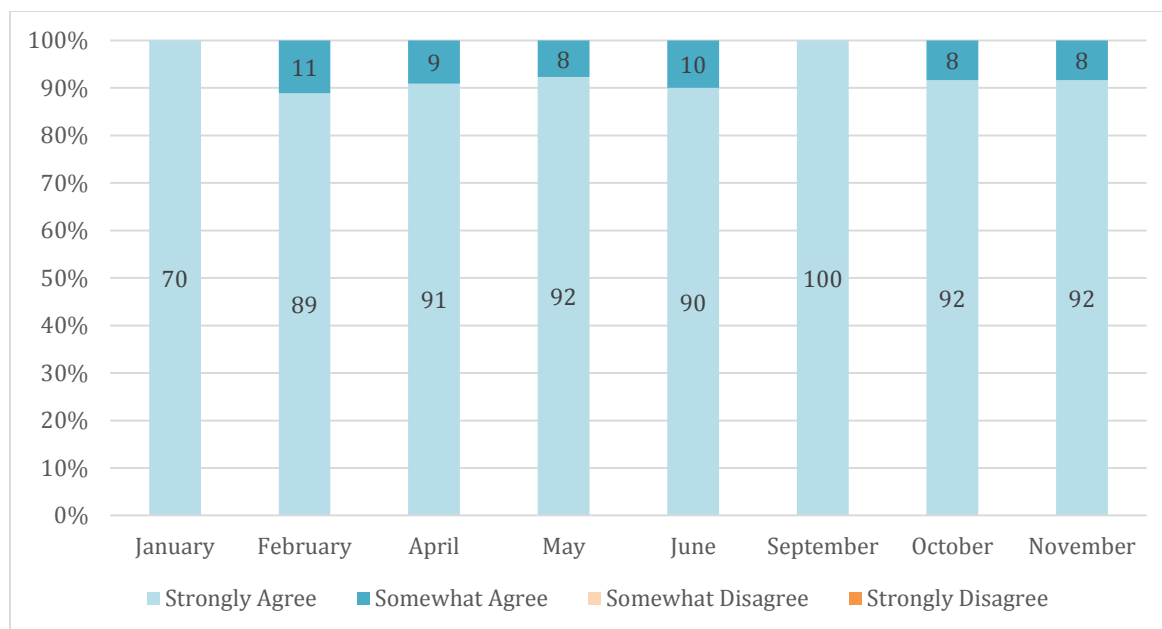
1. The Board agenda package contained appropriate information to support the Board in carrying out its governance leadership role.
2. The delegation/presentation was an opportunity for me to improve my knowledge and understanding of an important public health subject.
3. The MOH/CEO report was informative, timely and relevant to my governance role.
4. Overall, Board members participated in a responsible way and made decisions that further the Public Health Sudbury & Districts' vision and mission.
5. There is alignment with items that were included in the Board agenda package and the Public Health Sudbury & Districts' 2018-2022 Strategic Plan.
6. Board members' conduct was professional, cordial and respectful.

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

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

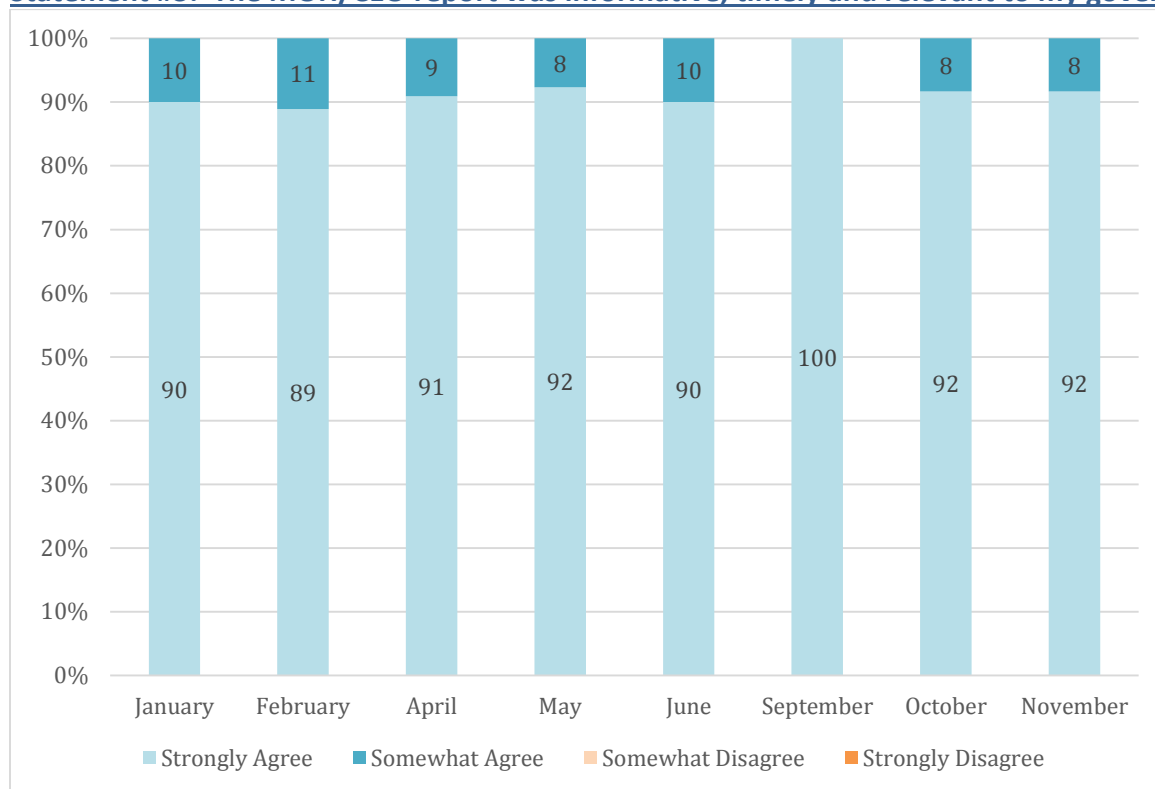


Statement #2: The delegation/presentation was an opportunity for me to improve my knowledge and understanding of an important public health subject

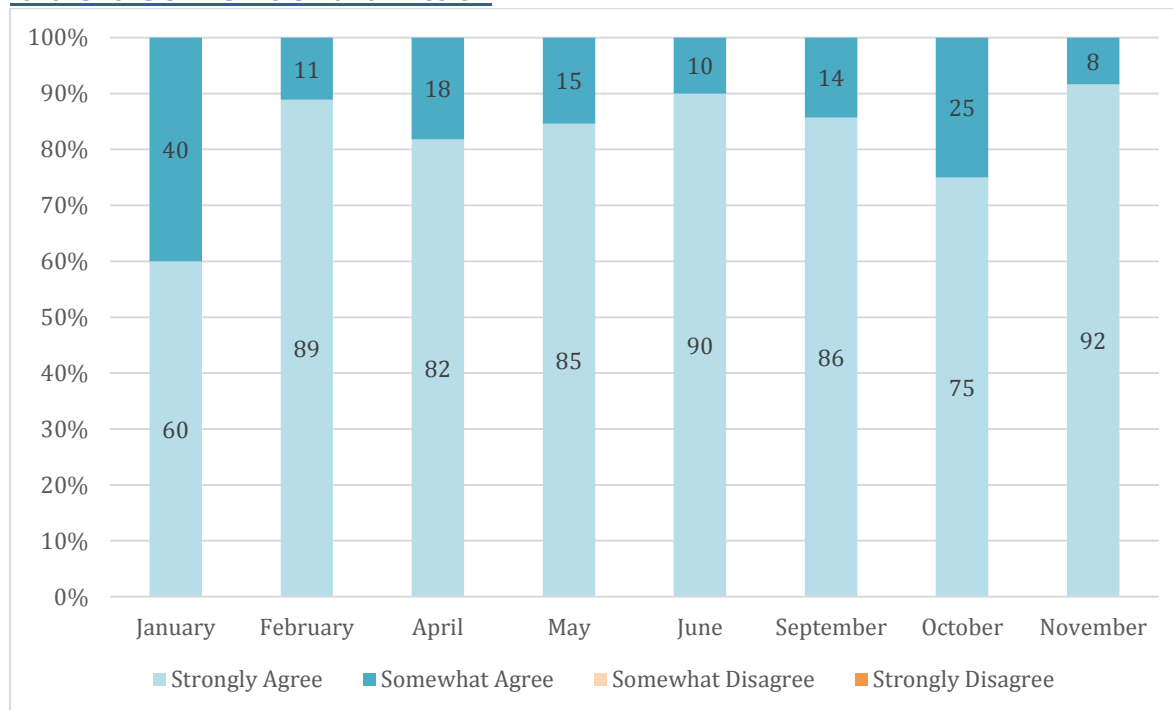


*In the month of January, 3 respondents indicated statement #2 was not applicable which is not represented in the graph.

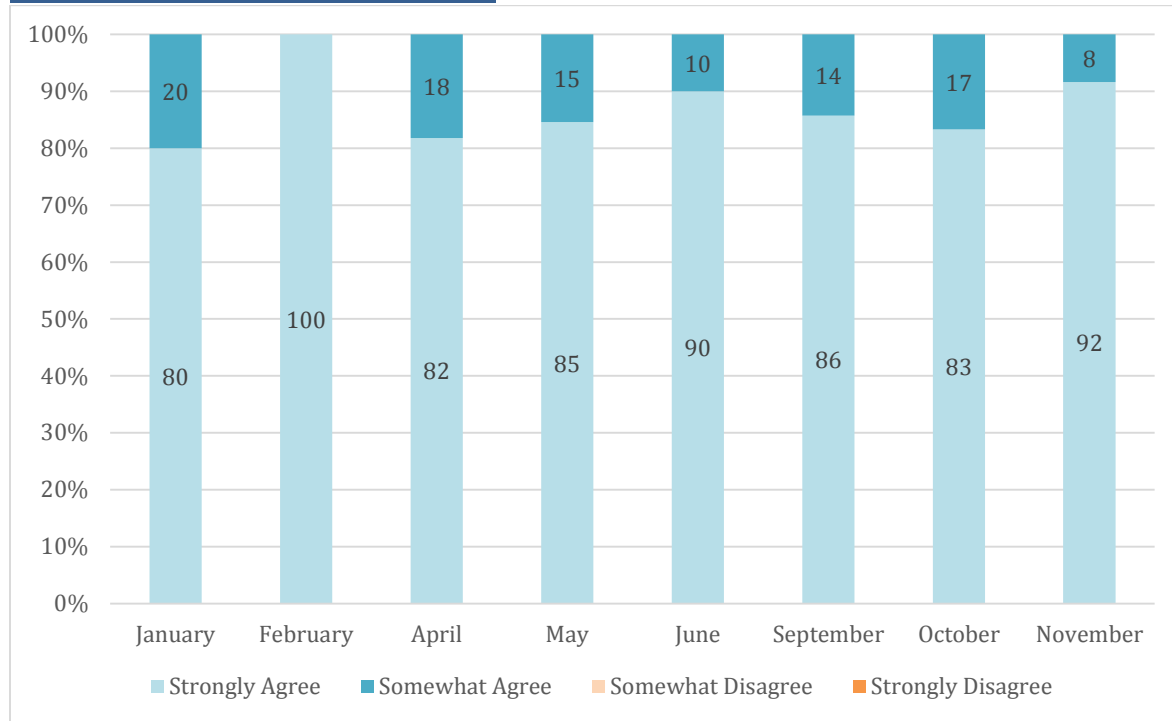
Statement #3: The MOH/CEO report was informative, timely and relevant to my governance role



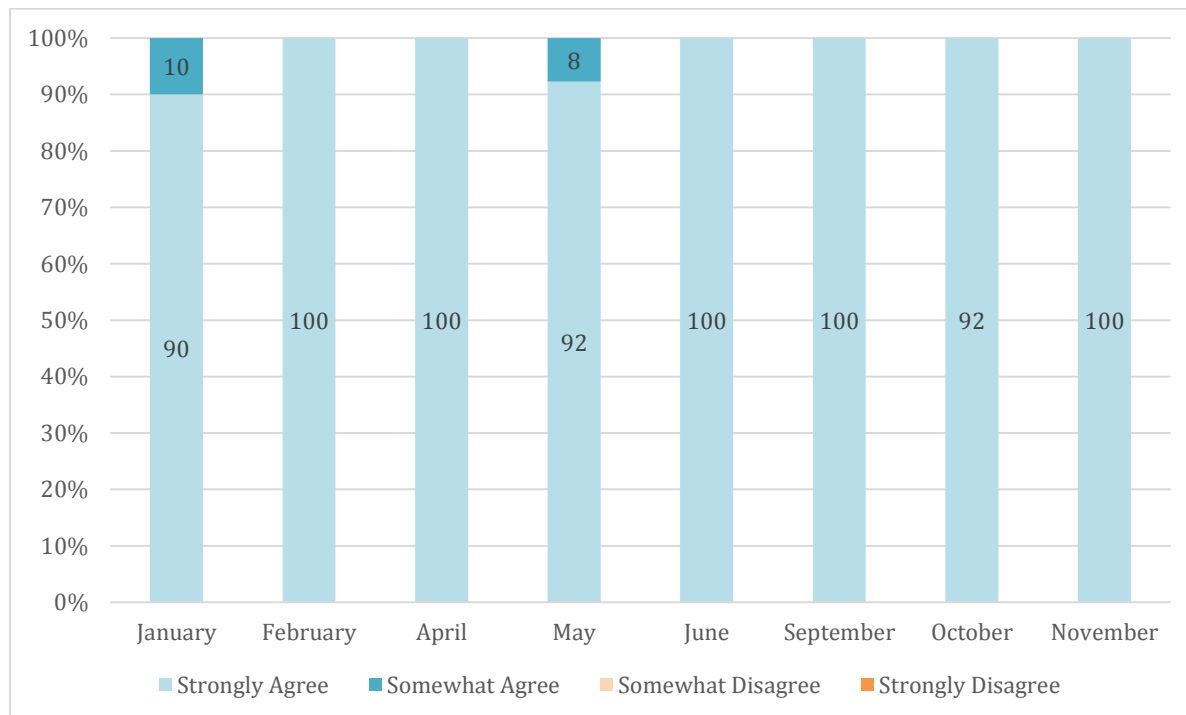
Statement #4: Overall, Board members participated in a responsible way and made decisions that further the SDHU vision and mission



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



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



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

Table 2: Overall Response to Statements (3 not applicable; 1 non-response)

Statement	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	Total Responses
1. The Board agenda package contained appropriate information to support the Board in carrying out its governance leadership role.	80 (95.2%)	4 (4.8%)	0 (0.0%)	0 (0.0%)	84
2. The delegation/presentation was an opportunity for me to improve my knowledge and understanding of an important public health subject.	74 (91.4%)	7 (8.6%)	0 (0.0%)	0 (0.0%)	81
3. The MOH/CEO report was informative, timely and relevant to my governance role.	77 (91.7%)	7 (8.3%)	0 (0.0%)	0 (0.0%)	84
4. Overall, Board members participated in a responsible way and made decisions that further the SDHU vision and mission.	69 (82.1%)	15 (17.9%)	0 (0.0%)	0 (0.0%)	84
5. There is alignment with items that were included in the Board agenda package and the SDHU's 2013-2017 Strategic Plan.	73 (86.9%)	11 (13.1%)	0 (0.0%)	0 (0.0%)	84
6. Board members' conduct was professional, cordial and respectful.	80 (96.4%)	3 (3.6%)	0 (0.0%)	0 (0.0%)	83

Comments and suggestions

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

Many of the respondents took the opportunity to praise and show appreciation for things like how informative the meetings are, the great discussions and dialogue, the meeting content, additional workshops, and the opportunities for questions, all while enjoying the comraderies between all the board members and staff.

The Board of Health members also commented on the staff presentations/delegations, including the mental health presentation, the oral health presentation, and the presentation on cannabis legislation and actions taken by Public Health to mitigate related health risks. They also commented on the presentation on health system transformation and public health by the Medical Officer of Health; some

noted that it was very informative and assisted them in better serving their role as a board member. Other positive comments were related to how pleased they were with the Indigenous Engagement Strategy and the new Strategic Plan.

Other positive aspects of meetings identified by respondents included the offsite meeting at the Rainbow lodge. It was suggested to perhaps have every June meeting be held somewhere in our service area to show how the board supports the entire catchment and not just Greater Sudbury.

One comment was made seeking clarity on the rise and report section after the closed meeting. Another comment was related to how the consent agenda seemed rushed at times.

Overall, the majority of comments received for the monthly Board of Health meeting evaluations were positive.

ATTENDANCE REGISTER 2018 BOARD MEETINGS

Date of Meeting	01/18/18	02/15/18	04/19/18	05/17/18	06/21/18	09/20/18	10/18/18	11/22/18	Total	%
Bailey, Maigan	√	√	√	√	Regrets	√	√	√	7/8	87.5 %
Bradley, Janet	√	Regrets	Regrets	√	√	√	√	√	6/8	75 %
Crabs, Thoma	√	Regrets	√	√	√	√	√	√	7/8	87.5 %
Crispo, James	√	√	√	√	√	√	√	√	8/8	100 %
Huska, Jeffery	√	√	√	√	√	√	√	√	7/8	87.5 %
Kirwan, Robert	√	√	Regrets	√	Regrets	√	√	√	6/8	75 %
Lapierre, René	Regrets	√	√	√	√	Regrets	√	√	6/8	75 %
Loftus, Monica	√	√	√	Regrets	√	√	√	√	7/8	87.5 %
Myre. Paul	√	Regrets	Regrets	√	Regrets	Regrets	√	Regrets	3/8	37.5 %
Noland, Ken	Regrets	√	√	√	√	Regrets	√	√	6/8	75 %
Pilon, Rita	√	√	√	√	√	√	√	√	8/8	100 %
Signoretti, Mark	√	√	√	√	Regrets	Regrets	Regrets	√	5/8	62.5 %
Sykes, Nicole	√	√	√	√	√	Regrets	√	Regrets	7/8	87.5 %
Thain, Carolyn	√	√	√	√	√	√	√	√	8/8	100 %

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

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

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

Briefing Note

To: Chair, Board of Health
From: Dr. Penny Sutcliffe, Medical Officer of Health and Chief Executive Officer
Date: February 12, 2019
Re: Corporate Name Registration

☐ For Information

☒ For Discussion

☒ For a Decision

Issue:

The Corporation name registered was inadvertently coined to be “*Sudbury and District Health Unit*” at the time of obtaining an Ontario Corporation number for the Corporation. This needs to be corrected by an application for Supplementary Letter Patent supported by a Special Resolution of the members of the Board of Health.

Recommended Action:

That the Board of Health for the Sudbury & District Health Unit endorse the Special Resolution and that it instructs its solicitors to take all required steps to rectify the corporation name from “*Sudbury and District Health Unit*” to “*Board of Health for the Sudbury and District Health Unit*”.

Background:

At the January 18, 2018 meeting, the Board of Health for the Sudbury & District Health Unit (the “Corporation”) approved the 2018-2022 Strategic plan which included a refresh of our visual identity and an endorsement to identify itself publicly using the business name Public Health Sudbury & Districts.

The Health Protection and Promotion Act (HPPA) provides that we are a corporation without share capital and specifies that our name shall be the “Board of Health for the Sudbury & District Health Unit”. As a Corporation, the Health Unit is subject to the provisions of the *Business Names Act of Ontario* (BNA) which stipulates that “no corporation shall carry on business or identify itself to the public under a name other than its corporate name unless the name is registered by that corporation”. (BNA, ss2(1)).

2018–2022 Strategic Priorities:

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

O: October 19, 2001
R: January 2017

As such, following the endorsement of the Board of Health, our solicitors made application to register the corporation and our operating/business names. The application for our corporate name was inadvertently submitted as *“Sudbury and District Health Unit”* instead of the *“Board of Health for the Sudbury and District Health Unit”* (as prescribed by the HPPA).

Financial Implications:

None.

Ontario Public Health Standard:

Accountability Framework – Good Governance and Management Practices

Strategic Priority:

Organizational Commitment

2018–2022 Strategic Priorities:

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

O: October 19, 2001
R: January 2017

CORPORATION NAME REGISTRATION

MOTION:

WHEREAS the name of the Corporation was inadvertently coined to be “Sudbury and District Health Unit” at the time of obtaining an Ontario Corporation number for the Corporation.

AND WHEREAS, in order to rectify this error, Supplementary Letters Patent are to be filed with the Ministry of Government Services confirming the correct name of the Corporation to be “Board of Health for the Sudbury and District Health Unit”.

BE IT RESOLVED, AS A SPECIAL RESOLUTION, THAT:

- 1. The name of the Corporation, as registered for business names purposes, be changed from “Sudbury and District Health Unit” to “Board of Health for the Sudbury and District Health Unit”.**
- 2. Any two of the directors or officers of the Corporation are authorized and directed for and on behalf of the Corporation to execute and deliver Supplementary Letters Patent, in duplicate, and to do and perform all acts and things, including the execution of documents, necessary or desirable to give effect to the foregoing resolutions.**

ADDENDUM

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

IN CAMERA

MOTION: THAT this Board of Health goes in camera to deal with personal matters involving one or more identifiable individuals, including employees or prospective employees. Time: _____

RISE AND REPORT

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

Please remember to complete the Board meeting evaluation in BoardEffect following the Board meeting.

ADJOURNMENT

MOTION: THAT we do now adjourn. Time: _____