



Board of Health Meeting 03-19

Public Health Sudbury & Districts

Thursday, May 16, 2019

1:30 p.m.

Boardroom

1300 Paris Street

AGENDA – THIRD MEETING
BOARD OF HEALTH
PUBLIC HEALTH SUDBURY & DISTRICTS
BOARDROOM, SECOND FLOOR
THURSDAY, MAY 16, 2019 – 1:30 P.M.

- 1. CALL TO ORDER**
- 2. ROLL CALL**
- 3. REVIEW OF AGENDA/DECLARATIONS OF CONFLICTS OF INTEREST**
- 4. DELEGATION/PRESENTATION**
 - i) North East Public Health Transformation**
 - Dr. Penny Sutcliffe, Medical Officer of Health and Chief Executive Officer
- 5. CONSENT AGENDA**
 - i) Minutes of Previous Meeting**
 - a. Second Meeting – April 18, 2019
 - ii) Business Arising From Minutes**
 - iii) Report of Standing Committees**
 - a. Board of Health Executive Committee Meeting Notes dated April 16, 2019
 - iv) Report of the Medical Officer of Health / Chief Executive Officer**
 - a. MOH/CEO Report, May 2019
 - v) Correspondence**
 - a. Bill S-228, Child Health Protection Act
 - Letter from the Board of Health, Public Health Sudbury & Districts, to all of the Ontario Senators, dated April 10, 2019
 - b. Endorsement of the Ontario Dietitians in Public Health Letter on Bill 60
 - Letter from the Board of Health, Haliburton, Kawartha, Pine Ridge District Health Unit, to the Premier of Ontario dated April 18, 2019
 - Letter from the Board of Health, Kingston, Frontenac and Lennox & Addington Public Health, to the Minister of Children, Community and Social Services dated April 25, 2019
 - Letters from the Board of Health, Grey Bruce Health Unit, to the Premier of Ontario, Deputy Premier and Minister of Health and Long-Term Care, and the Minister of Children, Community and Social Services dated May 6, 2019

- c. Modernization of Alcohol in Retail Stores
 - Letter from the Board of Health, Simcoe Muskoka District Health Unit, to the Deputy Premier and Minister of Health and Long-Term Care dated April 17, 2019
 - Letter from the Board of Health, Kingston, Frontenac and Lennox & Addington Public Health, to the Premier of Ontario dated April 25, 2019
 - Letter from the Board of Health, Peterborough Public Health, to the Premier of Ontario dated May 1, 2019
- d. Endorsement of the Children Count Task Force Recommendations
 - Letter from the Board of Health, Kingston, Frontenac and Lennox & Addington Public Health, to the Premier of Ontario dated April 25, 2019
- e. 2019 Ontario Budget and Modernizing Public Health
 - Resolution from the Thunder Bay District Health Unit dated April 17, 2019
 - Letter from the Board of Health, Perth District Health Unit, to the Premier of Ontario and the Deputy Premier and Minister of Health and Long-Term Care dated April 18, 2019
 - Letter from the Board of Health Chair, Haliburton, Kawartha, Pine Ridge District Health Unit to the Premier of Ontario and the Minister of Health and Long-Term Care, dated April 24, 2019
 - Letter from the Board of Health, Leeds, Grenville & Lanark District Health Unit, to the Minister of Health and Long-Term Care and the Minister of Municipal Affairs and Housing dated April 23, 2019
 - Position Statement from alPHA, to the Ontario Medical Officers of Health, Board of Health Members and Senior Managers dated April 24, 2019
 - Letter from the Board of Health, Renfrew County and District Health Unit, to the Premier of Ontario and the Deputy Premier and Minister of Health and Long-Term Care dated April 29, 2019
 - Letter from the Mayor, Municipality of Tweed and the Medical Officer of Health and CEO, Hastings Prince Edward Public Health, to the Premier of Ontario and the Deputy Premier and Minister of Health and Long-Term Care, dated May 1, 2019
 - Letter from the alPHA President, to the Minister of Health and Long-Term Care dated May 3, 2019
- f. Managed Opioid Programs
 - Letter from the Board of Health, Peterborough Public Health, to the Minister of Health and Long-Term Care dated May 3, 2019
- g. Thank You Letter
 - Letter from the Board Chair, Collège Boréal, to Dr. Sutcliffe, dated March 21, 2019

- h. Provincial Oral Health Program for Low Income Adults and Seniors
 - Letter from the Nairn and Hyman Council to the Premier of Ontario dated March 25, 2019, supporting the Board of Health for Sudbury & Districts Public Health's [motion 42-18](#)
- i. alPHa's Public Health Resource Paper: Improving and Maintaining the Health of the People
 - Letter from the Board of Health, Grey Bruce Health Unit, to the Minister of Health and Long-Term Care and Deputy Premier dated May 6, 2019
- vi) **Items of Information**
 - a. alPHa Information Break April 24, 2019
 - b. MOHLTC News Release *Ontario Seniors Receive More Support with Publicly Funded Oral Care* April 23, 2019

APPROVAL OF CONSENT AGENDA

MOTION:

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

6. NEW BUSINESS

- i) **Organizational Risk Management**
 - Briefing Note from the Medical Officer of Health to the Board Chair dated May 9, 2019
 - Annual Organizational Risk Management Report, 2018
 - Organizational Risks, January - December, 2019
 - Risk Management Engagement Snapshot
- ii) **2018 Audited Financial Statements**
 - Public Health Sudbury & Districts Audited Financial Statements for 2018

ADOPTION OF THE 2018 AUDITED FINANCIAL STATEMENTS

MOTION:

WHEREAS at its May 3, 2019, meeting, the Board of Health Finance Standing Committee reviewed the 2018 audited financial statements and recommended them to the Board for the Board's approval;

THEREFORE BE IT RESOLVED THAT the 2018 audited financial statements be approved as distributed.

- iii) **2018-2022 Accountability Monitoring Plan**
 - Public Health Sudbury & Districts Strategic Priorities Narrative Report, May 2019

iv) Public Mental Health

- Position Statement: Adopting a Parity of Esteem Approach

PUBLIC MENTAL HEALTH – PARITY OF ESTEEM POSITION STATEMENT

MOTION:

WHEREAS the Board of Health for Public Health Sudbury & Districts recognizes that there is no health without mental health; and

WHEREAS Public Health Sudbury & Districts intentionally adopts the term, public mental health, to redress the widespread misunderstanding that public health means public physical health

THEREFORE BE IT RESOLVED THAT the Board of Health for Public Health Sudbury & Districts endorse the Public Mental Health - Parity of Esteem Position Statement, May 16, 2019; and

FURTHER THAT copies of this motion and position statement be forwarded to local and provincial partners including all Ontario boards of health, Chief Medical Officer of Health, local MPPs, Ontario Public Health Association (OPHA), Association of Local Public Health Agencies (alPHA), local municipalities and Federation of Northern Ontario Municipalities (FONOM).

7. ADDENDUM

ADDENDUM

MOTION:

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

8. ANNOUNCEMENTS / ENQUIRIES

9. ADJOURNMENT

ADJOURNMENT

MOTION:

THAT we do now adjourn. Time: ____

MINUTES – SECOND MEETING
BOARD OF HEALTH FOR PUBLIC HEALTH SUDBURY & DISTRICTS
PUBLIC HEALTH SUDBURY & DISTRICTS, BOARDROOM, SECOND FLOOR
THURSDAY, APRIL 18, 2019 – 1:30 P.M.

BOARD MEMBERS PRESENT

Janet Bradley	René Lapierre	Rita Pilon (via teleconference)
James Crispo	Bill Leduc	Mark Signoretti
Randy Hazlett	Glenda Massicotte	Nicole Sykes
Jeffery Huska	Paul Myre	Carolyn Thain
Robert Kirwan	Ken Noland	

STAFF MEMBERS PRESENT

Sandra Laclé	France Quirion	Jamie Lamothe
Stacey Laforest	Dr. Penny Sutcliffe	
Rachel Quesnel	Renée St. Onge	

R. LAPIERRE PRESIDING

1. CALL TO ORDER

The meeting was called to order at 1:30 p.m.

2. ROLL CALL

3. REVIEW OF AGENDA/DECLARATIONS OF CONFLICTS OF INTEREST

There were no declarations of conflict of interest.

The Board Chair reported that a meeting invitation was just received from the Chief Medical Officer of Health (CMOH) for Board Chairs and MOHs to attend a Ministry of Health and Long-Term Care (MOHLTC) teleconference at 2 p.m. today regarding last week's 2019 provincial budget announcement and the modernization of Ontario public health units.

The Board concurred with re-ordering today's order of business allowing the Board Chair and MOH to participate in the teleconference from 2 p.m. until 2:30 p.m. New Business agenda items 6.1 and 6.2 were moved to the end of the agenda to allow

the Board Chair to participate in those discussions. Vice-Chair, J. Huska, agreed to Chair between 2 and 2:30 p.m. to cover all other agenda items and to recess if necessary before the meeting would resume. In a show of hands, the Board confirmed its agreement with the proposed changes.

4. DELEGATION/PRESENTATION

i) Public Mental Health

- Shana Calixte, Manager, Mental Health and Addictions, Health Promotion Division

S. Calixte provided an overview of the Public Mental Health Action Framework developed by Public Health Sudbury & Districts. The local action framework was developed as a result of systematic review of the new Ontario Public Health Standards (OPHS) mandate and is an action-oriented roadmap of public health interventions identifying these PHSD roles:

- promoting mental health,
- preventing mental illness, and
- early identification and referral.

A summary of PHSD commitments and identified interventions was reviewed. The outcomes, indicators, and opportunities for each intervention are also outlined in the framework. Next steps for PHSD to embed public mental health throughout its scope of practice, requires explicit, ambitious and even radically different approaches to its work and next steps include diffusing ownership/knowledge brokering and developing a workplan. Dr. Sutcliffe noted how this is being seen as a template for others in the province who are newly embarking on this work. Further it was noted that the framework has been shared on national webinars. S. Calixte was thanked for her presentation and there were no questions or comments.

5. CONSENT AGENDA

i) Minutes of Previous Meeting

- a. First Meeting – February 19, 2019

ii) Business Arising From Minutes

iii) Report of Standing Committees

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

- a. MOH/CEO Report, April 2019

v) Correspondence

- a. Provincial Oral Health Program for Low Income Adults and Seniors

- Letter from the Board of Health, Haliburton, Kawartha, Pine Ridge District Health Unit, to the Premier of Ontario dated February 14, 2019
- Letter from the Board of Health, Peterborough Public Health, to the Premier of Ontario dated February 27, 2019
- Letter from the Board of Health, Perth District Health Unit, to the Premier of Ontario dated March 20, 2019
- Letter from the Board of Health, Windsor Essex County Health Unit, to the Premier of Ontario dated March 5, 2019
- Letter from Renfrew County and District Health Unit Board of Health to the Premier of Ontario dated March 4, 2019, supporting the Board of Health for Public Health Sudbury & Districts' Motion 42-18
- b. Support for a Regional Level III Residential Withdrawal Management Services Facility in Sault Ste. Marie
 - Letter from Algoma Public Health to the Minister of Health and Long-Term Care dated March 4, 2019
 - Letter from Public Health Sudbury & Districts to the Minister of Health and Long-Term Care dated March 29, 2019
- c. alPHA's Public Health Resource Paper: Improving and Maintaining the Health of the People
 - Letter from alPHA to the Premier's Council on Improving Healthcare and Ending Hallway Medicine dated February 12, 2019
 - Letter of Support from the Simcoe Muskoka District Health Unit Board of Health to the Minister of Health and Long-Term Care dated March 20, 2019
- d. Advocacy to Increase Actions re Opioid Crisis
 - Motion from Toronto Public Health Re: Expanding Opioid Substitution Treatment dated February 12, 2019
 - Letter from the Board of Health and CEO, Windsor-Essex County Health Unit, to the Premier of Ontario dated March 5, 2019
- e. Provincial Legislation for Cannabis and the amended Smoke-Free Ontario Act, 2017
 - Letter from the Board of Health and CEO/CNO, Windsor-Essex County Health Unit, to the Ministry of the Attorney General dated February 11, 2019
 - Letter from Renfrew County and District Health Unit to Minister of Health and Long-Term Care dated March 4, 2019
 - Letter from the Board of Health, Perth District Health Unit, to the Premier of Ontario dated April 2, 2019
- f. Health Care System Transformation
 - Letter from the Chief Medical Officer of Health dated March 6, 2019
- g. Ontario's Basic Income

- Letter from the Board of Health and CEO/CNO, Windsor-Essex County Health Unit, to the Premier of Ontario and the Minister of Children, Community and Social Services dated February 11, 2019
- h. Funding for the Healthy Babies, Healthy Children (HBHC) Program
 - Letter from the Board of Health and CEO/CNO, Windsor-Essex County Health Unit, to the Minister of Children, Community and Social Services dated February 11, 2019
 - Letter from the Board of Health, Peterborough Public Health, to the Minister of Children, Community and Social Services dated April 3, 2019
- i. Child Visual Health and Vision Screening
 - Letter from the Board of Health, Southwestern Public Health to the Minister of Health and Long-Term Care dated April 3, 2019
- j. Public and Environmental Health Implications of Bill 66, Restoring Ontario's Competitiveness Act, 2018
 - Letter from the Board of Health, Simcoe Muskoka District Health Unit, to the Premier of Ontario dated February 20, 2019
- k. Health Canada Proposals: Vaping Products Advertising
 - Letter from alPHA to Health Canada dated March 7, 2019
- l. Food Literacy in Ontario Curricula
 - Letter from Windsor-Essex County Board of Health and CEO/CNO to the Minister of Health, Canada dated February 11, 2019
- m. Restricting Food and Beverage Marketing to Children
 - Letter from the Board Chair, Public Health Sudbury & Districts to all Ontario Senators dated April 10, 2019
- n. Nutritious Food Basket
 - Letter from the Medical Officer of Health and the Board of Health, North Bay Parry Sound District Health Unit, to the Premier of Ontario, Deputy Premier and Minister of Health and Long-Term Care, and the Minister of Children, Community and Social Services dated February 27, 2019
 - Letter from the Board of Health, Peterborough Public Health, to the Minister of Children, Community and Social Services and the Deputy Premier and Minister of Health and Long-Term Care dated April 3, 2019
- vi) **Items of Information**
 - a. 2017 Chief Medical Officer of Health Report,
Connected Communities healthier together,
Executive Summary 2017 Annual Report
 - b. alPHA Information Break February 19, 2019
March 26, 2019

- c. alPHa Update to Board of Health Members
- d. PHSD Workplace Health Newsletter

March 1, 2019

Spring / Summer 2019

No discussions.

07-19 APPROVAL OF CONSENT AGENDA

MOVED BY SIGNORETTI – CRISPO: THAT the Board of Health approve the consent agenda as distributed.

CARRIED

6. NEW BUSINESS

i) Provincial Budget 2019

Further to the communications that have been shared via email with the Board since the release of the 2019 provincial budget on April 11, Dr. Sutcliffe provided broader context including internal processes, communications, and potential local implications.

Dr. Sutcliffe's presentation recapped the purpose of public health, its essential functions and upstream efforts to promote health and prevent diseases to improve the health of populations noting that the whole of public health is greater than the sum of its parts. Public Health Sudbury & Districts is committed to working locally with individuals, families, communities, and partner agencies including levelling up health opportunities so that those who are most in need, also can benefit the most. To illustrate how PHSD addresses this work, *Case scenarios — Public Health: What's in it for you?* have been developed and are available on the [phsd.ca website](http://phsd.ca).

Creating policies and environments that help people be healthier is a key strategy that PHSD does in partnership with community groups, private business, education, health care providers, policing, municipalities, and others.

Studies have documented the Return on Investment (ROI) of Public Health interventions and examples provides illustrate that Public Health is essential and makes good economic sense to invest in as because of the work it does to support health and will subsequently be returned to the wider health and social care economy.

The current structure of the Ontario Public Health System was outlined to include 35 Boards of Health with varying governance structures and regions are defined by municipal boundaries.

Recent provincial government announcements regarding Ontario's new plan to fix and strengthen the public health care system were reviewed.

The provincial government has announced changes to the Public Health sector as follows:

- Adjust municipal-provincial cost-sharing (2019-2020)
- Establish 10 regional public health entities and 10 new regional boards of health (2020-21)
- Cut \$200M annually (2021-2022)
 - ~21% total provincial funding to local public health
 - ~\$4.5M PHSD
- Limit scope of Public Health Ontario (2019-20) and reduce number of labs (2020-21)

Potential financial impacts to the current 2019 budget due to any adjustments in the municipal:provincial cost-shared budget and 100% provincial funding were outlined.

It was pointed out local public health units have been in existence for several years, including our Board of Health. This organization will celebrate 63 years in September 2019.

Dr. Sutcliffe noted that PHSD will continue to work with the NE PHUs on the NE PHUs collaboration project. The newly hired project manager, jointly funded by all five NE PHUs, will assist in refocusing the project given the April 11 budget announcement and the project scope will be adjusted if required once additional information is made known by the MOHTLC.

The provincial announcements have left many outstanding questions, including the new regional boundaries for the 10 PHUs, the municipal impact of adjusting the cost-shared formula, the role of Public Health Ontario, alPHa which is funded by local PHUs members, transition process and timelines, etc.

The Board Chair has been kept informed of all developments through the MOH. Management and staff have been kept apprised of all information shared to date. Ongoing communication with staff will be important during these times of uncertainty. PHSD has implemented an immediate hiring freeze and cancelled all non-essential spending among other actions in response to provincial funding cuts. Senior management has also discussed the importance of values and guiding principles as we move forward.

R. Lapierre and Board Chairs participated in an alPHa Boards of Health section teleconference on April 18 and in a teleconference today at 2 p.m. hosted by the CMOH, Dr. D. Williams.

Updates from today's CMOH teleconference were shared, including that by April 1, 2020, the Ministry plans to have legislation in place to establish the 10 new boards of health. One-time funding might be available for Boards to help with transition and waivers for Standards on a case by case basis. There will be adjustments to the funding formula; however, the funding envelop and the ratio for each region is still unclear given regions with will than 1 million in population will remain at 70:30.

The MOHLTC indicated it will be scheduling one-on-one meetings next week with each Board Chairs, the MOH and with city if they are part of a regional Board.

Questions and comments were entertained. It was concluded that we cannot create stability at this time; however, we will continue to be at the tables representing the Public Health sector, including planning of the Ontario Health Teams.

- ii) **Support for Undetectable = Untransmittable (U=U) Anti-Stigma Campaign**
 - Resolution from the Council of Ontario Medical Officers of Health (COMOH) dated February 21, 2019
 - Briefing Note from the Medical Officer of Health and Chief Executive Officer to the Board Chair dated April 11, 2019

Dr. Sutcliffe noted that the U=U message is an important step in promoting community acceptance of people living with HIV and reducing barriers. The official endorsement of U=U by the Board of Health is intended to send a strong anti-stigma message to our community and contribute to sexual health promotion.

It was reported that PHSD issued a press release this afternoon prior to the Board's deliberation on the motion. Dr. Sutcliffe apologized for this error, noting that this is contrary to our practice and would ensure it was investigated.

Upon the invitation of a fellow Board member, J. Crispo shared detailed comments regarding the motion. Prefacing his support of an anti-stigma campaign, J. Crispo shared his concerns regarding potential risks in conveying that an undetectable HIV viral load poses effectively no risk of HIV transmission. He also shared concerns regarding privacy and confidentiality of a provincial resource document as it relates to the statistics and reporting requirements.

Dr. Sutcliffe indicated that the operative clause in today's motion supports the Council of Ontario Medical Officers of Health. She noted there has been significant debate by the Medical Officers of Health on this issue, including on the points raised today and she does not recommend changes to the motion recognizing it focuses on the anti-stigma campaign and referred to the comprehensive public health approach within which any PHSD messaging would be contextualized.

08-19 UNDETECTABLE = UNTRANSMITTABLE (U=U) ANTI-STIGMA CAMPAIGN

MOVED BY BRADLEY – MYRE: WHEREAS the U=U campaign has been endorsed by public health leaders, notably the Chief Public Health Officer of Canada, the Provincial and Territorial Chief Medical Officers of Health, and most recently the Council of Ontario Medical Officers of Health; and

WHEREAS the Board of Health, by officially endorsing the U=U campaign, transmits a strong anti-stigma message to Sudbury and districts communities and contributes to sexual health promotion;

THEREFORE BE IT RESOLVED that the Board of Health for Public Health Sudbury & Districts endorse the U=U campaign message that an undetectable HIV viral load poses effectively no risk of HIV transmission within a comprehensive public health approach to sexual health; and

FURTHER THAT community and public health partners be so advised.

CARRIED

iii) 2018 – 2022 Accountability Monitoring Plan

- 2018 Annual Accountability Monitoring Report

J. Crispo, member of the Joint Board of Health/Staff Accountability Working Group provided an overview of the 2018 Annual Accountability Monitoring Report.

It was recapped that the 2018 Accountability Monitoring Report compiles information about Public Health Sudbury & Districts' (PHSD) performance based on various accountability measures and contributes to the Board's commitment to excellence and transparency with all stakeholders, detailing performance in the following key areas:

- Provincial and local organizational requirements
- Provincial and local program requirements
- Board of Health strategic priorities

It was pointed out that this report does not contain program indicators as the Ministry of Health and Long-Term Care has not yet provided direction regarding reporting mechanisms for these.

As it relates to the organizational requirements and the BOH strategic priorities, overall, the agency is compliant with, or has exceeded expectations for 78 of the 80 Ministry organizational requirements. Two organizational requirements where compliance was not achieved are described in the additional notes. A total of 12 locally-developed organizational indicators that were selected as part of a rigorous review of available indicators and current organizational priorities and directions are also monitored.

A list of the 4 Strategic Priorities Narratives from the Fall 2018 Report highlight the descriptive stories in support of our strategic priorities demonstrating the 2018–2022 Strategic Priorities “in action”.

Staff were recognized for their work on developing this monitoring tool and Board members for taking the time to review and support the PHSD’ transparency.

iv) alPHa Conferences

a. 2019 Winter Symposium Proceedings – February 2019

– Boards of Health Section Meeting

Verbal Report from Board Member, Randy Hazlett

Board member, R. Hazlett, who attended the 2019 Winter Symposium in February, provided a verbal update regarding the Symposium and Boards of Health section meeting. He noted that Dr. Sutcliffe participated in a panel discussion on risk management and represented PHSD well. The Board thanked R. Hazlett for attending and for the update.

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

No discussion.

b. Annual General Meeting (AGM) and Conference – June 2019

PHSD has four votes at the alPHa Annual General Meeting, which is based on the population in our catchment area. Although the motion identifies two Board members as voting delegates, others Board members are invited to attend the AGM/Conference. Board members interested are invited to contact the Board Secretary who will coordinate registration, travel and accommodation.

09-19 2019 ALPHA AGM/CONFERENCE

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

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

THEREFORE, BE IT RESOLVED THAT in addition to the Medical Officer of Health and the Associate Medical Officer of Health, the following two Board of Health members attend the 2019 alpha Annual General Meeting as voting delegates for the Board of Health: René Lapierre and Randy Hazlett.

CARRIED

- 2019 alpha Fitness Challenge Board of Health

As part of the second annual fitness challenge for Boards of Health, Board members are invited to a 30 minute group walk after the May Board meeting. Board members who prefer to complete the 30 minutes of physical activity on their own can advise R. Quesnel once completed and our Boards' participation rate will be shared with alpha by the May 1 deadline.

- Call for alpha Board of Health Nominations

10-19 NOMINATION TO THE ALPHA BOARD OF DIRECTORS FOR THE NORTH EAST REGION

MOVED BY CRISPO – SIGNORETTI: WHEREAS there is currently a vacancy for a North East representative on the alpha Board of Directors for a one-year term;

THAT the Board of Health for Public Health Sudbury & Districts supports the nomination of René Lapierre, Board Chair, as a candidate for election to the alpha Board of Directors and for the Boards of Health Section Executive Committee seat from the North East region.

CARRIED

7. ADDENDUM

11-19 ADDENDUM

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

CARRIED

i) 2018 Public Health Sudbury & Districts Annual Report, Foundations for Health

The annual report for 2018 highlights a number of key activities from a variety of programs and message from the Board Chair and MOH. The report was produced recently for 2018 and a variety of programs. The report will be available on the phsd.ca website and is distributed to various community stakeholders. The report is also promoted via social media and other venues as feasible.

ii) Undetectable = Untransmittable (U=U) Anti-Stigma Campaign

- Letter from the Middlesex-London Board of Health to the Acting Executive Director, Ontario AIDS Network dated April 16, 2019

No discussion.

iii) Modernizing Ontario's Public Health System

- Letter from Kingston, Frontenac, Lennox & Addington Public Health's Board of Health to the Deputy Premier and Minister of Health and Long-Term Care and the Minister of Municipal Affairs and Housing dated April 17, 2019

No discussion.

8. ANNOUNCEMENTS / ENQUIRIES

Board members were invited to complete the April Board of Health meeting evaluation in BoardEffect following the Board meeting.

9. ADJOURNMENT

12-19 ADJOURNMENT

MOVED BY CRISPO – THAIN: THAT we do now adjourn. Time: 3:38 p.m.

CARRIED

(Chair)

(Secretary)

MEETING NOTES
BOARD OF HEALTH EXECUTIVE COMMITTEE
PUBLIC HEALTH SUDBURY & DISTRICTS, BOARDROOM, SECOND FLOOR
TUESDAY, APRIL 16, 2019 – 12 P.M.

BOARD MEMBERS PRESENT

Jeffery Huska	Ken Noland
René Lapierre	Nicole Sykes

STAFF MEMBERS PRESENT

Rachel Quesnel	Dr. Penny Sutcliffe
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STAFF MEMBERS REGRETS

France Quirion

R. QUESNEL PRESIDING

1. CALL TO ORDER

The meeting was called to order at 12:15 p.m.

2. ROLL CALL

3. REVIEW OF AGENDA / DECLARATION OF CONFLICT OF INTEREST

The agenda was reviewed and N. Sykes was thanked for making arrangements to participate via teleconference; however, electronic participation is not be permitted for a meeting which is closed to the public and most of today's agenda is in-camera. N. Sykes left the meeting at this point.

There were no declarations of conflict of interest.

4. ELECTION OF BOARD OF HEALTH EXECUTIVE COMMITTEE CHAIR FOR 2019

Nominations were held for the position of Board Executive Committee Chair.

Jeffery Huska was nominated and nominations were closed. J. Huska accepted his nomination and the following was announced:

THAT the Board of Health Executive Committee appoint Jeffery Huska as the Board Executive Committee Chair for 2019.

J. HUSKA PRESIDING

5. APPROVAL OF BOARD EXECUTIVE COMMITTEE MEETING NOTES

5.1 Board Executive Committee Meeting Notes dated September 25, 2018

01-19 APPROVAL OF BOARD OF HEALTH EXECUTIVE COMMITTEE MEETING NOTES

MOVED BY NOLAND – CRISPO: THAT the meeting notes of the Board of Health Executive Committee meeting of September 25, 2018, be approved as distributed.

CARRIED

6. NEW BUSINESS

6.1 2019 Ontario Budget – Modernizing Ontario’s Public Health Units

- 2019 Ontario Budget Protecting What Matters Most, Report Excerpts
- alPHa Summary of Provincial Budget Announcement
- alPHa News Release dated April 12, 2019

Correspondence was shared outlining significant changes to Ontario’s public health system announced on April 11, 2019, during the Ontario provincial government’s 2019 budget entitled, *Protecting What Matters Most*.

02-19 IN CAMERA

MOVED BY CRISPO – LAPIERRE: THAT this Board of Health Executive Committee goes in camera to deal with personal matters involving one or more identifiable individuals, including employees or prospective employees. Time: 12:21 p.m.

CARRIED

03-19 RISE AND REPORT

MOVED BY NOLAND – LAPIERRE: this Board of Health Executive Committee rises and reports. Time: 1:23 p.m.

CARRIED

It was reported that one personal matter was discussed and one motion emanated from the in-camera session:

04-19 APPROVAL OF BOARD OF HEALTH EXECUTIVE COMMITTEE IN-CAMERA MEETING NOTES

MOVED BY LAPIERRE – CRISPO: THAT this Board of Health Executive Committee approve the meeting notes of the July 11, 2018, in-camera meeting and that these remain confidential and restricted from public disclosure in accordance with exemptions provided in the Municipal Freedom of Information and Protection of Privacy Act.

CARRIED

7. ADJOURNMENT

05-19 ADJOURNMENT

MOVED BY LAPIERRE – CRISPO: THAT we do now adjourn. Time: 1:27 p.m.

CARRIED

(Chair)

(Secretary)

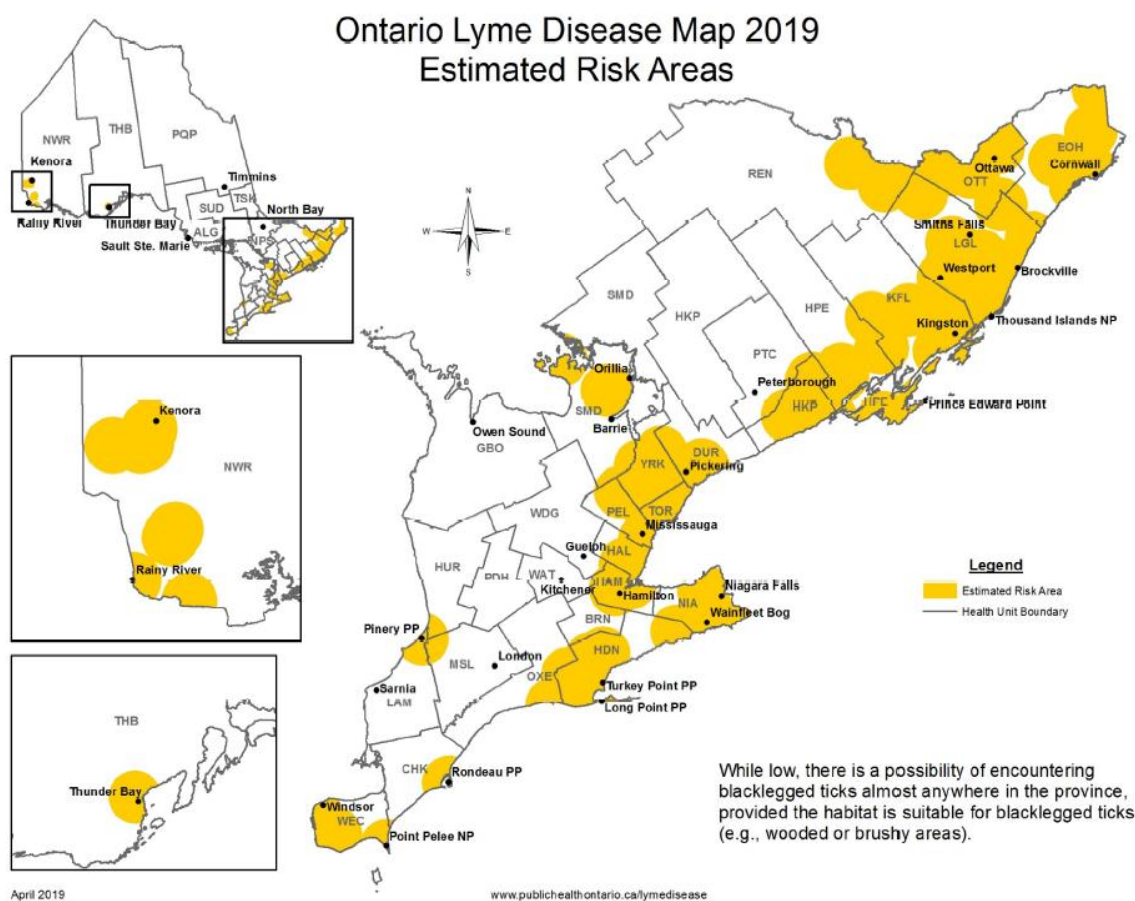
Medical Officer of Health/Chief Executive Officer Board of Health Report, May 2019

Words for thought

Ontario Lyme Disease Map 2019

Public
Health
Ontario

Santé
publique
Ontario



Source: <https://www.publichealthontario.ca/-/media/documents/lyme-disease-risk-area-map-2019.pdf?la=en>

Date: May 1, 2019

This map, published by Public Health Ontario, assists local public health units as they conduct Lyme disease case investigations, helps inform public health messages aimed at raising awareness of Lyme disease risk areas in Ontario, and provides clinicians with background information on estimated risk areas when considering potential exposures or tick bites.

Locally, Public Health Sudbury & Districts staff use this document as a reference tool when conducting Lyme disease case investigations and to assist health care providers in their assessment of patients. While the Public Health Sudbury & Districts service area is not identified as a risk area on this map, positive blacklegged ticks (the vector of Lyme disease) have been found in our area and are thought to be transported by migratory birds. Staff continue to conduct surveillance activities in collaboration with Public Health Ontario, and to provide local clinicians and members of the public with information on prevention and early detection of tick bites and Lyme disease. Local surveillance activities include submission of ticks that have been attached to a person to the Public Health Ontario Laboratory for identification and analysis. Since 2011, ten out of over 165 local ticks submitted have tested positive for the bacteria that causes Lyme disease.

General Report

1. Modernization of Public Health

The Ministry of Health and Long-Term Care is holding teleconferences with the management leadership of the 35 health units to review the anticipated within year budget pressures resulting from the provincial budget announcement to change the funding model for local public health effective April 1, 2019. The purpose is to provide clarification and discuss potential financial impacts, related mitigation opportunities, and next steps for health units for the current fiscal year.

R. Lapierre has invited the NE Board Chairs for the first-ever North East Chairs' teleconference to discuss and better understand issues from various perspectives and elements of a common vision for public health in the North East. The meeting will likely be held at the end of May.

2. Mandatory Training for all Board of Health Members

For Board members who were not able to participate in the mandatory Emergency Preparedness Training and the Baby Friendly Initiative (BFI) training on April 18, you are asked to review by June 1, 2019, the Power Point presentations in BoardEffect along with respective Baby-Friendly policies and procedures.

- BFI presentation and accompanying Policies & Procedures (four) have been saved in BoardEffect and can be found under Libraries – Board of Health – Annual Mandatory Training: Baby Friendly Initiative (BFI)
- Emergency Preparedness Power Point has been saved in BoardEffect and can be found under Libraries – Board of Health – Annual Mandatory Training: Emergency Preparedness Training for Board Members

Once these are reviewed, Board Members are asked to email quesnelr@phsd.ca to confirm completion of the annual mandatory training.

3. Local and Provincial Meetings

Dr. Zbar and I attended the Council of Ontario Medical Officers of Health (COMOH) Section teleconference meeting on April 24. I participated in the regular Council of Ontario Medical Officers of Health (COMOH) Executive teleconference meeting on May 8.

Sandra Laclé, Director of Health Promotion, and I attended the alPHa Board of Directors face-to-face meeting in Toronto on April 26.

As part of my professional training requirements to maintain my Royal College of Physicians & Surgeons of Canada licence, I participated in the Public Health Physicians of Canada Continued Professional Development Symposium in Ottawa on April 28 and 29.

On April 30, I attended the North East Collaborative Meeting in North Bay where the Terms of Reference for the NE Public Health Transformation Steering Committee were approved. The first of weekly Steering Committee meetings was held by teleconference on May 7 in which all five NE MOHs participated. It is expected that the weekly teleconference meetings of the Steering Committee will be supplemented with a monthly face to face meeting in Sudbury as we oversee this project.

4. alPHa Fitness Challenge for Boards of Health

As part of the second annual fitness challenge for Boards of Health, Board members are invited to a 30 minute group walk at 12:45 p.m., prior to the May 16 Board meeting. This time has updated from what was previously communicated. Rain or shine, let's meet in the Boardroom at 12:40 p.m. to group for the walk.

5. Financial Report

The draft March 2019 year-to-date mandatory cost-shared financial statements report a positive variance of \$174,593 for the period ending March 31, 2019. Gapped salaries and benefits account for \$44,117 or 25.3%, with operating expenses and other revenue accounting for \$130,476 or 74.7% of the variance. Monthly reviews of the financial statement ensure that shifting demand are adjusted to account in order to mitigate the variances caused by timing of activities.

The majority of the gapping to the operating and other revenues is related to the timing of the program activities and the need to refine the calendarization of the budget to actual expenses and projected needs in future periods.

A number of one-time operating pressures were identified, approved and processed, and are reflected within the March 2018 financial reporting in the amount of \$196,630, which consists of the following:

- Staffing – in year back-fill of vacancies (\$117,057)
- Programming & Research – (\$79,573)

6. Quarterly Compliance Report

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

Public Health Sudbury & Districts has paid all payable remittances for employee income tax deductions and Canada Pension Plan and Employment Insurance premiums, as required by law to April 18, 2019 on April 18, 2019. The Employer Health Tax has been paid as required by law, to April 18, 2019, with a cheque dated May 15, 2019. Workplace Safety and Insurance Board premiums have also been paid, as required by law, to March 30, 2019 with a cheque dated April 30, 2019. There are no outstanding issues regarding compliance with the Occupational Health & Safety Act, Ontario Human rights Code, or Employment Standards Act.

7. Nursing Week

National Nursing Week is May 6 to May 12, 2019. The theme is *Nurses: A Voice to Lead – Health for All*. This theme was developed by the International Council of Nurses (ICN). According to ICN, Health for All means “not just the availability of health services, but a complete state of physical and mental health that enables a person to lead a socially and economically productive life.” Registered nurses in public health keep this message in the forefront each and every day. The CNO took this opportunity to recognize their leadership role on behalf of the Professional Practice Committee.

Following are the divisional program highlights.

Clinical Services

1. Control of Infectious Diseases

Influenza

There have been 111 lab-confirmed cases of Influenza this 2018/2019 Influenza season. 110 Influenza A and 1 Influenza B. This is compared to 251 lab-confirmed cases of Influenza from the 2017/18 season. Of the 11,159 laboratory-confirmed influenza cases reported in Ontario 97.9% were Influenza A. Of those, 57% were H1N1 and 40.7% were typed as H3N2. There has been an atypically late-season increase in H3N2. As a result, an Advisory Alert was

sent out on April 23, 2019 to advise local health care providers to be on alert for cases and to provide early antiviral treatment where possible.

Respiratory outbreaks

There are two ongoing respiratory outbreaks as of May 1, 2019.

Vaccine preventable diseases

Staff continue to review over 26,000 immunization records of local school-aged children up to 18 years of age to ensure compliance as well as enforcement of the Immunization of School Pupils Act. In addition to school-based vaccination clinics, additional vaccine clinics for school-aged children were offered through public health offices to ensure these children are up to date with their vaccinations. Seventy of the 102 schools in the area have been completed. In addition to schools, the team is beginning their annual review for the immunization records of daycare registrants. This year there are over 65 daycares and they all are subject to the Childcare and Early Years Act.

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

Sexual health promotion

In April, 30 participants attended three community presentations on the topic of sexual health and services provided by the sexual health clinic.

With the formal endorsement of the Undetectable = Untransmittable (U=U) campaign, Public Health Sudbury & Districts promotes scientific evidence that an undetectable HIV viral load effectively poses no risk of HIV transmission within a comprehensive public health approach to sexual health. The sexual health team responded to three media requests for interviews (Two in English, one in French).

Needle Exchange Program (NEP)

In April, harm reduction supplies were distributed and services received through 2,383 client visits across the Public Health Sudbury & Districts' region.

Sexual health clinic

In April, there were 241 drop-in visits to the Rainbow Office site related to sexually transmitted infections, blood-borne infections and/or pregnancy counselling.

Environmental Health

1. Control of Infectious Diseases

During the month of April, seven sporadic enteric cases, one blastomycosis case, and two infection control complaints were investigated. Two enteric outbreaks were declared in institutions.

2. Food Safety

Staff issued 42 special event food service permits to various organizations.

Through Food Handler Training and Certification Program sessions offered in April, 119 individuals were certified as food handlers.

3. Health Hazard

In April, 31 health hazard complaints were received and investigated. One of these complaints involved marginalized populations.

4. Ontario Building Code

During the month of April, eight sewage system permits, 13 renovation applications, and six consent applications were received.

5. Rabies Prevention and Control

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

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

6. Safe Water

During April, 23 residents were contacted regarding adverse private drinking water samples. Public health inspectors investigated two regulated adverse water sample results.

One boil water order, and one drinking water order were issued.

During the month of April, two public pools were ordered closed. Both orders have since been rescinded following corrective action.

7. Smoke-Free Ontario Act, 2017 Enforcement

In April, Smoke-Free Ontario Act Inspectors charged eight individuals for using electronic cigarettes and two individuals for smoking tobacco on school property. Additionally, one individual was charged for smoking tobacco in a prohibited place.

Health Promotion

1. Chronic Disease Prevention and Well-Being

Healthy eating behaviours

Health Promotion staff presented at The Ontario Public Health Convention panel titled: *Addressing weight bias: what is the role of public health?* The presentation highlighted the evolution of Public Health Sudbury & Districts' commitment and approach to healthy weights programming over the last 16 years and shared how this significant work aligns with our Public Mental Health Action Framework.

Nutrition staff have been updating public health staff regarding the revised Canada's Food Guide and continue to work on updating resources, website, as well as external healthy eating messaging.

In April, public health dietitian from the Manitoulin Office co-facilitated the train-the-trainer program "Adventures in Cooking" alongside Noojmowin Teg Health Centre's child nutrition coordinator. The training was received by 12 community workers representing 5 communities and municipalities within the Manitoulin District.

Physical literacy

Manitoulin Office public health dietitian partnered with Noojmowin Teg Health Centre to build capacity through physical literacy instructor training. During the winter, recreation workers completed an e-Learning course (Introduction to Physical Literacy) and received in-person training on Physical Literacy Assessments which was supported jointly by PHSD and Sport for Life. It has been shared that Noojmowin Teg is implementing physical literacy assessments into their electronic medical system to begin monitoring physical literacy within their area.

Mental health promotion

The Public Mental Health Action Framework was co-presented to the Espanola and Area Mental Health and Addictions Sub Region Table. The committee identified and discussed the relevance of the framework to their local work.

2. Healthy Growth and Development

Breastfeeding

Two breastfeeding support group sessions were held with approximately 12 breastfeeding mothers attending in total.

In early April, Chapleau Office staff welcomed the opening of a new physician office in the community. The family health PHN provided a brief in-service to the clinic staff and two physicians highlighting local public health services such as prenatal education, breastfeeding education and support, and BFI programming. The clinic was provided with prenatal packages, breastfeeding and infant feeding resources, booklets and posters for exam rooms. Public health will continue to support and work with this new community partner who will be promoting healthy behaviours and the benefits of breastfeeding to the residents of Chapleau.

Growth and development

Staff delivered the Brain Architecture Game to a class of Early Childhood Educators at Collège Boréal. The purpose of this table-top game-based activity is to build understanding of the powerful role of experiences on early brain development – what promotes it, what derails it, with what consequences for society.

Healthy pregnancies

In April, 27 pregnant mothers and their partners attended the full day in-person prenatal class offered by staff from the Family Health Team. Topics included comfort measures during labour and delivery, the stages of labour, breastfeeding, infant care and safety. Six families registered for on-line prenatal.

Mental health promotion

Reaching In Reaching Out (RIRO) session was held with 15 participants. RIRO is a resiliency training program aimed at childcare providers and professional adult influencers who are working with children age 8 and younger. This 16-hour program helps individuals build their own internal resiliency skills so that they are able to model the behaviours back to the children they work with, as well as to identify strategies to promote a resilience-rich environment and build coping strategies in children.

Positive parenting

During March and April, the Espanola Office, in partnership with Our Children Our Future, the EarlyON Child and Family Centre and the Massey & Townships Public Library – Webbwood Branch, completed the first “Bounce Back and Thrive” resiliency skills training program. The 10 week program is designed to help parents build skills that increase their capacity to role model and promote resilience in their children from birth to the age of eight years. This is a strengths-based approach to promote caring relationships, and it enhances how we regulate our emotions, control our impulses and reflect on our reactions to life’s stressful situations.

A condensed Triple P Group session was facilitated for parents of teens. In this group, parents learned about providing a home that guides and supports teenagers as they strive to become independent, well-adjusted young adults. Parents were coached on how to help teens to make good personal decisions, negotiate rules, responsibilities and privileges and stay calm when inevitable conflicts arise. A total of six parents were in attendance.

3. School Health

Healthy eating behaviours

Staff facilitated a series of four food literacy educational workshops to a Grade 9 class at a local school. Twenty-seven students learned how to apply new nutrition and food knowledge to modify recipes to increase nutrition value and to make healthy choices when grocery shopping. Students also participated in a hands-on experience in preparing these healthy recipes.

On March 28, staff celebrated the Great Big Crunch with over 200 students at a local elementary school to increase awareness of the importance of food literacy in promoting healthy eating behaviours with children and youth. Our agency operated this event to highlight public health's role in supporting food literacy education in local school communities.

The School Health Promotion Team continued, in partnership with a local school board, to facilitate the annual EXPLO Family Fair for the fifth consecutive year. This year's theme was Explore our cultures and traditions... one bite at a time with the goal of increasing awareness of the diverse local and international food cultures and practices shared within the school communities. The fair brought students and their families together, with over 150 attendees. They had the opportunity to sample a variety of cultural dishes while hearing stories about food and healthy eating. This initiative was supported by a grant from the Ministry of Education for enriching parent participation and engagement.

Healthy sexuality

During the months of March and April, staff in the Mindemoya and Espanola Offices partnered with Noojomowin Teg Health Centre and the Ontario Provincial Police to present on Healthy Relationships and the Use of Technology. The presentation was provided to elementary school Grades 7 and 8, as well as high school students Grades 9 and 10 across Manitoulin Island, Espanola and Lacloche. The presentation discussed the importance of relationships, what a healthy relationship looks like and how technology plays a role in relationships. The presentation facilitated open conversations between youth and professionals in a safe and respectful environment to address issues impacting schools.

The School Health Promotion Team worked closely with all local school boards and each of their graduation committees to promote safe graduation practices with Grade 12 classes. In May, about 350 students attended interactive and educational sessions on how to engage in making the right kind of memorable graduation celebrations. Health topics covered at these sessions were healthy sexuality, substance misuse, road safety, and maintaining healthy relationships.

The team also provided supporting resources to the student graduation committees, educators and parents to continue sharing of health promoting practices at home and in school communities. Collaborating with and supporting adult influencers are valuable comprehensive health promotion approaches in ensuring optimal health and well-being of school-aged children and youth in Sudbury & Districts.

Physical activity and sedentary behaviour

The School Health Promotion Team facilitated an interactive learning opportunity at a Parent Involvement Committee Carousel, where the topic of focus was physical activity, sedentary behaviour and sleep. More than a hundred parents and school staff learned key strategies for being physically active, addressing healthy screen time habits and cyber safety, and incorporating healthy sleep routines as a family and a school community. The adult influencers were also equipped with additional public health resources and tools to support their important role in building healthy relationships with their children.

Substance use and harm reduction

At a North East Tobacco Control Area Network (NE TCAN) knowledge exchange, a public health nurse presented on the School Health Promotion Team's comprehensive approach to address vaping/e-cigarettes in school communities. About 30 attendees from other public health units learned about our agency's efforts in building knowledge and capacity among educators and adult influencers in order to address the rising rates of vaping among school-aged children and youth. The attendees received resources and tools.

The team addressed various school boards' needs to be more informed about the health risks of cannabis and vaping. Several professional development sessions were provided to over 100 school administrators and educators from two school boards. Topics covered included: local consumption patterns of cannabis, the chemical components, and types of cannabis. The group was appreciative of the discussions about protective factors for promoting students' informed decision-making, and how relationships between adults and students matter most in addressing and promoting health and well-being.

4. Substance Use and Injury Prevention

Comprehensive tobacco control

In April, 22 calls were received on the tobacco information line, 29 clients attended the Quit Smoking Clinic, 46 nicotine replacement therapy vouchers were dispensed, and 35 vouchers were redeemed. Staff also provided cessation support to 200 Cambrian College staff and students at their Nico-bar event. The event was a pilot project in partnership with the Canadian Cancer Society Quebec, Smoker's Help Line, and the college's wellness committee. The purpose of the event was to identify smoking status and readiness to quit among smokers, engage participants in brief interactive smoking cessation and prevention activities, and to

assess change in readiness to quit. Public health staff also supported the Municipality of St. Charles in updating their tobacco by-laws to include e-cigarettes and cannabis.

The North East Tobacco Control Area Network hosted a Regional Vaping Knowledge Exchange. Twenty-nine public health unit staff across Northeastern Ontario attended. Dr. Shawn O'Connor, Senior Manager of the Ontario Tobacco Research Unit presented regional data and recommendations for next steps. Presentations also included insight into vaping in educational institutions, enforcement challenges, and an evidence brief of vaping interventions. A planning group was formed to focus time and effort on consistent messaging and interventions across the North East.

Concussions

Public Health staff provided feedback to the Ministry of Tourism, Culture and Sport during the consultation for the proposed regulations under Rowan's Law (concussion Safety), 2018.

Falls

Public Health staff attended and delivered a presentation related to falls prevention and chronic diseases in older adults at an event organized by Health Sciences North, the Northern Ontario School of Medicine and Laurentian Research Institute for Aging. Thirty-five participants across the North East attended this session. The Falls Prevention Team also attended an event titled Colloque du vieillissement at Laurentian University and staffed a booth promoting the Stay On Your Feet strategy.

Life promotion, suicide risk and prevention

In follow-up to the Life Promotion and Youth Suicide Prevention Summit that was held at Laurentian University in September 2018, several advancements have occurred in the first part of 2019. Four pillar groups have been established to advance the recommendations proposed during the 2018 summit, including Leadership, Mental Health Promotion, Prevention and Intervention and Clinical Support. All groups have been meeting and a draft Terms of Reference has been established for the Leadership Pillar. The Promotion and Prevention groups have had preliminary meetings and, in April, engaged in a joint visioning activity to map out broad goals, outcomes and activities.

Road safety

In April, Public Health staff, in partnership with Our Children Our Future and Centre Pivot Du Triangle Magique (CPTM), hosted a car seat inspection clinic and 18 child restraint systems were inspected. A car seat technician training was also delivered in partnership with CPTM and five new technicians completed their training.

Substance use

In April, there were two media requests related to the Community Drug Strategy. One media interview provided an update on the Supervised Consumption Services in Greater Sudbury and

another media interview was in response to Public Health Sudbury & Districts Annual Report and the Community Drug Strategy content.

The Community Drug Strategy attended Réseau Access Network's event for the National Day of Action on the Overdose Crisis on April 16, 2019. The event consisted of having community members walk through a simulated supervised consumption service while highlighting the importance of providing a safe space for people who use drugs. Various resources from the Community Drug Strategy were also distributed and promoted.

The Emergency Opioid Response plan was presented to the Greater Sudbury Emergency Management Advisory Panel. Feedback was requested through a survey, which will be collated and incorporated for review by the Community Drug Strategy Executive Committee in May.

Alcohol

During the month of March and April, the Sudbury East and LaCloche Drug Strategy Committee launched a drug and alcohol survey. This survey was shared within Sudbury East, Espanola and surrounding areas. Furthermore, staff completed the final stakeholder consultation to inform the Alcohol Use and the Health of Our Community report. In 2018/19, community consultations on alcohol use was collected with a total of 13 community stakeholder groups in Sudbury and districts, including 188 community members.

Cannabis

In March, public health nurses attended Science North's ABC's of THC (tetrahydrocannabinol) Nightlife on the Rocks event. Staff hosted an educational booth and raised awareness around the Lower-Risk Cannabis Use Guidelines. Over 800 individuals attended this event and participated in various activities to learn about the ABC's of cannabis. Staff continue to raise awareness about the Cannabis Be Wise campaign and share various messages via our social media platforms.

Harm reduction – Naloxone

In the first quarter of 2019, 545 naloxone kits and 84 refills were distributed to clients in Sudbury and districts. Through the naloxone program, one agency received support for policy development. A non-profit community partner received training for overdose recognition and naloxone administration. The program also fielded a number of calls from community agencies requesting naloxone although they are not eligible to receive naloxone from the ministry.

Knowledge and Strategic Services

1. Health Equity

One Bridges out of Poverty workshop was delivered to the public in April. A seventh Circles Leader Training course was delivered with individuals living in low income in April. The course was facilitated by Public Health Sudbury & Districts' Health Equity Team and was hosted at a

new partner site, the Sudbury Vocational Resource Centre. The Circles Sudbury program continues to hold three sessions per month with individuals living in low income and volunteer allies from the community. One of the sessions focused on resiliency and was facilitated by Public Health Sudbury & Districts' Family Health Team, and another session focused on relationship building and was facilitated by Monarch Recovery Services.

A new research project funded through the Louise Picard Public Health Research Grant focusing on beliefs about the social determinants of health began in April. Data collection has begun, with the first focus group session completed. Results from the study will inform health equity communication efforts.

2. Indigenous Engagement

Members of the Indigenous Circle and Project Team for the Locally Driven Collaborative Project "Relationship building with First Nations and public health: Exploring principles and practices of engagement to improved community health" met at Public Health Sudbury & Districts on April 11. The Indigenous Circle and Project Team met to discuss findings from the Gathering and Sharing Learning in First Nation communities phase of the project, and to plan for the final report of this multi-phase project. The project partners on this study include staff from Public Health Sudbury & Districts and other northeastern public health units, Indigenous community leaders, and Indigenous scholars.

3. Population Health Assessment and Surveillance

Four new internal Population Health Assessment Team Indicator Reports (PHASSt-IR) were produced using 2017 data from the Rapid Risk Factor Surveillance System (RRFSS). The reports included topics such as Familiarity with Health Unit, International Physical Activity Questionnaire (IPAQ) Sedentary Behaviour, Sun Safety, and Support for Smoking Ban in Multi-Unit Dwellings.

4. Evidence-Informed Practice and Planning

Boards of health are required to implement a systematic process to plan programs and services. Public Health Sudbury & Districts' Program Planning Framework provides a broad structure and organization to program planning across the agency and allows us to incorporate the principles of need, impact, capacity, and partnerships in our planning processes. A program planning launch and orientation session will take place on May 7. The purpose of this session is to share the revised planning framework and tools, to collectively discuss planning processes, and to promote a consistent approach across divisions and teams.

5. Staff Development

On April 25, Public Health Sudbury & Districts staff members participated in the agency's bi-annual Knowledge Exchange Symposium. Seven staff members shared their learnings and experiences from The Ontario Public Health Convention (TOPHC) with 27 staff who participated in the event. Presenters spoke on a range of topics, including preparation of conference posters, the Public Mental Health Action Framework, performance management and quality improvement, workforce development, and a community study of radon levels.

On May 3 a total of 11 staff received certificates of completion for their participation in the OnCore program which ran from September 2018 to April 2019. OnCore is an educational program that breaks down public health concepts through an expansive and interactive online learning experience and cements those concepts through off-line facilitated case studies. The program was supported by three staff facilitators with expertise in areas of epidemiology, health equity, and evaluation, each of whom received certificates of appreciation for their support in making the program a success.

6. Student Placement Program

Public Health Sudbury & Districts offers placement opportunities for students in many different disciplines including, but not limited to, nursing, medicine, Masters in Public Health, and social work. Staff preceptors play a critical role in creating a safe and supportive learning environment for students while bridging the gap between what's learned in the classroom and the competencies required in a real working environment. Preceptors also support recruitment efforts by fostering an interest in public health practice with students. The annual Preceptor Appreciation event will be held on May 10. This event provides an opportunity to celebrate and recognize preceptor achievements, provide relevant program updates and resources to preceptors, and receive feedback from preceptors in an effort to continuously improve the quality of the program.

7. Strategic Engagement Unit and Communications

As of April 29, 2019, the agency's Facebook page had 4 266 followers. This represents a steady increase, which also helps expand the reach of the agency's messaging posted on Facebook. The following three topics are highlighted for reaching a significant number of readers in April: Importance of baby's first dental health visit (7 732 people); Be cannabis wise (11 785 people); and Massive overhaul and reductions to public health (20 000 people). These numbers represent combined French and English reach as well as paid and organic reach.

Respectfully submitted,

Original signed by

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

Public Health Sudbury & Districts

DRAFT STATEMENT OF REVENUE & EXPENDITURES

For The 3 Periods Ending March 31, 2019

Cost Shared Programs

	Annual Budget	Budget YTD	Current Expenditures YTD	Variance YTD (over)/under	Balance Available
Revenue:					
MOHLTC - General Program	15,127,700	3,781,925	3,781,925	0	11,345,775
MOHLTC - Unorganized Territory	826,000	206,500	206,500	0	619,500
MOHLTC - VBD Education & Surveillance	65,000	16,250	16,250	0	48,750
MOHLTC - SDWS	106,000	26,500	26,500	0	79,500
Municipal Levies	7,276,750	1,819,188	1,819,188	(0)	5,457,562
Municipal Levies - Small Drinking Water Syst	47,222	11,806	11,806	(0)	35,416
Municipal Levies - VBD Education & Surveill	21,646	5,412	5,412	(0)	16,234
Interest Earned	105,000	59,341	59,341	0	45,659
Total Revenues:	\$23,575,318	\$5,926,921	\$5,926,921	\$(1)	\$17,648,397
Expenditures:					
Corporate Services:					
Corporate Services	4,082,277	1,213,456	1,222,213	(8,757)	2,860,064
Print Shop	120,102	30,025	28,530	1,495	91,572
Espanola	120,699	28,876	27,156	1,720	93,543
Manitoulin	130,271	31,112	26,843	4,269	103,427
Chapleau	101,791	24,093	22,825	1,268	78,966
Sudbury East	16,808	4,202	4,459	(257)	12,349
Intake	328,471	75,801	78,324	(2,523)	250,147
Volunteer Services	4,850	1,212	160	1,052	4,690
Facilities Management	497,448	87,932	63,762	24,170	433,686
Total Corporate Services:	\$5,402,717	\$1,496,710	\$1,474,272	\$22,438	\$3,928,445
Clinical Services:					
General	1,053,637	252,406	218,389	34,018	835,249
Clinical Services	1,307,656	322,385	351,682	(29,298)	955,974
Branches	219,267	49,212	48,964	249	170,304
Family	633,751	139,358	142,412	(3,054)	491,340
Risk Reduction	98,842	24,710	20,293	4,418	78,549
Sexual Health	1,125,669	256,414	246,632	9,782	879,037
Influenza	0	0	(178)	178	178
Meningitis	0	0	(646)	646	646
HPV	0	0	(374)	374	374
Dental - Clinic	451,537	105,870	99,682	6,188	351,855
Vision Health	62,043	7,448	3,248	4,199	58,795
Total Clinical Services:	\$4,952,403	\$1,157,803	\$1,130,103	\$27,700	\$3,822,300
Environmental Health:					
General	816,010	184,005	160,735	23,270	655,276
Environmental	2,426,252	529,499	570,964	(41,465)	1,855,288
Vector Borne Disease (VBD)	86,907	20,927	4,809	16,118	82,098
Small Drinking Water System	163,130	37,417	35,717	1,700	127,413
Total Environmental Health:	\$3,492,300	\$771,848	\$772,225	\$(377)	\$2,720,075
Health Promotion:					
General	1,256,708	281,760	268,737	13,023	987,971
School	1,439,714	326,618	322,356	4,261	1,117,357
Healthy Communities & Workplaces	146,826	34,144	30,922	3,222	115,904
Branches - Espanola / Manitoulin	324,077	74,904	72,543	2,361	251,534
Nutrition & Physical Activity	1,089,514	252,493	251,365	1,128	838,149
Branches - Chapleau / Sudbury East	388,476	88,226	87,932	294	300,544
Injury Prevention	385,538	76,127	70,283	5,844	315,255
Tobacco By-Law	272,393	63,258	60,339	2,919	212,054
Healthy Growth and Development	1,123,398	235,085	226,350	8,735	897,048
Substance Misuse Prevention	125,242	17,508	11,986	5,523	113,257
Mental Health and Addictions	400,783	64,556	63,369	1,187	337,414
Alcohol Misuse	239,533	52,029	44,342	7,686	195,191
Total Health Promotion:	\$7,192,202	\$1,566,708	\$1,510,524	\$56,183	\$5,681,678
Knowledge and Strategic Services:					
General	1,862,603	437,168	366,003	71,166	1,496,601
Workplace Capacity Development	23,507	5,877	134	5,743	23,373
Health Equity Office	14,440	3,610	16,945	(13,335)	(2,505)
Strategic Engagement	635,146	100,126	95,050	5,076	540,096
Total Knowledge and Strategic Services:	\$2,535,696	\$546,781	\$478,131	\$68,649	\$2,057,565
Total Expenditures:	\$23,575,318	\$5,539,849	\$5,365,256	\$174,593	\$18,210,062
Net Surplus/(Deficit)	\$0	\$387,072	\$561,665	\$174,593	

NOTE: The March 2019 or first quarter financial statement are issued in draft form and may be subject to adjustments pending the submission of the first quarter financial reporting due to the Ministry of Health Long Term Care.

Public Health Sudbury & Districts

Cost Shared Programs

DRAFT STATEMENT OF REVENUE & EXPENDITURES

Summary By Expenditure Category

For The 3 Periods Ending March 31, 2019

	BOH Annual Budget	Budget YTD	Current Expenditures YTD	Variance YTD (over) /under	Budget Available
Revenues & Expenditure Recoveries:					
Funding	23,757,705	6,031,833	6,035,208	(3,376)	17,722,497
Other Revenue/Transfers	724,334	178,952	148,160	30,792	576,174
Total Revenues & Expenditure Recoveries:	24,482,039	6,210,785	6,183,368	27,417	18,298,671
Expenditures:					
Salaries	16,135,166	3,655,213	3,583,443	71,770	12,551,723
Benefits	4,467,236	1,035,121	1,062,774	(27,653)	3,404,462
Travel	253,510	63,377	28,052	35,325	225,458
Program Expenses	899,175	207,989	149,758	58,231	749,417
Office Supplies	67,816	16,954	12,751	4,203	55,065
Postage & Courier Services	69,322	17,330	16,424	906	52,898
Photocopy Expenses	33,807	8,452	6,169	2,283	27,638
Telephone Expenses	61,132	15,283	12,598	2,685	48,534
Building Maintenance	365,145	103,973	102,207	1,766	262,938
Utilities	214,325	53,581	51,739	1,842	162,586
Rent	259,105	64,776	67,391	(2,615)	191,714
Insurance	115,636	109,903	109,903	0	5,733
Employee Assistance Program (EAP)	34,969	8,742	7,834	908	27,135
Memberships	32,289	8,072	6,728	1,344	25,561
Staff Development	190,132	37,603	26,233	11,370	163,899
Books & Subscriptions	11,815	2,829	1,095	1,734	10,720
Media & Advertising	130,588	27,647	12,898	14,749	117,690
Professional Fees	359,414	99,005	75,966	23,039	283,448
Translation	45,127	11,282	12,322	(1,040)	32,805
Furniture & Equipment	13,770	3,442	2,682	760	11,088
Information Technology	722,560	273,140	272,736	403	449,824
Total Expenditures	24,482,039	5,823,714	5,621,704	202,010	18,860,335
Net Surplus (Deficit)	0	387,072	561,665	174,593	

NOTE: The March 2019 or first quarter financial statement are issued in draft form and may be subject to adjustments pending the submission of the first quarter financial reporting due to the Ministry of Health Long Term Care.

Public Health Sudbury & Districts

DRAFT SUMMARY OF REVENUE & EXPENDITURES

For the Period Ended March 31, 2019

100% Funded Programs

Program	FTE	Annual Budget	Current YTD	Balance Available	% YTD	Program Year End	Expected % YTD
INFOWAY - Immunization Ontario	702	-	-	-	#DIV/0!	Dec./19	37.5%
MOHLTC Local Model for Indigenous Engagement	703	103,302	103,300	2	100.0%	Mar 31/19	100.0%
Pre/Postnatal Nurse Practitioner	704	139,000	32,788	106,212	23.6%	Dec 31	25.0%
OTF - Getting Ahead and Circles	706	115,179	5,225	109,954	4.5%	Mar 31/2020	53.7%
CGS - Local Poverty Reduction Evaluation	707	70,326	-	70,326	0.0%	Nov 30/2019	100.0%
SFO - Electronic Cigarette Act	722	36,700	5,668	31,032	15.4%	Dec 31	25.0%
SFO -TCAN - Prevention	724	97,200	12,278	84,922	12.6%	Dec 31	25.0%
SFO - Tobacco Control Area Network - TCAN	725	285,800	62,966	222,834	22.0%	Dec 31	25.0%
SFO - Local Capacity Building: Prevention & Protection	726	259,800	41,869	217,931	16.1%	Dec 31	25.0%
SFO - Tobacco Control Coordination	730	100,000	24,937	75,063	24.9%	Dec 31	25.0%
SFO - Youth Engagement	732	80,000	17,021	62,979	21.3%	Dec 31	25.0%
Infectious Disease Control	735	479,100	91,402	387,698	19.1%	Dec 31	25.0%
LHIN - Falls Prevention Project & LHIN Screen	736	100,000	109,397	(9,397)	109.4%	Mar 31/19	100.0%
MOHLTC - Special Nursing Initiative	738	180,500	46,648	133,852	25.8%	Dec 31	25.0%
MOHLTC - Northern Fruit and Vegetable Funding	743	176,100	72,320	103,780	41.1%	Dec 31	25.0%
Food Safety - Haines Funding	750	36,500	-	36,500	0.0%	Dec 31	25.0%
NE HU Collaborations/Shared Services Exploration	755	-	16,473	(16,473)	#DIV/0!	Mar 31/19	100.0%
Triple P Co-Ordination	766	81,343	12,974	68,369	15.9%	Dec 31	25.0%
Supervised Consumption Study	770	80,000	-	80,000	0.0%	Dec 31	25.0%
MOHTLC - Harm Reduction Program	771	150,000	19,071	130,929	12.7%	Dec 31	25.0%
Healthy Babies Healthy Children	778	1,476,897	319,072	1,157,825	21.6%	Dec 31	25.0%
Healthy Smiles Ontario (HSO)	787	612,200	125,129	487,071	20.4%	Dec 31	25.0%
Anonymous Testing	788	61,193	61,193	-	100.0%	Mar 31/19	100.0%
PHO/LDCP First Nations Engagement	790	108,713	108,713	-	100.0%	May/17 to May/19	45.8%
MHPS- Diabetes Prevention Program	792	175,000	23,604	151,396	13.5%	Dec 31	25.0%
MOHLTC- Built Envir.-Climate Chg. - Disclosure & Healthy Menu	793	131,100	121,139	9,961	92.4%	Mar 31/19	100.0%
Total		5,135,953	1,433,187	3,702,766			

April 10, 2019

All Ontario Senators
The Senate of Canada
Ottawa, ON K1A 0A4

Dear Honourable Ontario Senators:

Re: Support for Bill S-228, Child Health Protection Act

On behalf of the Board of Health for Public Health Sudbury & Districts, please accept this correspondence reaffirming our full support for Bill S-228, Child Health Protection Act, which, when passed, would ban food and beverage marketing to children under 13 years of age.

Food and beverage advertisements directed at children can negatively influence lifelong eating attitudes and behaviours (including food preferences, purchase requests, and consumption patterns). Regulation of food and beverage marketing to children is considered an effective and cost saving population-based intervention to improve health and prevent disease.

In 2016, the Board of Health supported a motion in support of Bill S-228 and urged the federal government to implement a legislative framework to protect child health by ensuring protection from aggressive marketing of unhealthy food and beverages. Additionally, the Association of Local Public Health Agencies and the Ontario Dietitians in Public Health have submitted letters expressing their full support for Bill S-228.

The Board of Health for Public Health Sudbury & Districts commends you for your leadership in the development of this landmark piece of legislation. Bill S-228 has passed its third reading in the House of Commons and is awaiting royal assent. As a critical step to improving the health of Canadians, we respectfully request that you pass Bill S-228 without further delay.

Sincerely,



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

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

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

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Chapleau ON P0M 1K0
t: 705.860.9200
f: 705.864.0820

Toll-free / Sans frais

1.866.522.9200

phsd.ca



April 18, 2019

The Honourable Doug Ford
Premier of Ontario
Legislative Building, Queen's Park
Toronto, ON M7A 1A1
Sent via e-mail: premier@ontario.ca

Dear Premier Ford:

Re: Support for Bill 60, Establishing a Social Assistance Research Commission

At its meeting held on April 18, 2019, the Board of Health for the Haliburton, Kawartha, Pine Ridge District Health Unit discussed correspondence from the North Bay Parry Sound District Health Unit regarding the establishment of a Social Assistance Research Commission under the *Ministry of Community and Social Services Act, R.S.O. 1990, c.M.20* (Bill 60).

Inadequate income and food insecurity result in poor health outcomes and higher health care costs. Current social assistance rates do not meet the minimum basic needs of shelter and food, putting recipients of social assistance programs at greater risk for poor health outcomes and mortality. The Board of Health agrees with the recommendations provided in North Bay Parry Sound's resolution (attached) and supports Bill 60, an Act to amend the *Ministry of Community and Social Services Act* to establish the Social Assistance Research Commission.

We appreciate your consideration of this important public health issue.

BOARD OF HEALTH FOR HALIBURTON,
KAWARTHA, PINE RIDGE DISTRICT HEALTH UNIT



Cammie Jaquays, Chair, Board of Health

Cc (via email) : The Hon. Christine Elliott, Minister of Health and Long-Term Care
The Hon. Lisa MacLeod, Minister Responsible for Women's Issues, Minister of Children, Community & Social Services
The Hon. Laurie Scott, MPP Haliburton-Kawartha Lakes-Brock
David Piccini, MPP Northumberland-Peterborough South
Dr. David Williams, Ontario Chief Medical Officer of Health
Ontario Boards of Health
Loretta Ryan, Association of Local Public Health Agencies

Attachment

PROTECTION • PROMOTION • PREVENTION



HEAD OFFICE
200 Rose Glen Road
Port Hope, Ontario L1A 3V6
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HALIBURTON OFFICE
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Fax • 705-457-1336



LINDSAY OFFICE
108 Angeline Street South
Lindsay, Ontario K9V 3L5
Phone • 1-866-888-4577
Fax • (705) 324-0455

April 25, 2019

VIA: Electronic Mail (lisa.macleodco@pc.ola.org)

Honourable Lisa MacLeod
Minister of Children, Community and Social Services
80 Grosvenor Street
Hepburn Block 6th Floor
Toronto, ON M7A 2C4

Dear Minister MacLeod:

RE: Endorsement of The Ontario Dietitians in Public Health letter on Bill 60

The Kingston, Frontenac and Lennox & Addington (KFL&A) Board of Health passed the following motion at its April 24, 2019 meeting:

THAT the KFL&A Board of Health endorse the letter by The Ontario Dietitians in Public Health, regarding support for Bill 60, establishing a Social Assistance Research Commission, and send correspondence to the Honourable Lisa MacLeod, Minister of Children, Community and Social Services.

FURTHER THAT a copy of this letter be forwarded to:

- 1) Honourable Doug Ford, Premier of Ontario**
- 2) Honourable Christine Elliot, Deputy Premier and Minister of Health and Long-Term Care**
- 3) Paul Miller, MPP Hamilton East-Stoney Creek (co-Sponsor of Bill 60)**
- 4) Robert Bailey, MPP Sarnia-Lambton (co-Sponsor of Bill 60)**
- 5) Ian Arthur, MPP Kingston and the Islands**
- 6) Randy Hillier, MPP Lanark-Frontenac-Kingston**
- 7) Daryl Kramp, MPP Hastings-Lennox and Addington**
- 8) Monica Turner, Director of Policy, Association of Municipalities of Ontario**
- 9) Loretta Ryan, Association of Local Public Health Agencies**
- 10) Ontario Boards of Health**
- 11) The Ontario Dietitians in Public Health, Carolyn Doris and Mary Ellen Prange**

One in 10 households in KFL&A area experience food insecurity. Income is the root cause of food insecurity and is a key determinant of health. As such, responses are needed to address food insecurity. Bill 60 has the potential to improve income security for social assistance recipients, and hence, food security. The Ontario Dietitians in Public Health's support of Bill 60 aligns with KFL&A Public Health's commitment to addressing health disparities, such as food insecurity.

Kingston, Frontenac and Lennox & Addington Public Health

www.kflaph.ca

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613-549-1232 | 1-800-267-7875
Fax: 613-549-7896

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

The KFL&A Board of Health urges the Government of Ontario to support Bill 60 and create a Social Assistance Research Commission to recommend rates of provincial social assistance that is grounded in an analysis of the cost for basic and other necessities.

Yours truly,



Denis Doyle, Chair
KFL&A Board of Health

Copy to: Hon. D. Ford, Premier of Ontario
Hon. C. Elliot, Deputy Premier and Minister of Health and Long-Term Care
P. Miller, MPP Hamilton East-Stoney Creek (co-Sponsor of Bill 60)
R. Bailey, MPP Sarnia-Lambton (co-Sponsor of Bill 60)
I. Arthur, MPP Kingston and the Islands
R. Hillier, MPP Lanark-Frontenac-Kingston
D. Kramp, MPP Hastings-Lennox and Addington
M. Turner, Director of Policy, Association of Municipalities of Ontario
L. Ryan, Association of Local Public Health Agencies
Ontario Boards of Health
The Ontario Dietitians in Public Health, C. Doris and M.E. Prange

May 6, 2019

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

The Honourable Christine Elliott
Deputy Premier and Minister of Health and Long-Term Care
College Park, 5th Floor
777 Bay Street
Toronto ON M7A2J3

The Honourable Lisa MacLeod
Minister of Children, Community and Social Services
Hepburn Block, 6th Floor
80 Grosvenor Street
Toronto ON M7A1E9

Re: Support for Bill 60

On April 26, 2019 at a regular meeting of the Board for the Grey Bruce Health Unit, the Board considered the attached resolution from North Bay Parry Sound District Health Unit (Board) regarding their continued support of staff and community stakeholders to reduce health inequalities and their support for Bill 60. The following motion was passed:

GBHU BOH Motion 2019-19

Moved by: Anne Eadie

Seconded by: Sue Paterson

“THAT, the Board of Health support the resolution from North Bay Parry Sound District Health Unit in regards to Reducing Health Inequities and Support for Bill 60”

Carried

Sincerely,

A handwritten signature in black ink, consisting of a long, sweeping horizontal stroke followed by a small, curved flourish at the end.

Mitch Twolan
Chair, Board of Health
Grey Bruce Health Unit

Encl.

Cc: Local MP's and MPP's
Association of Local Public Health Agencies
Ontario Health Units

May 6, 2019

The Honourable Christine Elliott
Deputy Premier and Minister of Health and Long-Term Care
College Park, 5th Floor
777 Bay Street
Toronto ON M7A2J3

The Honourable Lisa MacLeod
Minister of Children, Community and Social Services
Hepburn Block, 6th Floor
80 Grosvenor Street
Toronto ON M7A1E9

Re: Support for Bill 60

On April 26, 2019 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 passing of Bill 60 as an important step towards fiscal responsibility and to address health inequalities. The following motion was passed:

GBHU BOH Motion 2019-21

Moved by: Anne Eadie

Seconded by: Sue Paterson

“THAT, the Board of Health support the correspondence from Peterborough Public Health urging the passing of Bill 60”

Carried

Sincerely,



Mitch Twolan
Chair, Board of Health
Grey Bruce Health Unit

Encl.

Cc: The Honourable Doug Ford, Premier of Ontario
Local MP's and MPP's
Association of Local Public Health Agencies
Ontario Boards of Health

Working together for a healthier future for all..

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

April 17, 2019

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

Dear Minister Elliott:

Re: Urgent provincial action needed to address the potential health and social harms from the ongoing modernization of alcohol retail sales in Ontario

On behalf of the Simcoe Muskoka District Health Unit (SMDHU) Board of Health, I am writing to urge the Government of Ontario to develop a comprehensive provincial alcohol strategy to mitigate harms and monitor the health impacts of increasing access and availability of alcohol in Ontario.

Alcohol costs to the individual and society are significant. In 2014, Ontario spent \$5.34 billion on alcohol-related harms, including \$1.5 billion for healthcare and \$1.3 billion for criminal justice.¹ Since 2015, alcohol use has contributed to more than 43,000 emergency room visits and 66 hospitalizations per day, a significant and avoidable burden on Ontario's healthcare system.²

It is well established that increased alcohol availability leads to increased consumption and alcohol-related harms. A comprehensive, provincially led alcohol strategy can help mitigate the potential harms of alcohol use as the government liberalizes access. Such a strategy should include:

- Strong policies to minimize the potential health and social harms of alcohol consumption;
- An improved monitoring system to track alcohol-related harms;
- Rigorous enforcement of alcohol marketing regulations, and;
- Public education and awareness campaigns aimed at changing attitudes and social norms around consumption.

The Ontario Government has committed to ensure the health and safety of our communities as it increases the availability of alcohol; however, recent changes in the way alcohol is sold and the 2019 Ontario Budget 'Protecting What Matters Most' ³ released on April 11, 2019 suggest that economic interests are superseding the health and well-being of Ontarians and further diminishes the likelihood of meeting the goal of ending hallway medicine. Recent changes that raise the potential for increased alcohol-related harms include reducing the minimum retail price of beer to \$1.00, halting the annual inflation-indexed increase in the beer tax, and extending the hours of sale for alcohol retail outlets. This is in conjunction with the anticipated changes of legislation permitting municipalities to designate public areas for consumption of alcohol, advertising happy hour and creating a tailgating permit for eligible sporting events including post-secondary events.

The SMDHU Board of Health has on numerous occasions sent advocacy letters to the provincial government to support healthy alcohol policy, most recently in 2017, calling on the government to

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L4M 6K9
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FAX: 705-721-1495

□ **Collingwood:**
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Collingwood, ON
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
Gravenhurst, ON
P1P 1Z3
705-684-9090
FAX: 705-684-9887

□ **Huntsville:**
34 Chaffey St.
Huntsville, ON
P1H 1K1
705-789-8813
FAX: 705-789-7245

□ **Midland:**
B-865 Hugel Ave.
Midland, ON
L4R 1X8
705-526-9324
FAX: 705-526-1513

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

prioritize the health and well-being of Ontarians by enacting a comprehensive, evidence-based alcohol strategy.

We believe it is possible to create a healthy alcohol culture in Ontario that balances interests in public health, government revenue, economic development, and consumer preferences without sacrificing the health of Ontarians. We support both the Council of Ontario Medical Officers of Health and Association of Local Public Health Agencies' request to ensure such a balance, and we thereby encourage the government to develop a provincial alcohol strategy that incorporates health goals.^{4,5} This would include a monitoring and evaluation plan to measure intended and unintended impacts of policy change. Now is the time for Ontario to take leadership and address the harms of alcohol use in our province.

Thank you for your consideration.

Sincerely,

ORIGINAL Signed By:

Anita Dubeau
Chair, Board of Health

cc. Hon. Vic Fedeli, Minister of Finance
Ken Hughes, Special Advisor for the Beverage Alcohol Review
Doug Downey, MPP Barrie-Springwater-Oro-Medonte
Jill Dunlop, MPP Simcoe North
Andrea Khanjin, MPP Barrie-Innisfil
Norman Miller, MPP Parry Sound-Muskoka
Hon. Caroline Mulroney, MPP York-Simcoe
Jim Wilson, MPP Simcoe-Grey
Dr. David Williams, Chief Medical Officer of Health for Ontario
Loretta Ryan, alPHa Executive Director
Ontario Boards of Health

References

1. The Canadian Centre on Substance Use and Addiction. (2018) [Canadian Substance Use Costs and Harms in the Provinces and Territories \(2007–2014\)](#)
2. Ontario Public Health Association. (2018) [The Facts: Alcohol Harms and Costs in Ontario](#).
3. Ministry of Finance of the Ontario Government, [2019 Ontario Budget Protecting What Matters Most](#), April 11, 2019 , Honourable Victor Fedeli
4. Council of Ontario Medical Officers of Health, [Re: Alcohol Choice & Convenience Roundtable Discussions](#) [Letter written March 14, 2019 to Honorable Vic Fedeli].
5. Association of Local Public Health Agencies, [Re: Alcohol Choice & Convenience Roundtable Discussions](#) [Letter written March 8, 2019 to Honorable Vic Fedeli].

April 25, 2019

VIA: Electronic Mail (doug.ford@pc.ola.org)

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

Dear Premier Ford:

RE: Minimizing harms associated with the announced expansion of the sale of beverage alcohol in Ontario

The Kingston, Frontenac and Lennox & Addington (KFL&A) Board of Health passed the following motion at its April 24, 2019 meeting:

THAT the KFL&A Board of Health ask the Government of Ontario to outline the actions that they will take to implement their commitment to the safe and responsible sale and consumption of alcohol in Ontario as noted in the 2019 provincial budget; and

THAT the KFL&A Board of Health strongly urge the provincial government to ensure that any plan to address the safe and responsible sale and consumption of beverage alcohol include a wide range of evidence-based policies including: implementing alcohol pricing policies, controlling physical and legal availability, curtailing alcohol marketing, regulating and monitoring alcohol control systems, countering drinking and driving, educating and promoting behaviour change, increasing access to screening and brief interventions, and surveillance, research and knowledge exchange, and that this plan be funded, and monitored for effectiveness; and

THAT the KFL&A Board of Health ask the Government of Ontario to indicate how much alcohol consumption will increase with the proposed expansion over the next five years, how much this increased consumption will cost the justice, social and health care systems over the next five years, and the fiscal plan to pay for these anticipated costs;

AND FURTHER THAT correspondence be sent to:

- 1) Honourable Doug Ford, Premier of Ontario
- 2) Honourable Vic Fedeli, Minister of Finance, Chair of Cabinet
- 3) Honourable Christine Elliot, Provincial Minister of Health and Long-term Care, Deputy Premier
- 4) Ian Arthur, MPP Kingston and the Islands
- 5) Randy Hillier, MPP Lanark-Frontenac-Kingston
- 6) Daryl Kramp, MPP Hastings-Lennox and Addington

Kingston, Frontenac and Lennox & Addington Public Health

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Fax: 613-549-7896

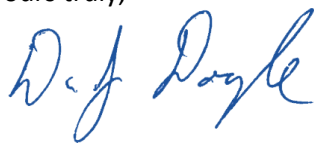
Branch Offices	Cloyne	613-336-8989	Fax: 613-336-0522
	Napanee	613-354-3357	Fax: 613-354-6267
	Sharbot Lake	613-279-2151	Fax: 613-279-3997

- 7) Loretta Ryan, Association of Local Public Health Agencies
- 8) Dr. David Williams, Chief Medical Officer of Health, Ministry of Health and Long-term Care
- 9) Ontario Boards of Health

The recent release of the 2019 Ontario budget includes a number of changes to increase the choice and convenience of beverage alcohol for consumers. However, this same document, while assuring Ontarians that safe and responsible sale and consumption of alcohol in Ontario is, and will continue to be, a top priority, the document does not include any specific action by the Government of Ontario to realize this goal. The KFL&A Board of Health would be pleased to hear the government's plans for safe and responsible sale and consumption of alcohol. Furthermore, there are many evidence-based strategies that protect and promote health that KFL&A Public Health would encourage the government to include in this plan.

In addition, evidence from other provinces have demonstrated that increases to the availability of alcohol had negative social and health outcomes, including increased alcohol-related traffic incidents and suicides. These are the short-term impacts of the over-consumption of alcohol. Longer term effects will result in increased chronic diseases such as cancers and heart disease both of which are costly to manage and treat. There is no reason to believe that the expansion of beverage alcohol sales in Ontario will not have the same result – an increase in alcohol consumption with the concomitant increase in health, social and justice services use, and hence, costs. The KFL&A Board of Health would also be pleased to hear from the provincial government regarding how much the increase in alcohol availability is anticipated to impact consumption and the use of health, social and justice services. Furthermore, the KFL&A Board of Health would ask that the government provide a plan for how these anticipated expenses will be funded.

Yours truly,



Denis Doyle, Chair
KFL&A Board of Health

Copy to: The Honourable Christine Elliott, Minister of Health and Long-Term Care, Deputy Premier
The Honourable Lisa Thompson, Minister of Education
The Honourable Lisa MacLeod, Minister of Children, Community and Social Services and Minister Responsible for Women's Issues
Ian Arthur, MPP Kingston and the Islands
Randy Hillier, MPP Lanark-Frontenac-Kingston
Daryl Kramp, MPP Hastings-Lennox and Addington
Loretta Ryan, Association of Local Public Health Agencies
Ontario Boards of Health

May 1, 2019

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

Dear Premier Ford:

Re: Urgent provincial action needed to address the potential health and social harms from the ongoing modernization of alcohol retail sales in Ontario

On behalf of the Peterborough Public Health (PPH) Board of Health, I am writing to call on the Government of Ontario to develop a comprehensive, province-wide strategy to minimize alcohol-related harm and support safer consumption of alcohol in the province.

Alcohol is a legal psychoactive substance, not a regular commodity. As with other psychoactive substances, alcohol causes changes in perception and behaviour and its use exists on a spectrum from beneficial, to problematic, to chronic dependence. Recent statistics show that approximately 21% of Ontarians who drink exceed the low-risk alcohol drinking guidelines¹, a key modifiable risk factor of chronic diseases and injuries and their associated health care costs.

The costs of alcohol are significant. In 2014, Ontario spent \$5.3 billion on alcohol-related harms; more than any other substance including tobacco, cannabis and opioids.² In the same year net revenue from alcohol amounted to only \$3.9 billion, representing a net annual loss of over \$1.4 billion.³ Since 2015, alcohol use has contributed to more than 43,000 emergency room visits and 66 hospitalizations per day, a significant and avoidable burden on Ontario's healthcare system.⁴

It is well established that increasing access to alcohol is related to a subsequent increase in alcohol use⁵, which in turn increases the potential for rising harms and costs. A comprehensive provincial alcohol strategy can help support a culture of moderation and mitigate the potential harms and costs of alcohol use. Such a strategy should include:

- Strong policies to minimize the potential health and social harms of alcohol consumption;
- Strategies to enhance alcohol treatment and harm-reduction programs;
- An improved monitoring system to track alcohol-related harms;
- Rigorous enforcement of alcohol marketing regulations, and;
- Public education and awareness campaigns aimed at changing attitudes and social norms around consumption.

The Ontario Government has committed to putting more money in people's pockets, and cutting hospital wait times and ending hallway healthcare as part of the 2019 Ontario Budget.⁶ Given the significant costs associated with alcohol consumption, which are shouldered by both individual taxpayers and government systems, these commitments risk being undermined by recent and anticipated changes to provincial alcohol policy, including: reducing the minimum retail price of beer to \$1.00, halting the annual inflation-indexed increase in the beer tax, extending the hours of sale for alcohol retail outlets, permitting municipalities to designate public areas for consumption of alcohol, advertising happy hour, and creating a tailgating permit for eligible sporting events including post-secondary events.

We echo the call from the Canadian Centre for Substance Use Research which, in the 2019 review of alcohol policies across Canada, identified that "in light of the on-going expansion of alcohol availability in Ontario the development and implementation of an alcohol-specific government-endorsed strategy should be given high priority".⁷ In doing so, Ontario would join Alberta, Nova Scotia, and Nunavut as leaders in this important domain of alcohol policy.⁸

We believe it is possible to create a healthy alcohol culture in Ontario that balances interests in public health, government revenue, economic development, and consumer preferences without sacrificing the health of Ontarians. We support both the Council of Ontario Medical Officers of Health and Association of Local Public Health Agencies' request to ensure such a balance, and we thereby encourage the government to develop a provincial alcohol strategy that incorporates health goals. Now is the time for Ontario to take leadership and address the harms of alcohol use in our province.

Thank you for your consideration.

Sincerely,

Original signed by

Councillor Kathryn Wilson
Chair, Board of Health

/ag

cc: Hon. Christine Elliott, Deputy Premier and Minister of Health and Long-Term Care
Hon. Vic Fedeli, Minister of Finance
Ken Hughes, Special Advisor for the Beverage Alcohol Review
Dr. David Williams, Chief Medical Officer of Health for Ontario
Local MPPs
Association of Local Public Health Agencies
Ontario Boards of Health

¹ Canadian Tobacco, Alcohol and Drugs Survey. (2017). Table 18 Alcohol Indicators by province 2017. Accessed from: <https://www.canada.ca/en/health-canada/services/canadian-tobacco-alcohol-drugs-survey/2017-summary/2017-detailed-tables.html#t18>

² Canadian Centre for Substance Use and Addiction. (2019). Canadian substance Use Costs and Harms. Accessed from: <https://csuch.ca/>

³ Canadian Institute for Substance Use Research. (2019). Reducing Alcohol-Related Harms and Costs in Ontario: A Policy Review.

⁴ Ontario Public Health Association. (2018) The Facts: Alcohol Harms and Costs in Ontario.

⁵ Popova, S., Giesbrecht, N., Bekmuradov, D. & Petra, J. (2009) Hours and days of sale and density of alcohol outlets: Impacts of alcohol consumption and damage: A systematic review. *Alcohol and Alcoholism*, 44(5), 500-516.

⁶ Province of Ontario. (2019). 2019 Ontario Budget: Protecting What Matters Most. Accessed from:
<http://budget.ontario.ca/2019/foreword.html#section-0>

⁷ Canadian Institute for Substance Use Research. (2019). Reducing Alcohol-Related Harms and Costs in Ontario: A Policy Review.

⁸ Canadian Institute for Substance Use Research. (2019). Canadian Alcohol Policy Evaluation (CAPE). Accessed from:
<https://www.uvic.ca/research/centres/cisur/projects/active/projects/canadian-alcohol-policy-evaluation.php>

April 25, 2019

VIA: Electronic Mail (doug.ford@pc.ola.org)

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

Dear Premier Ford:

RE: Endorsement of the Children Count Task Force Recommendations

The Kingston, Frontenac and Lennox & Addington (KFL&A) Board of Health passed the following motion at its April 24, 2019 meeting:

That the KFL&A Board of Health endorse the Children Count Task Force Recommendations and send correspondence to:

- 1) The Honourable Doug Ford, Premier of Ontario
- 2) The Honourable Christine Elliott, Minister of Health and Long-Term Care, Deputy Premier
- 3) The Honourable Lisa Thompson, Minister of Education
- 4) The Honourable Lisa MacLeod, Minister of Children, Community and Social Services and Minister Responsible for Women's Issues
- 5) Ian Arthur, MPP Kingston and the Islands
- 6) Randy Hillier, MPP Lanark-Frontenac-Kingston
- 7) Daryl Kramp, MPP Hastings-Lennox and Addington
- 8) Loretta Ryan, Association of Local Public Health Agencies
- 9) Ontario Boards of Health

At present, there are approximately 50 federal programs collecting health data on the Canadian population, many of which include school age children and youth. Notwithstanding the number of sources, data collected from these surveys are not always collected in a way that provides representative results at the regional and local levels. As such, Ontario needs a coordinated and cost-effective system for measuring the health and well-being of children and youth to inform local, regional and provincial programming. Such a system will enable stakeholders at all levels (local, regional and provincial) to effectively measure the health and well-being of our kids, and in turn, the return on investment in relevant programs.

To address this gap, the Children Count Task Force has made one overarching recommendation, which is to create a secretariat responsible for overseeing the implementation of the systems, tools, and resources required to improve the surveillance of child and youth health and well-being in Ontario. To further support this secretariat, the task force made an additional five recommendations:

Kingston, Frontenac and Lennox & Addington Public Health

www.kflaph.ca

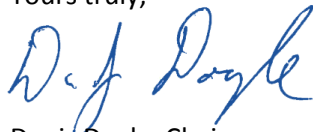
Main Office 221 Portsmouth Avenue
Kingston, Ontario K7M 1V5
613-549-1232 | 1-800-267-7875
Fax: 613-549-7896

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

- **Recommendation 1:** Create an interactive web-based registry of database profiles resulting from child and youth health and well-being data collection in Ontario schools.
- **Recommendation 2:** Mandate the use of a standardized School Climate Survey template in Ontario schools and a coordinated survey implementation process across Ontario.
- **Recommendation 3:** Develop and formalize knowledge exchange practice through the use of centrally coordinated data sharing agreements.
- **Recommendation 4:** Develop and implement a centralized research ethics review process to support research activities in Ontario school boards.
- **Recommendation 5:** Work with the Information and Privacy Commissioner (IPC) of Ontario to develop a guideline for the interpretation of privacy legislation related to student health and well-being data collection in schools.

The KFL&A Board of Health urges the Government of Ontario to act on the recommendations from the Children Count Task Force.

Yours truly,



Denis Doyle, Chair
KFL&A Board of Health

Copy to: The Honourable Christine Elliott, Minister of Health and Long-Term Care, Deputy Premier
The Honourable Lisa Thompson, Minister of Education
The Honourable Lisa MacLeod, Minister of Children, Community and Social Services and
Minister Responsible for Women's Issues
Ian Arthur, MPP Kingston and the Islands
Randy Hillier, MPP Lanark-Frontenac-Kingston
Daryl Kramp, MPP Hastings-Lennox and Addington
Loretta Ryan, Association of Local Public Health Agencies
Ontario Boards of Health



Board of Health Resolution

MOVED BY: K. O'Gorman

SECONDED BY: D. Smith

SOURCE: TBDHU Board of Health

DATE: April 17, 2019

Page 1 of 1

RESOLUTION NO.: 54b-2019



CARRIED



AMENDED



LOST



DEFERRED/
REFERRED

ITEM NO.: 8.10

J. McPherson

CHAIR

RE: Public Health Restructuring

THAT with respect to Public Health Restructuring, the Board of Health:

1. Affirms its support for the Thunder Bay District Health Unit;
2. Requests the Province of Ontario to maintain the health protection and health promotion mandate of the Thunder Bay District Health Unit;
3. Requests the Province of Ontario to maintain the current 75 percent provincial, 25 percent municipal funding for the Thunder Bay District Health Unit;
4. Requests the Province of Ontario to stop the planned reduction of Ontario public health units from 35 to 10 and planned reduction of \$200 million from public health, and instead initiate consultation with municipalities and public health agencies on the public health system in Ontario;
5. Directs the Medical of Health of the Thunder Bay District Health Unit to work with the Association of Local Public Health Agencies to support their efforts on responding to the provincial cuts to public health in Ontario;
6. Requests the Province of Ontario to recognize the vast distance and lack of homogeneity in Ontario, north of the French River.

Accordingly, the Province should ensure that distances are manageable and that public health units are not overwhelmed because they are providing service to areas that are too large and vast.

FOR OFFICE USE ONLY --- RESOLUTION DISTRIBUTION

	<i>To:</i>	<i>INSTRUCTIONS:</i>	<i>To:</i>	<i>INSTRUCTIONS:</i>
1	Dr. DeMille		S. Stevens	
2	L. Dyll		S. Oleksuk	
3	L. Roberts		T. Royer	
4	T. Rabachuk			
5				
6				File Copy



April 18, 2019

The Honourable Doug Ford
Premier of Ontario
Legislative Building, Queens Park
Toronto, ON M7A 1A1
Sent via e-mail: doug.ford@pc.ola.org

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

Dear Premier Ford and Minister Elliott

During its regular board meeting on April 17, 2019, the Board of Health for the Perth District Health Unit reviewed the budget tabled by the government of Ontario on April 11, 2019 with regard to proposed changes to local public health, specifically:

- Changes to municipal-provincial cost-sharing (2019-2020)
- 35 local agencies to become 10 regional (2020-21)
- \$200M reduction (2021-2022) (Current provincial funding is ~\$750M)

Background considerations included:

- the aPHa letter to Dr. Devlin (regarding the First Report of the Premier's Council on Improving Healthcare and Ending Hallway Medicine: *Hallway Health Care: A System Under Strain*) outlining the important role of Public Health in keeping communities strong and healthy and preventing people from becoming patients, and the excellent return on investment delivered by public health programs and services
- previous reports on the organization of public health in Ontario including the 2006 Report of the Capacity Review Committee, *Revitalizing Ontario's Public Health Capacity* and the 2017 Report of the Ministers Expert Panel *Public Health within an Integrated Health System*
- current work being taken to amalgamate Perth District Health Unit with Huron County Health Unit.

.../2

Perth District Health Unit, 653 West Gore Street, Stratford, ON N5A 1L4 Canada
Tel: 519-271-7600 Fax: 519-271-2195 Toll-Free: 1-877-271-7348 Web: www.pdhu.on.ca

Given the significant changes being proposed, the board moved to:

- Request the Province of Ontario to maintain the health protection and health promotion and prevention mandate of the Perth District Health Unit;
- Request the continued support of the Province of Ontario for the merger of the Perth District Health Unit and Huron County Health Unit;
- Request the Province of Ontario to maintain the current 75% provincial, 25% municipal funding formula for the Perth District Health and public health programs in Ontario;
- Request the Province of Ontario to stop the planned reduction of Ontario public health units from 35 to 10 and planned reduction of \$200 million (2021-2022) from public health and instead initiate consultations with municipalities and public health agencies on the public health system in Ontario;
- Direct the Medical Officer of Health and the Perth District Health Unit to work with the Association of Local Health Agencies to coordinate and support their efforts on responding to the Provincial cuts to public health in Ontario.

Sincerely,



Kathy Vassilakos,
Chair, Perth District Health Unit

cc: Mr. Randy Pettapiece, MPP Perth Wellington
Mayor Dan Mathieson, City of Stratford
Mayor Todd Kasenburg, North Perth
Mayor Robert Wilhelm, Perth South
Mayor Rhonda Ehgoetz, Perth East
Mayor Al Strathdee, Town of St. Marys
Mayor Walter McKenzie, West Perth
Dr. David Williams, Chief Medical Officer of Health, MOHLTC
All Boards of Health
All Health Units
Association of Local Public Health Units



The Honourable Doug Ford
Premier of Ontario
Legislative Building, Queen's Park
Toronto, ON M7A 1A1
(Sent via email to: premier@ontario.ca)

The Honourable Christine Elliott
Deputy Premier and Minister of Health and Long-Term Care
Hepburn Block 10th Floor
80 Grosvenor Street
Toronto, ON M7A 1E9
(Sent via email to: christine.elliottco@ola.org)

April 24, 2019

Dear Premier Ford and Minister Elliott

Re: 2019 Ontario Budget, Protecting What Matters Most - Chapter 1, A Plan for the People: Modernizing Ontario's Public Health Units

Ontario's local public health system is an efficiently run and essential part of keeping communities safe and healthy. Public health delivers excellent return on investment and works on the front line to protect our communities from illness and promote health and wellbeing. The services provided by public health, centred on Ontario's Public Health Standards, ensure that our population stays out of the health care system and remain well for as long as possible.

As the Chair of the Board for the Haliburton, Kawartha, Pine Ridge (HKPR) District Health Unit, the Board and I unequivocally support HKPR District Health Unit and its staff in the work that they do. The needs of Ontarians are variable and preserving partnerships locally is essential. Local knowledge and expertise to ensure the health of our communities is not something that our region can afford to lose.

Our Board of Health was surprised and are concerned to learn of the Government of Ontario's plans to restructure Ontario's public health system. The proposed \$200 million per year reduction in funding for local public health services represents a significant strain on the ability of local public health agencies like HKPR District Health Unit to continue to deliver on their mandate. A reduction in funding that represents 26% of the budget cannot happen without cutting services. These cuts will impact our ability to deliver the front-line public health services that keep people out of hospitals and doctors' offices and will ultimately mean a greater downstream cost to the health care system.

HKPR District Health Unit's Board is requesting the Province of Ontario maintain and augment the health protection, promotion, and prevention mandate in the service of public health. We request that the Province of Ontario stop the planned reduction of Ontario public health units from 35 to 10 and the planned reduction by \$200 million from public health.

... /2

PROTECTION · PROMOTION · PREVENTION

HEAD OFFICE
200 Rose Glen Road
Port Hope, Ontario L1A 3V6
Phone · 1-866-888-4577
Fax · 905-885-9551

HALIBURTON OFFICE
Box 570
191 Highland Street, Unit 301
Haliburton, Ontario K0M 1S0
Phone · 1-866-888-4577
Fax · 705-457-1336

LINDSAY OFFICE
108 Angeline Street South
Lindsay, Ontario K9V 3L5
Phone · 1-866-888-4577
Fax · 705-324-0455

Money invested into public health is money well spent; prevention is the fiscally responsible investment for our communities. There is strong evidence to support the excellent return on investment that public health offers, with an average of \$14 of upstream savings for every \$1 investment in public health services. It has been fifteen years since the last major public health crisis in this province, and we have learned well from those lessons. We do not wish to repeat the mistakes of the past; the cuts proposed by this government have the potential to jeopardize our ability to protect the health of the people of Ontario.

Ontario has an integrated, cost-effective, accountable and transparent public health system. Boards of health oversee the provision of preventative programs and services tailored to address local needs across the province. The public health system works upstream to reduce demands and costs to the acute care sector while providing essential front-line services to local communities. Modest investments in public health generate significant returns in the long term. In short, public health plays an important role in our work, our families, and our communities. Divestment would be a loss for all.

The Board of Health for the HKPR District Health Unit implores your government to leave the current structure as it is, delivering excellent and local preventative care to our community. The information we have to date is concerning and we request a detailed timeline to allow for the planning and stability in the delivery of such well-needed public health services. How will this proposed system re-structuring 'modernize' healthcare and improve on an already well-functioning system? Please provide details of how the HKPR District Health Unit and other units across Ontario will continue to deliver services under the new model with a much leaner budget. Public Health Units currently deliver quality preventative care throughout Ontario, saving the province billions of dollars in health care delivery costs.

Sincerely

BOARD OF HEALTH FOR THE HALIBURTON,
KAWARTHA, PINE RIDGE DISTRICT HEALTH UNIT



Cammie Jaquays
Chair, Board of Health

CJ:ed

Attached: 2019 Ontario Budget Summary, Dr Lynn Noseworthy, Medical Officer of Health at Haliburton, Kawartha, Pine Ridge District Health Unit

cc (via email): Hon. H. Angus, Deputy Minister of Health and Long-Term Care
Dave Piccini, MPP Northumberland-Peterborough South
Laurie Scott, MPP Haliburton-Kawartha Lakes-Brock
Dr. David William, Chief Medical Officer of Health
Municipalities within the Haliburton, Kawartha, Pine Ridge District Health Unit area
Ontario Boards of Health
Loretta Ryan, Association of Local Public Health Agencies
Board of Health Members

April 23, 2019

VIA ELECTRONIC MAIL

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

The Honourable Steve Clark
Minister of Municipal Affairs and Housing
17th Floor
777 Bay Street
Toronto, ON M5G 2E5

Dear Ministers:

Ontario local public health units play a crucial role in ensuring the safety, health and well-being of Ontario communities and their people. This crucial role is played out daily as Public Health Units work diligently and professionally to protect our communities from illnesses and promote health and well-being. These services centred on Ontario's Public Health Standards and related Public Health Programs like Smoke Free Ontario and Healthy Smiles ensure that our population remains healthy and does not end up requiring costly care and treatment in hospital emergency rooms and wards.

As Chair of the Board of the Leeds, Grenville and Lanark District Health Unit (LGLDHU), I can confirm the Board's unconditional support of the LGLDHU and its staff in all the work that they do. The health needs of Ontarians are variable and preserving local partnerships with municipalities and others is essential to ensuring the effectiveness, efficiency and success of health programs and services. It is this Board's view that the LGLDHU is right sized and right staffed to professionally deliver health unit services for and in partnership with the municipalities served.

With this backdrop, our Board of Health was surprised, disappointed and confused by the Government of Ontario's budget announcement to restructure Ontario's Public Health system that changes the Provincial-Municipal funding formula by downloading costs to municipalities after budgets have been set. The latter will place a significant strain on the ability of local public health units like LGLDHU to continue to deliver on their mandate. Moreover, it has been reported that the Public Health budget represents approximately 2% of the Province's total health expenditures and that every dollar spent has an average of \$14 of upstream savings. With this in mind, it is difficult to comprehend how a \$200 million dollar provincial reduction in prevention services will contribute to lowering future overall health care costs.

Before the Budget's new directions for public health units are fully implemented, the LGLDHU Health Board recommends for your consideration that any change in the funding ratio should be done in consultation with AMO and the municipalities rather than unilaterally by the province. The 2019 public health municipal levy has already been established, and municipalities are already more than a quarter into their fiscal year.

As the Regional Public Health Entity to replace the LGLDHU has not yet been announced, the LGLDHU Health Board further recommends that the Ministry consult with Public Health Ontario, the Association of Local Public Health Agencies, the Council of Medical Officers of Health, and other experts in the field before the Regional Public Health Entity is implemented to ensure it will improve the effectiveness and efficiency of public health services in the community.

Additionally, the LGLDHU Board of Health recommends that the following principles in the development of the Regional Public Health Entity be adopted to ensure this change in public health governance and organization is as effective and efficient as possible while maintaining the strong public health presence and impact in our community:

- a. *No loss of service to our community* - All current employees providing programs and services under the Foundational and Program Standards as listed in the 2019 Annual Service Plan continue to be funded within the Regional Public Health Entity to provide service in Lanark, Leeds, and Grenville.
- b. *Meaningful involvement in planning* – The needs and assets of the Lanark, Leeds and Grenville communities are considered in the planning of any public health programs and services for the community.
- c. *Integrity of Health Unit* - The Health Unit functions as a unit and service and programs will be difficult to maintain if the health unit is split into two.
- d. *Like Health Unit Populations Be Grouped Together* – Collaboration will be more effective and efficient if the populations are similar among the health units in the Regional Public Health Entity.
- e. *Equitable access to positions* - All Management and Administrative positions in the new Regional Public Health Entity must be open to all our current employees through a competition process.
- f. *Effective “back office” support* – All services included in the “back office” support provided by the Regional Public Health Entity be at the same quality or better than currently exist in the Health Unit.
- g. *Appropriate municipal role in governance* – The public expects that their municipal tax dollars are overseen by the municipal politicians they elect. For the municipal public health investment, this currently occurs through representatives from obligated municipalities on the Board of Health.

The Leeds, Grenville and Lanark District Health Unit provides high quality public health programs and services in collaboration with local partners, including municipalities, to promote and protect health of the population. The LGLDHU Board of Health includes all obligated municipalities who provide funding to the Health Unit, and this relationship extends to working with municipalities on important public health concerns. The current grant from the provincial government is insufficient to respond to all the requirements in the Ontario Public Health Standards and Accountability Framework, therefore, any reduction in provincial funding will cause a reduction in programs and services that will impact the population's health.

I look forward to working collaboratively with you to continue to provide exemplary public health programs and services to the people of Leeds, Grenville and Lanark.

Sincerely



Doug Malanka
Board Chair

cc: Leeds, Grenville and Lanark District Board of Health
 Hon. Doug Ford, Premier of Ontario
 Hon. Helen Angus, Deputy Minister of Health and Long-Term Care
 Dr. David Williams, Chief Medical Officer of Health
 Randy Hillier, MPP – Lanark, Frontenac, Kingston
 Monica Turner, Director of Policy, Association of Municipalities of Ontario
 Leeds, Grenville and Lanark Municipalities
 Loretta Ryan, Association of Local Public Health Units
 Ontario Boards of Health

Impact of Reducing Investments in Public Health

alPHa Position Statement

April 24, 2019

The Association of Local Public Health Agencies (alPHa), which represents Ontario's Medical Officers of Health, Boards of Health and frontline public health professionals throughout the province, remains deeply concerned about the Government's plans to restructure Ontario's public health system. Following a briefing hosted by the Chief Medical Officer of Health last Thursday afternoon, we are further concerned about the recently announced changes to the provincial/municipal cost-sharing formula that funds local public health.

On April 11, in the 2019 Ontario Budget, the Government announced that it will replace 35 public health units and 35 local boards of health with 10 larger regional entities with boards of health of unknown composition and size, with the exception of City of Toronto, which will be one of the Regions. The Government's significant reduction in the provincial contribution to the funding formula is of concern, especially as the first phase takes effect in this current fiscal year. Complicating matters is that further details are not known at this time and the proposed one-year timeframe for the reduction from 35 to 10 public health units is extremely ambitious given the complexities of delivering public health services. The magnitude of these changes is significant and will cause major disruptions in every facet of the system. This will result in substantial reductions in frontline public health services such as vaccination programs and outbreak investigations. We are particularly concerned about the reduction in funding to Toronto Public Health that will see the provincial contribution reduced within three years to 50% because infectious diseases do not stop at municipal borders and all areas of the province needs sufficient funding to adequately protect the public. Given all of this, alPHa is calling upon the Ontario Government to re-consider the cuts and the timelines.

Key public health responsibilities are mandated by the Ontario Public Health Standards and local delivery of these contributes to ensuring that Ontarians have safe and healthy communities:

- Chronic Disease Prevention and Well-Being
- Emergency Management
- Food Safety
- Health Equity
- Healthy Environments
- Healthy Growth and Development
- Immunization
- Infectious and Communicable Diseases Prevention and Control
- Population Health Assessment
- Safe Water
- School Health, including Oral Health
- Substance Use and Injury Prevention

Much of the success of our locally based public health system can be attributed to partnerships with municipal governments, schools and other community stakeholders to develop healthy public policies, build community capacity to address health issues and promote environments that are oriented towards healthy behaviours. The health protection and promotion needs of Ontarians vary significantly depending on their communities, and preserving these partnerships is essential to meeting them regardless of the number of public health units.

Public health works as a system that is greater than the sum of its parts. By leveraging the skills and experience of boards of health, nutritionists, nurses, health promoters, inspectors, epidemiologists, doctors, dentists and dental hygienists, board members and administrators, and more, the health of Ontarians is supported and protected. Public health delivers promotion, protection and prevention services on behalf of, and in partnership with, the Ontario Government which has the responsibility for the health of the people of Ontario.

One of the ways to end hallway medicine is to prevent illness. Local public health agencies reduce the demand for hospital and primary care services by keeping people healthy. Building healthy communities through an efficient, proactive and locally managed public health system—one that is mandated to lead on preventative measures to protect and promote the health of Ontarians—can go a long way to reducing that demand. 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.

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.

In short, public health actions now can result in fewer emergency room and doctor's office visits today and in the future. Local public health's impact is beyond simply reducing health care dollars. Local public health ensures that healthy people can support a strong economy, providing a direct economic impact. The old adage 'an ounce of prevention is worth a pound of cure' is certainly relevant to public health.

We look forward to receiving more details of this plan from the Ministry of Health and Long-Term Care so that we can work with the government. To this end, alPha will continue to communicate with the Minister, the Hon. Christine Elliott, and Dr. David Williams, Chief Medical Officer of Health, towards ensuring that alPha members, and its partners including the Association of Municipalities of Ontario and the City of Toronto, are extensively consulted before final decisions are made with respect to the governance, management and administration of a regionalized public health system and the delivery of frontline public health programs and services.

We can help ensure that Ontario's public health system continues to draw strength from dedicated local voices and effective partnerships. It will be crucial to maintain the capacity to deliver essential frontline health protection and promotion services while working to meet the Government's stated goals of broader municipal engagement, more efficient service delivery, better alignment with the health care system and more effective staff recruitment and retention.

alPHA acknowledges, appreciates and supports the voices of all its members. We encourage you to meet with your local mayors, municipal council(s), MPs and MPPs. We also encourage you to make use of alPHA's resources:

- [Speaking Notes – Toronto Board of Health Meeting April 15th](#)
- [alPHA News Release - Budget 2019 & PH Restructure](#)
- [alPHA Memo to Members - Budget 2019](#)
- [alPHA Post-Election Flyer](#)
- [alPHA Pre-Budget Submission 2019](#)
- [Resource Paper](#)
- [Local Public Health Responses](#)
- [alPHA Submission - Expert Panel on Public Health](#)
- alPHA Promotional material including the [brochure](#) and [video](#)
- Follow alPHA on Twitter: @PHAgencies

alPHA will continue to keep our members updated and advocate on their behalf so that Ontarians continue to have a local public health system that remains on the frontlines to protect and promote the health of all Ontarians.

For more information, please contact:

Loretta Ryan
Executive Director
(647) 325-9594

About alPHA

The Association of Local Public Health Agencies (alPHA) is a non-profit organization that provides leadership to Ontario's boards of health and public health units. The Association works with governments and other health organizations, to advocate for a strong and effective local public health system in the province, as well as public health policies, programs and services that benefit all Ontarians.



Renfrew County and District Health Unit

"Optimal Health for All in Renfrew County and District"

April 29, 2019

The Honourable Doug Ford
Premier of Ontario
Legislative Building, Queens Park
Toronto, ON M7A 1A1
Sent via email: doug.ford@pc.ola.org

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

Dear Premier Ford and Minister Elliott,

During a special board meeting on April 24, 2019, the Board of Health for the Renfrew County and District Health Unit reviewed the budget tabled by the government of Ontario on April 11, 2019, with regard to the proposed changes to local public health. We are writing to express the views of the board members regarding the implications to the public health system.

Transformation of the system is planned for the immediate future, including the consolidation of public health units from 35 down to 10. The board asks the province to stop the planned reduction from 35 Health Units to 10.

As well, the funding arrangement between the Province and the municipalities is under review. We ask that the Province maintain the current 75 percent provincial, 25 percent municipal funding for Renfrew County and District Health Unit. The recently announced provincial funding reduction will have a devastating effect on the health of the residents of Renfrew County and District.

The board understands these changes have been announced in response to achieving efficiencies while increasing responsiveness to local public health needs.

The board asks the provincial government reconsider the funding reduction, as this will challenge our ability to continue to provide these essential services within our community.

The Province will soon begin consultations with individual boards of health and health units regarding the transition details from 35 health units to 10. The board, however, requests the Province of Ontario maintain the health protection and health promotion mandate of Renfrew County and District Health Unit.

The Board asks the Province of Ontario to recognize the vast distance and lack of homogeneity in Ontario. The Province must ensure that distances are manageable and that public health units are not overwhelmed because they are providing service to areas that are too large and vast.

The board in respect to public health restructuring affirms support of the Province of Ontario in implementing a common governance model for existing public health units. We request that consultations on this model begin immediately and do appreciate the opportunity to participate in this process.

Additionally, the board asks the Province to ensure this change in public health governance and organization is as effective and efficient as possible, while maintaining the strong public health presence and impact in our community.

The board considers these specific issues of significant importance during a potential restructuring process:

- Guarantee that service levels to our community will be maintained, with no service losses nor reduction to quality.
- Ensure meaningful involvement by the community throughout the change process.
- Improve the effectiveness of collaboration by grouping similar health unit populations together.
- Provide equitable access to lost administrative "back office" positions within the new Regional Public Health Entity for all current employees, through a fair competition process.
- Establish "back office" support services that are of equal quality or superior standards to those systems currently in place.

- Maintain appropriate municipal role in governance by obligated municipalities within the new structure.

The board commends the commitment by the Province to enhance the oral health efforts of public health with the \$90 million funding for low-income seniors.

As we continue to deliver essential front line health protection and promotion services, we look forward to working with the Ministry so we may, together, achieve the efficiency goals while meeting local public health needs.

Sincerely,



Janice Visneskie Moore
Chair, Board of Health

cc: Renfrew County and District Board of Health
Dr. David Williams, Chief Medical Officer of Health
The Honourable John Yakabuski, MPP—Renfrew-Nipissing-Pembroke
Loretta Ryan, Association of Local Public Health Agencies—alPha
Ontario Medical Association—OMA
Northern Ontario Municipal Association—NOMA
Federation of Northern Ontario Municipalities—FONOM
Monica Turner, Association of Municipalities—AMO
Rural Ontario Municipal Association—ROMA
Ontario Boards of Health
Renfrew County and District Municipalities and Townships

Main Office – Belleville

179 North Park Street, Belleville, ON K8P 4P1
T: 613-966-5500 | 1-800-267-2803 | **F:** 613-966-9418
TTY: 711 or 1-800-267-6511
www.hpepublichealth.ca

May 01, 2019

The Honourable Doug Ford
Premier of Ontario
Legislative Building, Queen's Park
Toronto, ON M7A 1A1
(Sent via email to: premier@ontario.ca)

The Honourable Christine Elliott
Deputy Premier and Minister of Health and Long-Term Care
Hepburn Block 10th Floor
80 Grosvenor Street
Toronto, ON M7A 1E9
(Sent via email to: christine.elliottco@ola.org)

Dear Premier Ford and Minister Elliott,

On behalf of Hastings Prince Edward Board of Health we are writing you today to express our concerns regarding the implications of the 2019 Provincial Budget, as well as to affirm our ability to contribute to Ontario's plans to modernize public health.

While we recognize the need to implement a sustainable public health system in Ontario, we are urging you to implement any changes in a manner that does not jeopardize the health and safety of our communities and is based on consultation with existing Boards of Health and the municipalities that they represent. We acknowledge that there is potential for administrative and program efficiencies by moving to 10 regional public health entities, however, we have concerns regarding the timing and method of implementation. We are seeking additional information as soon as possible to determine how to address proposed changes effectively and ensure continuity of services in our communities. Until we have details regarding the regional boundaries, service expectations, and funding, it is impossible for us to plan in a meaningful way. We urge you to engage in comprehensive consultation with public health to clarify plans and expectations. With this information, we will be able to work collaboratively and proactively to develop a vision for the future of public health.

We are strongly recommending that the province postpone any changes to the funding formula, to ensure that public health services are not put at risk. As municipal budgets have already been set for 2019, increasing tax levies to accommodate for retroactive and unexpected changes to the funding formula is not an option. We recommend that any changes to the cost sharing formula be postponed until after the regional model is in place, which will allow us to be proactive in identifying efficiencies and opportunities within the new structure. The stability and security of provincial funding is critical to ensure the health and safety of our communities is maintained while we adapt to any structural changes.

We will adjust the way we deliver our programs and services to adapt to a new structure and funding model. We are critically reviewing the way we deliver our programs and services

North Hastings

1P Manor Ln., L1-024, P.O. Box 99, Bancroft, ON K0L 1C0
T: 613-332-4555 | **F:** 613-332-5418

Prince Edward County

Suite 1, 35 Bridge St., Picton, ON K0K 2T0
T: 613-476-7471 | **F:** 613-476-2919

Quinte West

499 Dundas St. W., Trenton, ON K8V 6C4
T: 613-394-4831 | **F:** 613-965-6535

to determine how we can adapt to a new model. We will work with the Ministry and our municipal partners to prioritize the delivery of core functions as changes in funding and structure are implemented. However, we need information as soon as possible regarding the new regional boundaries and the parameters that will guide decisions to grant exemptions to the provincial standards in order to proceed with planning.

The work of Public Health continues to be essential to the long-term sustainability of the health care system, by protecting the health of the population and preventing disease and injury before it occurs. The Hastings Prince Edward Board of Health looks forward to working with the Ministry to determine how we can effectively modernize public health in Ontario, while concurrently maintaining a strong investment in programs and services that will help reduce cost and strain on the health care system in the future.

Sincerely,



Jo-Anne Albert, Chair
Hastings Prince Edward Board of Health
Mayor, Municipality of Tweed,



Piotr Oglaza MD, CPHI (C), MPH, CCFP, FRCPC
Medical Officer of Health and CEO
Hastings Prince Edward Public 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

May 3, 2019

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

Dear Minister Elliott,

Re: Modernizing Ontario's Health Units

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 seek clarity on several aspects of the government's proposed steps towards reorganizing public health in Ontario, as announced in the 2019 Ontario Budget.

We are supportive of focusing on Ontario's residents, broader municipal engagement, more efficient service delivery, better alignments with the health care system, improved staff recruitment and retention, and improved public health promotion and prevention. We are ready and willing to assist you in meeting those goals, but in order to do so, we will need to be equipped with more information.

Our most immediate concern is related to public health funding. We appreciated receiving the memo from the Chief Medical Officer of Health on April 29th, which outlined the changes to the cost-sharing arrangement over the next three years. While this change is characterized as gradual, the municipalities' share of the cost of public health funding envelope will increase to varying degrees, effective immediately. Given that local budgets have already been set for the year, this will represent an unforeseen additional expense that will be difficult to absorb. Additionally, we have concerns about the decision to implement this change prior to finalizing the new public health governance structure that will ultimately be responsible for it. We are therefore looking forward to our upcoming calls with the Chief Medical Officer of Health for more specific and detailed descriptions of the Province's plans to ensure that any immediate local shortfalls are covered and that the total investment in local public health does not decrease over time.

We would also welcome the opportunity to draw on the wealth of expertise that currently exists within local public health to provide informed advice on the proposed replacement of Ontario's 35 public health units with 10 regional entities governed by new boards under a common governance model. We believe that our input will be vital to ensuring that all governance and operational aspects of the proposed transition are considered and that it can be achieved effectively and on time.

From a system standpoint, we eagerly anticipate more details about the plans to "streamline the Ontario Agency for Health Protection and Promotion to enable greater flexibility with respect to non-critical standards based on community priorities." Also known as Public Health Ontario, this agency is an essential partner to local public health and a most valuable resource for making the evidence-based decisions that are at the root of efficient and effective public health practice.

Finally, we would welcome a conversation about the status of the recently modernized Ontario Public Health Standards (OPHS), Protocols, and Guidelines within the Government's vision of a modernized public health system. For over three decades, population health in Ontario has benefitted from detailed mandatory health programs and services as itemized in Sections 5 through 9 of the Health Protection and Promotion Act, which include the enabling authority for the OPHS. Taken together, these form a comprehensive blueprint for addressing the public health needs of every Ontarian in every community. If changes are being considered, it is imperative that these be communicated and subject to inclusive and reciprocal stakeholder consultation.

We support modernizing the public health system in a way that improves population health. We find that the magnitude of the changes being proposed and achieving this within less than one year exceptionally ambitious given the intricacies of public health services and their deliberate and appropriate variation among communities. The pace and breadth of these changes will cause significant disruptions in every facet of the public health system. It is essential that attendant risks are mitigated, and Ontario's front-line public health professionals continue to have the local and provincial support that they require to carry out their essential duties to keep Ontarians healthy during this time of transition.

We also acknowledge the important contributions that such modernization can make to ensuring the province's fiscal health by identifying efficiencies and, more importantly, keeping Ontarians healthy. We look forward to learning more from the discussions that the Chief Medical Officer of Health has scheduled with each of Ontario's Boards of Health.

As the organization that represents the public health system's Medical Officers of Health, Boards of Health and Affiliate organizations, we would like to request a meeting with you to discuss opportunities for input into the design and implementation of these changes. To schedule a meeting, please contact aPHa Executive Director, Loretta Ryan, at loretta@alphaweb.org or 647-325-9594.

Yours sincerely,



Dr. Robert Kyle,
aPHa President

COPY: Helen Angus, Deputy Minister, Ministry of Health and Long-Term Care
Dr. David Williams, Chief Medical Officer of Health
Dr. Peter Donnelly, President and CEO, Public Health Ontario
Pat Vanini, Executive Director, Association of Municipalities of Ontario
Chris Murray, City Manager for Toronto

May 3, 2019

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

Dear Minister Elliott:

Re: Urgent provincial action needed to expand opioid substitution treatment with Managed Opioid Programs (MOPs) to address the increased and immense number of opioid-related preventable deaths in Ontario

On behalf of the Board of Health for Peterborough Public Health, I am writing to call on the Government of Ontario to enhance its current response to the opioid poisoning crisis by providing operational and capital funding to support the implementation of Managed Opioid Programs (MOPs) in Peterborough.

Canada's current crisis with opioids continues to devastate communities nationwide and is affecting people from all demographics, age groups, and socio-economic backgrounds. The Peterborough community, including the City, the County, and both Curve Lake and Hiawatha First Nations, is no exception. Between 2013- 2016, Peterborough had the fourth highest rate of opioid-related deaths in Ontario.¹ In 2017, Peterborough ranked among the top 3 cities in Ontario per census metropolitan area for opioid poisoning emergency department visits.² Since January 2019, there have already been 17 suspected opioid poisoning fatalities in Peterborough, almost a three-fold increase over the same time period last year (preliminary findings, yet to be confirmed with Coroner data). The introduction of fentanyl and other toxic substances into the illicit drug supply has contributed considerably to the number of opioid poisoning fatalities in Ontario. In the first half of 2018, 72% of accidental overdose deaths involved fentanyl-related substances.³

To save lives and improve health outcomes for people who use drugs, we believe that there is a critical need to rapidly expand treatment options to include MOPs. MOPs provide patients with oral or injectable hydromorphone or diacetylmorphine (pharmaceutical heroin), along with methadone or slow release oral morphine for overnight relief. Used as a second line treatment option, managed opioid medications are prescribed by a physician in a clinic setting. Clients take the prescribed medications under medical supervision reducing the risk of drug-related harms from toxic street use. Through the provision of a clean, non-toxic drug supply, MOPs are cost-saving, provide a gateway for clients to access health and social support services, and is an effective form of treatment for people suffering chronic opioid use who have been unsuccessful with conventional forms of treatment, such as methadone.⁴

MOPs have a proven track record of increasing client participation in treatment, reducing the use of street drugs, and decreasing illegal activities associated with the drug trade.⁵ MOPs reduce the prevalence of acute

opioid poisonings in the growing opioid-dependent population by providing safer alternatives to illicit drugs in a supervised and controlled environment. In Europe, six randomized control trials occurring over 15 years, demonstrated that prescribed supervised injectable heroin (SIH) treatment reduced crime and heroin use in the public.⁶ Patients also led more meaningful lives with improved social functioning, such as acquiring stable housing, enhancing family functioning and increasing rates of employment.⁷ The cost to deliver SIH treatment in Europe is higher than oral methadone treatment, however, this higher cost was offset by significant savings in the criminal justice system.⁸

The Province of Ontario recently announced a \$102 million funding agreement with the federal government for drug treatment, and MOP's, which have demonstrated effectiveness in other Canadian regions as a treatment option, have potential to be an impactful tool under this agreement for communities such as Peterborough if appropriately resourced.

Peterborough's Board of Health is urging the Ministry of Health and Long-Term Care to:

- enhance the provincial response to the opioid poisoning crisis by immediately identifying operational and capital funding to support the implementation of managed opioid programs in communities like Peterborough, where appropriate;
- take action to add medications that could be used in a managed program to the Ontario Drug Benefit Formulary at appropriate concentrations to treat opioid use disorder (i.e. 50 mg/mL and 100 mg/mL hydromorphone), as well as ensure managed opioid medications are accessible to all Ontarians requiring treatment for opioid use disorder;
- include diacetylmorphine (pharmaceutical-grade heroin) for potential use as a managed opioid program medication in Ontario by obtaining authority from Health Canada;
- address barriers to procuring, storing, and transporting diacetylmorphine and/or mitigate its effects by collaborating with Health Canada and other necessary federal bodies to facilitate use of this managed opioid program medication; and
- ensure that the cost of managed opioid medications is not a barrier and that these medications are universally accessible to all Ontarians who could benefit from managed opioid programs.

Tragically, the majority of opioid poisoning deaths are accidental. To combat the large number of preventable deaths occurring in the province, urgent expansion of treatment options geared to reducing consumption of toxic street drugs is a public health priority. We urge you as our Minister of Health to make this the time for Ontario to take a progressive, evidence-based approach in addressing the opioid crisis through the expansion of treatment options that include MOPs.

Sincerely,

Original signed by

Councillor Kathryn Wilson
Chair, Board of Health

cc: Hon. Doug Ford, Premier of Ontario
Dr. David Williams, Chief Medical Officer of Health for Ontario
Local MPPs
Association of Local Public Health Agencies
Ontario Boards of Health

¹ Gomes T, Pasricha S, Martins D, et al. *Behind the prescriptions: A snapshot of opioid use across all Ontarians*. Toronto: Ontario Drug Policy Research Network; 2017

² Canadian Institute for Health Information. Opioid-related harms in Canada. https://secure.cihi.ca/free_products/opioid-related-harms-report-2018-en-web.pdf Published December 2018. Accessed March 12, 2019

³ Latest data on the opioid crisis. Canadian Institute for Health Information. <https://www.cihi.ca/en/latest-data-on-the-opioid-crisis>. Published December 12, 2018

⁴ Jesseman R, Payer D. Decriminalization: Options and evidence. Canadian Centre on Substance Use and Addiction. <http://www.ccsa.ca/Resource%20Library/CCSA-Decriminalization-Controlled-Substances-Policy-Brief-2018-en.pdf>. Published June 2018. Accessed May 1, 2019

⁵ Leece P, Tenenbaum M. *Effectiveness of supervised injectable opioid agonist treatment (SIOAT) for opioid use disorder*. Toronto, ON: Public Health Ontario; 2017: 1-8. <https://www.publichealthontario.ca/-/media/documents/eb-effectiveness-sioat.pdf?la=en> Accessed May 1, 2019

⁶ Strang J, Groshkova T, Metrebian N. *EMCDDA insights: New heroin-assisted treatment*. Luxembourg: European Monitoring Centre for Drugs and Addiction; 2012: 11-23

⁷ Jesseman R, Payer D. Decriminalization: Options and evidence. Canadian Centre on Substance Use and Addiction. <http://www.ccsa.ca/Resource%20Library/CCSA-Decriminalization-Controlled-Substances-Policy-Brief-2018-en.pdf>. Published June 2018. Accessed May 1, 2019

⁸ Strang J, Groshkova T, Metrebian N. *EMCDDA insights: New heroin-assisted treatment*. Luxembourg: European Monitoring Centre for Drugs and Addiction; 2012: 11-23



Hearst
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Sudbury
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Lively
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Mississauga
Noëlville
North Bay
Onaping
Scarborough
Smooth Rock Falls
Val Caron
Wellsand
Windsor

Le 21 mars 2019

Dr. Penny Sutcliffe, MD, MHSc, FRCPC
Médecin-hygiéniste et directrice générale
Santé publique Sudbury et districts
1300 rue Paris Street | Sudbury, Ontario P3E 3A3

Chère Dr. Sutcliffe,

Au nom du conseil d'administration, j'aimerais vous remercier de votre contribution et de votre participation au sein du conseil d'administration du Collège Boréal depuis septembre 2017. Faire partie d'un conseil comme le nôtre est une fonction souvent exigeante, qui demande du temps, de l'effort et de l'engagement.

Nous savons que vous allez continuer à garder le Collège à coeur et que vous continuerez à en faire la promotion à toutes les occasions possibles.

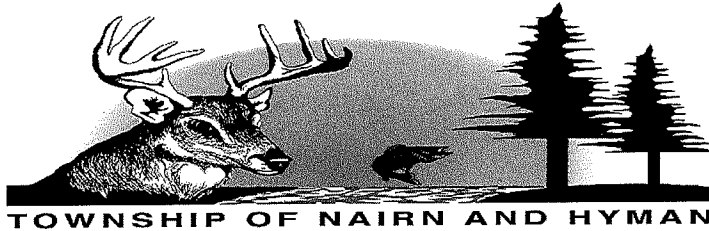
Recevez, chère Dr. Sutcliffe, l'expression de nos sentiments distingués.

Le président du CA,

Georges Ansell

c.c Membres du conseil d'administration du Collège Boréal

Public Health Sudbury & Districts Medical Officer of Health and CEO			
APR 17 2019			
Environ Health	_____	KSS	_____
Clinical Services	_____	SEU	_____
Corporate Services	_____	Board	<i>may 1/19</i>
Health Promotion	_____	Committee	_____
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64 McIntyre Street • Nairn Centre, Ontario • P0M 2L0 ☎ 705-869-4232 📠 705-869-5248
Established: March 7, 1896 Office of the Clerk Treasurer, CAO E-mail: nairncentre@personainternet.com

March 25, 2019

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

Dear Honourable Premier:

Re: Support for Provincial Oral Health Program

Please be advised our Council adopted the following resolution at their meeting of March 11, 2019:

SUPPORT RESOLUTION RE PROVINCIAL ORAL HEALTH PROGRAM FOR LOW INCOME ADULTS & SENIORS

RESOLUTION # 2019-6-71

MOVED BY: Brigita Gingras

SECONDED BY: Frederic Diebel

RESOLVED: that council supports the resolution adopted by the Sudbury & Districts Public Health on November 22, 2018, resolution # 42-18 supporting the Premier's plan to invest in oral health programs for low income seniors and further encourage the government to expand access to include low income adults.

CARRIED

Sincerely Yours,

Belinda Ketchabaw
Clerk - Treasurer

BK/mb

cc: Sudbury District Public Health

Honourable Christine Elliott, Minister of Health and Long-Term Care

Dr. David Williams, Chief Medical Officer of Health, Minister of Health and Long-Term Care

Michael Mantha, MPP, Algoma-Manitoulin

May 6, 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: Support for alPHA report: *Improving and Maintaining the Health of the People*

On April 26, 2019 at a regular meeting of the Board for the Grey Bruce Health Unit, the Board considered the attached correspondence from Simcoe Muskoka District Health Unit supporting the alPHA report, *Improving and Maintaining the Health of the People: The Contribution of Public Health to Reducing Hallway Medicine*. The following motion was passed:

GBHU BOH Motion 2019-20

Moved by: Anne Eadie

Seconded by: Sue Paterson

“THAT, the Board of Health support the correspondence from Simcoe Muskoka District Health Unit supporting the alPHA report, *Improving and Maintaining the Health of the People: The Contribution of Public Health to Reducing Hallway Medicine*.”

Carried

Sincerely,



Mitch Twolan
Chair, Board of Health
Grey Bruce Health Unit

Encl.

Cc: Dr. David Williams, Chief Medical Officer of Health
Association of Local Public Health Agencies
Ontario Health Units

Working together for a healthier future for all..

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



Information Break

April 24, 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.

alPHA Action on Public Health Budget Announcements

During the 2019 budget release on April 11, the province announced sweeping changes to the Ontario public health system. The government will reduce the number of health units from the current 35 to 10, and install regional boards to oversee their governance by 2020/21. The province also plans to cut \$200M across the local public health system by 2021/22. It will further streamline Public Health Ontario and regionalize the public health lab system. The changes appear to be a part of the government's move to make the broader health sector more efficient by achieving economies of scale, streamlining and digitizing processes, and improving coordination across entities. alPHA has summarized the public health changes below.

[Read the full 2019 Ontario Budget here](#)

[View the alPHA summary of the 2019 Ontario Budget here](#)

In response, alPHA's leadership and membership have launched a campaign to make Ontarians aware of significant concerns over these unprecedented changes and their potential negative impact on front-line public health programs and services. Many health units, including alPHA, have written news releases and met with media to highlight concerns that the proposals will put even more pressure on an already-lean system that effectively prevents disease and protects health. Today, a position statement (see below) was also released by the Association in light of last week's funding details.

[Read alPHA's news release on the Budget here](#)

[Read alPHA's position statement of April 24, 2019](#)

(podcast) [Listen to alPHA president's interview on CBC Radio's Metro Morning here](#)

[Read about CBC news coverage on the interview here](#)

[Go to alPHA's Twitter account to view health units' media outreach](#)

alPHA's member bodies and Executive held emergency meetings over the past week to discuss strategy and next steps. alPHA's Board of Directors will be meeting on April 26. Outcomes from these discussions and others will be shared with the membership, so keep an eye out for email updates as details about the changes become available. In the meantime, visit alPHA's dedicated web page on Public Health Restructure communications and resources from the Association and members (link below).

[Go to alPHA's Public Health Restructure web page](#)

[Speaking Notes - Toronto Board of Health Meeting, April 15](#)

[Post Election Flyer to Municipal Representatives](#)

[alPHA Pre-Budget Submission 2019](#)

[Submission - Expert Panel on Public Health](#)

[alPHA Promotional Brochure](#)

[alPHA Video, What is public health?](#)

Important News: 2019 Annual Conference Program

Due to the recent provincial budget announcements, alPHA is considering a major revamp of its June conference program. We will have more program and registration details next week, so please stay tuned and many thanks for your patience.

[Learn more about alPHA's 2019 Annual Conference here](#)

Last Call for Resolutions: April 26

Health units and their boards have until April 26, 2019 to submit resolutions to alPHA for consideration at the June annual conference.

[View the 2019 Call for Resolutions here](#)

alPHA Fitness Challenges

This is a reminder to members to gear up for this year's annual alPHA Fitness Challenges for health unit employees and boards of health. Health units are challenged to involve all staff in 30 minutes of physical activity on May 9. Boards of health are encouraged to get their members to participate in 30 minutes of physical activity as well during April and May. Health units and boards of health with the highest participation rate will be recognized at the upcoming June conference.

[Learn more about the health unit employee Fitness Challenge](#)

[Learn more about the Fitness Challenge for boards of health](#)

Government News Round Up

[Ontario amends Mandatory Blood Testing Act](#) - 2019/04/16

[Health Canada launches consultations to reduce youth vaping](#) - 2019/04/11

[Council of Chief MOHs statement on youth vaping](#) - 2019/04/11

[Ontario to launch public sector compensation consultations](#) - 2019/04/04

[Province releases guidance document for Ontario Health Teams](#) - 2019/04/03

[Auditor General's office assumes new environmental responsibilities](#) - 2019/04/01

[Ontario names Consumption & Treatment Services sites](#) - 2019/03/29

Upcoming Event - Mark your calendars!

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](#). Registration details coming soon!

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).

To stop receiving email from us, please UNSUBSCRIBE by visiting: <http://www.alphaweb.org/members/EmailOptPreferences.aspx?id=15240578&e=lerouxh@phsd.ca&h=0b1f91a077e346d5bed9cd025f143f3a53130c97>

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

*News Release***Ontario Seniors Receive More Support with Publicly-Funded Dental Care**

April 23, 2019

TORONTO —Senior citizens in Ontario deserve to be respected and live in dignity. Often obstacles and finances have prohibited some seniors from being able to receive the dental care they require. Ontario is protecting what matters most by providing low-income seniors access to quality dental care through a new publicly-funded dental care program that will begin in late summer 2019.

Today, Raymond Cho, Minister of Seniors and Accessibility and Christine Elliott, Deputy Premier and Minister of Health and Long-Term Care, were at Taibu Community Health Centre in Toronto to announce an annual investment of \$90 million for publicly-funded dental care for seniors, when fully implemented.

"No senior in Ontario should go without quality dental care," said Minister Elliott. "Our government continues to put patients at the centre of care by providing seniors with the support they need to access high-quality and affordable dental care. We are taking another step in creating a sustainable and connected public health care system that is built for the people and for the future."

Ontarians aged 65 and over with an income of \$19,300 or less or couples with a combined annual income of \$32,300 or less, who do not have dental benefits, will qualify for the Ontario Seniors Dental Care Program. The services will be accessed through public health units, community health centres and Aboriginal Health Access Centres across the province.

"The health and well-being of seniors across the province is one of our government's top priorities," said Minister Cho. "For many lower income seniors, it is hard for them to access affordable dental care. This program is putting seniors first by providing the essential services they need and deserve."

Untreated oral health issues can lead to chronic diseases and a reduced quality of life, while also creating a reliance on emergency departments already under increased capacity pressures.

"This is another example of how our government is engaging and listening to patients, caregivers and frontline health care providers on ways to help end hallway health care," said Minister Elliott. "Dental care for seniors will provide them with the right care and avoid preventable emergency department visits."

QUICK FACTS

- In 2015, there were almost 61,000 hospital emergency visits for dental problems, at a cost to Ontario's health care system of approximately \$31 million.
- Two-thirds of low-income seniors do not have access to dental insurance.
- Once the program is launched, seniors will be able to get an application form from the ministry's website or public health unit. Applications will be assessed, and eligible clients will be enrolled in the program.
- By winter 2019, the program will expand to include new dental services in underserved areas, including through mobile dental buses and an increased number of dental suites in public health units.

ADDITIONAL RESOURCES

- [2019 Ontario Budget](#)

CONTACTS

Pooja Parekh
Minister's Office
416-314-0797
pooja.parekh@ontario.ca

Aleks Dhefto
Communications Branch
416-417-2823
aleks.dhefto@ontario.ca

Hayley Chazan
Deputy Premier & Minister of Health and Long-Term Care's Office
416-726-9941
hayley.chazan@ontario.ca

David Jensen
Ministry of Health and Long-Term Care
416-314-6197
david.jensen@ontario.ca

Ministry of Seniors and Accessibility
<https://www.ontario.ca/msaa>

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99 Wellesley Street West 4th floor, Room 4620 Toronto ON M7A 1A1

APPROVAL OF CONSENT AGENDA

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

Briefing Note

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

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

Date: May 9, 2019

Re: Organizational Risk Management

☒ For Information

☐ For Discussion

☐ For a Decision

Issue:

In October 2016, the Board of Health approved its first ever organization-wide risk management framework, policy, procedure, and a risk management plan. The risk management plan includes quarterly reports to the Senior Management Executive Committee and an annual report to the Board of Health. The Board is to review and approve organizational risks every three years.

The 2018 Organizational Risk Management Report includes data collected for all four reporting quarters in 2018 and reflects the risks as identified and approved by the Board of Health in 2016.

As per policy, senior management undertook a review of the organizational risks in the fall and has modified the risks for 2019. The risks and risk ratings have been updated to reflect emerging trends and the changes to the public health system and mandate. These changes will be reflected in the 2019 annual report. Note that this review was conducted prior to the April 11, 2019 provincial budget announcement.

Recommended Action:

That the Board of Health for Public Health Sudbury & Districts:

1. Receive the 2018 Annual Organizational Risk Management Report.
2. Receive the 2019 Organizational Risks.
3. Be informed of the engagement strategy for the next iteration of our Risk Management Plan (2020 – 2023).

Background:

The Ontario Public Health Standards require boards of health to provide governance and oversight of risk management activities, delegating to senior staff the responsibility of monitoring and responding to emerging issues and potential threats to the organization.

Since the beginning of 2016, Public Health Sudbury & Districts has been working to strengthen risk management practices. The Board of Health engaged with Senior Management to work through a risk management process and Senior Management continued the work with the Association of Local Public

2018–2022 Strategic Priorities:

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

O: October 19, 2001
R: January 2017

Health Authorities (alPHA) and a Senior Audit Manager from the Treasury Board Secretariat, to adopt and apply a five step risk management process for our organization.

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

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

The 2018 Annual Risk Management Report follows the same structure as the 2017 report as it also includes status and progress data for all of 2018. Organizational risks and ratings have remained the same while risk status has varied throughout the quarters.

Financial Implications:

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

Ontario Public Health Standard:

- Organizational Requirement; Common to All Domains; Requirement 4
- Organizational Requirement; Good Governance and Management Practices Domain; Requirement 14h.

Strategic Priority:

Organizational Commitment

Contact:

France Quirion, Director, Corporate Services Division

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

2018 Annual Organizational Risk Management Report

January – December 2018

2018 Organizational Risk Assessment		
Overall Objective: To identify future events that may impact the achievement of the agency's vision and mission		
Subordinate Objective: To coordinate and align risk mitigation strategies and provide a framework for risk assessment work at different levels within the organization		
Risk Categories		Rating Scale
1. Financial Risks		
1.1	The organization may be at risk as budget pressures are expected to increase over the next several years.	L5 I5
1.2	The organization may be at risk of financial forecasting not providing sufficient information for decision making resulting in suboptimal financial management within year.	L4 I4
1.3	The organization may be at risk as internal controls do not ever fully eliminate all potential risks of fraud.	L1 I3
2. Governance / Organizational Risks		
2.1	The organization may be at risk as BoH members, individually or collectively, may not have the required competencies for effective Board Governance.	L4 I5
2.2	The organization may be at risk of not systematically ensuring that the governance implications of changes in statutes, policies, and directions have been considered.	L3 I3
2.3	The organization may be at risk as the appetite for risk culture may not be clearly defined and articulated for staff or Board of Health members.	L1 I2
3. Human Resources		
3.1	The organization may be at risk as a result of an insufficient investment in succession and business continuity planning.	L4 I4
3.2	The organization may be at risk as staff may not have all of the necessary competencies to meet evolving needs.	L4 I4
3.3	The organization may be at risk related to varying levels of staff engagement in the work of the organization.	L2 I3
3.4	The organization may be at risk as some staff work offsite in uncontrolled environments.	L2 I4
4. Knowledge / Information		
4.1	The organization may be at risk due to incomplete/inadequate information to make decisions or plan programs and services.	L3 I3

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

Organizational Risk Assessment Annual Report

January – December 2018

#	CATEGORY	TOP RISKS (RED)	Status*				Progress Report/Comments
			Q1	Q2	Q3	Q4	
1	FINANCIAL	The organization may be at risk as budget pressures are expected to increase over the next several years.	2	1	1	1	The organization continues to implement cost-saving measures. Additional base funding and one-time funds continue to provide some relief with regards to budget pressures. This risk continues to be monitored as budget pressures are expected to increase in the new year.
2	FINANCIAL	The organization may be at risk of financial forecasting not providing sufficient information for decision making resulting in suboptimal financial management within year.	1	1	1	1	The organization continues to conduct financial forecasting and provides information for decision-making as it is available. This risk has become the continual state of operations and thus it is proposed that this risk level be lowered to a green risk for 2019 monitoring and reporting.
3	GOVERNANCE/ ORGANIZATIONAL	The organization may be at risk as BOH members, individually or collectively, may not have the required competencies for effective Board Governance.	1	1	1	2	As a result of municipal elections, this risk requires attention as there will be changes to the Board of Health membership in the new year. Board of Health members will continue to participate in training and be supported through the office of the Medical Officer of Health (MOH). Orientation modules for the new Board of Health members will be updated as needed. The MOH will continue to keep board members informed of key areas impacting Public Health.

4	HUMAN RESOURCES	The organization may be at risk as a result of an insufficient investment in succession and business continuity planning.	1	2	2	2	While mitigation strategies are ongoing, this risk continues to require attention as it relates to succession planning and business continuity planning. To support succession planning at the director level, a request for proposal (RFP) was distributed and a consultant will be hired in the new year. Managers are encouraged to continue discussions with their staff as it related to future goals and performance.
5	HUMAN RESOURCES	The organization may be at risk as staff may not have all of the necessary competencies to meet evolving needs.	2	2	2	2	Mitigation strategies continue to help reduce this risk as it relates to evolving Public Health needs. Implementation of the Workforce Development Framework and the work of the Professional Practice Committee are key drivers mitigating this risk. A framework for management onboarding was shared with Management Forum and is being implemented for new management hires.
6	TECHNOLOGY	The organization may be at risk of a network outage.	2	2	2	2	Mitigation strategies continue to help reduce risks related to network outages, for example, the SAN, two redundant backup storage systems, and a network monitoring tool have been installed. This risk continues to be monitored on an ongoing basis.
7	TECHNOLOGY	The organization may be at risk of not having a comprehensive and future oriented information technology plan and planning processes.	2	2	2	2	There are plans to implement a governance committee to inform information technology planning across the agency. The Records and Information Management Governance Plan is close to being finalized and will contribute to the overall IT Governance Plan which is in early conceptualization.

8	SERVICE DELIVERY/ OPERATIONAL	The organization may be at risk of our service not being perceived as a value add to our clients.	1	1	1	1	In 2018, the agency implemented the modernized visual identity standards. Work continues toward the implementation of our community and stakeholder engagement strategy. The agency routinely provides the community with timely updates regarding programs and services through its social media channels, digital communications. The agency continues to work collaboratively with community groups and partner agencies to improve opportunities for health and seeks to establish new strategic partnerships. Draft Client Service Standards were developed and validated with staff.
9	POLITICAL	The organization may be at risk of significant disruptions and high opportunity costs related to health system transformation.	1	1	1	1	The organization continues to implement the modernized Ontario Public Health Standards, is considering implications of the new provincial government, and is remaining informed of key priorities. New government priorities may have an impact on programming and funding. The five North East health units continue to collaborate to explore a shared service model. Recommendations are forthcoming and will be explored.
10	STAKEHOLDER & PUBLIC PERCEPTION	The organization may be at risk of poorly defined relationships with Indigenous communities.	1	1	2	2	In 2018, the agency adopted our Indigenous Engagement Strategy. A work plan was been developed to support implementation of the strategy. Meetings have been coordinated with N'Swakamok Friendship Centre and the Metis Nation of Ontario office locally to discuss engagement with urban Indigenous groups. Communications and staff training opportunities have been shared internally. Protocols for working with elders, translators and in gift giving and the use of sacred tobacco have been developed and refined with input by knowledge holders and community representatives. Initial meetings are planned/being coordinated with respective management teams to discuss strategy implementation.

11	EQUITY	The organization may be at risk of not effectively leveling up the health status with priority populations.	1	1	1	1	The organization continues to be involved in several health equity activities. These include the implementation of the local Poverty Reduction Fund project (chairing steering committee, implementing Leader Training, Circles and Bridges Out of Poverty workshops); the evaluation of the City of Greater Sudbury's Local Poverty Reduction Fund project (after school recreation for youth); modifying elementary school lesson plan materials on the social determinants of health; and advocacy on health equity issues. The organization has also embarked on the development of a racial equity action plan that will be submitted to the Board of Health in June 2019. Linked with the Circles program are the release of communication materials (videos) related to the Circles program, and a poverty simulation event that was held in December 2018.
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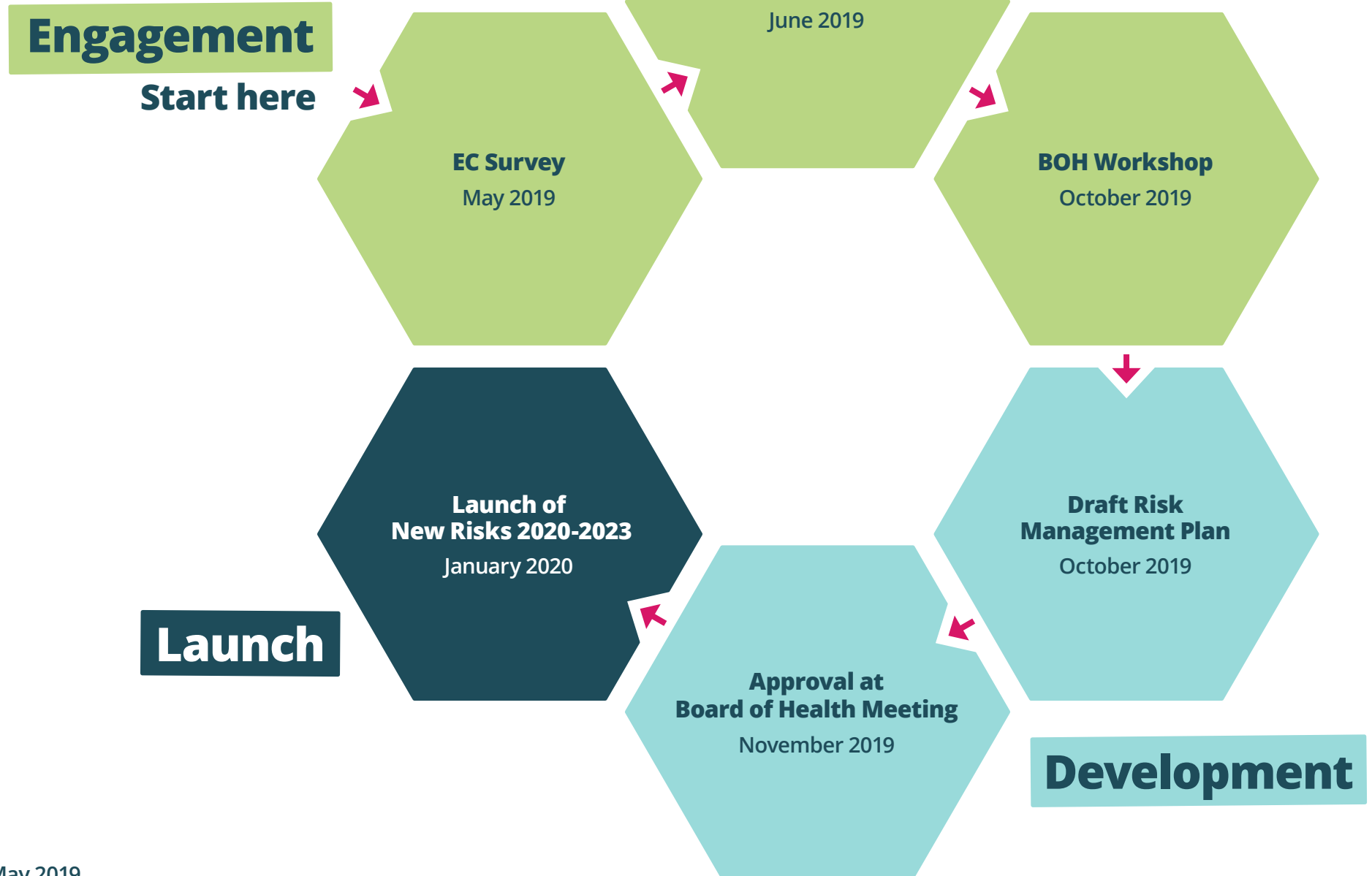
* Status: 1 = No Concerns; 2 = Attention Required; 3 = Concern

Organizational Risks: January -December 2019

Organizational Risk Assessment				
Overall Objective: To identify future events that may impact the achievement of the agency’s vision and mission				
Subordinate Objective: To coordinate and align risk mitigation strategies and provide a framework for risk assessment work at different levels within the organization				
Risk Categories			Rating Scale	
			2018	2019
1. Financial Risks				
1.1	The organization may be at risk as budget pressures are expected to increase over the next several years.		L5 I5	
1.2	The organization may be at risk of financial forecasting not providing sufficient information for decision making resulting in suboptimal financial management within year.		L4 I4	L2 I2
1.3	The organization may be at risk as internal controls do not ever fully eliminate all potential risks of fraud.		L1 I3	
2. Governance / Organizational Risks				
2.1	The organization may be at risk as BoH members, individually or collectively, may not have the required competencies for effective Board Governance.		L4 I5	
2.2	The organization may be at risk of not systematically ensuring that the governance implications of changes in statutes, policies, and directions have been considered.		L3 I3	
2.3	The organization may be at risk as the appetite for risk culture may not be clearly defined and articulated for staff or Board of Health members.		L1 I2	L1 I1
3. Human Resources				
3.1	The organization may be at risk as a result of an insufficient investment in succession and business continuity planning.		L4 I4	
3.2	The organization may be at risk as staff may not have all of the necessary competencies to meet evolving needs.		L4 I4	L3 I4
3.3	The organization may be at risk related to varying levels of staff engagement in the work of the organization.		L2 I3	
3.4	The organization may be at risk as some staff work offsite in uncontrolled environments.		L2 I4	
4. Knowledge / Information				
4.1	The organization may be at risk due to incomplete/inadequate information to make decisions or plan programs and services.		L3 I3	L2 I2
5. Technology				
5.1	The organization may be at risk of a network outage.		L3 I5	
5.2	The organization may be at risk of not having a comprehensive and future oriented information technology plan and planning processes.		L4 I3	

6. Legal / Compliance			
6.1	The organization may be at risk of not achieving full compliance with the many and varied obligations imposed by statutes and regulations impacting on governance and management of Public Health Sudbury & Districts.	L2 I2	
7. Service Delivery / Operational			
7.1	The organization may be at risk of our service not being perceived as a value add to our clients.	L3 I4	
8. Environment			
8.1	The organization may be at risk of natural and anthropogenic disasters or hazards.	L2 I3	L3 I3
9. Political			
9.1	The organization may be at risk of significant disruptions and high opportunity costs related to provincial policy changes with the new provincial government.	L5 I5	
10. Stakeholder / Public Perception			
10.1	The organization may be at risk of poorly defined relationships with indigenous communities.	L5 I5	L4 I4
10.2	The organization may be at risk of uncertainty around managing the expectations and obligations of the public, ministries, stakeholders, municipalities and/or the media to prevent disruption of service or criticism of Public Health Sudbury & Districts and a negative public image.	L3 I2	L3 I3
11. Strategic / Policy			
11.1	The organization may be at risk of developing a Strategic Plan that may need to be modified given the change in provincial government direction.	L3 I2	L1 I1
12. Security Risks			
12.1	The organization may be at risk of threats to network security.	L2 I4	L3 I4
12.2	The organization staff and visitors may be at risk if security systems are offline.	L2 I3	L2 I2
13. Privacy Risks			
13.1	The organization may be at risk as internal controls may not be sufficient to fully eliminate all potential risks of privacy breaches.	L4 I2	
14. Equity Risks			
14.1	The organization may be at risk of not effectively leveling up the health status with priority populations.	L5 I5	

Risk Management Engagement Snapshot



Financial Statements of

**BOARD OF HEALTH FOR THE
SUDBURY & DISTRICT
HEALTH UNIT**

**(OPERATING AS PUBLIC HEALTH SUDBURY
& DISTRICTS)**

Year ended December 31, 2018

DRAFT



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INDEPENDENT AUDITORS' REPORT

To the Board Members of the Board of Health for the Sudbury & District Health Unit (operating as Public Health Sudbury & Districts), Members of Council, Inhabitants and Ratepayers of the Participating Municipalities of the Board of Health for the Sudbury & District Health Unit

Opinion

We have audited the accompanying financial statements of The Board of Health for the Sudbury & District Health Unit operating as Public Health Sudbury & Districts (the Entity), which comprise:

- the statement of financial position as at December 31, 2018
- the statement of operations and accumulated surplus for the year then ended
- the statement of changes in net financial assets for the year then ended
- the statement of cash flows for the year then ended
- and notes to the financial statements, including a summary of significant accounting policies

(Hereinafter referred to as the "financial statements")

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of The Board of Health for the Sudbury & District Health Unit operating as Public Health Sudbury & Districts as at December 31, 2018, and its results of operations, its changes in net financial assets and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the "Auditors' Responsibilities for the Audit of the Financial Statements" section of our report.

We are independent of the Entity in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada and we have fulfilled our other responsibilities in accordance with these requirements.

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

Responsibilities of Management and Those Charged with Governance for the Financial Statements

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

In preparing the financial statements, management is responsible for assessing the Entity's ability to continue as a going concern, disclosing as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the Entity or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the Entity's financial reporting process.

Auditors' Responsibility for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion.

Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists.

Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit.

We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion.

The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Entity's internal control.



- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Entity's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditors' report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditors' report. However, future events or conditions may cause the Entity to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represents the underlying transactions and events in a manner that achieves fair presentation.
- Communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Chartered Professional Accountants, Licensed Public Accountants

Sudbury, Canada

May 3, 2019

BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Statement of Financial Position

December 31, 2018, with comparative information for 2017

	2018	2017
Financial assets		
Cash and cash equivalents	\$ 14,762,030	\$ 12,942,452
Accounts receivable	532,377	788,684
Receivable from the Province of Ontario	176,059	365,035
	<u>15,470,466</u>	<u>14,096,171</u>
Financial liabilities		
Accounts payable and accrued liabilities	1,325,291	1,289,696
Deferred revenue	314,736	368,364
Payable to the Province of Ontario	496,461	693,999
Employee benefit obligations (note 2)	2,905,078	2,756,279
	<u>5,041,566</u>	<u>5,108,338</u>
Net financial assets	10,428,900	8,987,833
Non-financial assets:		
Tangible capital assets (note 3)	5,241,436	5,374,612
Prepaid expenses	312,561	436,033
	<u>5,553,997</u>	<u>5,810,645</u>
Commitments and contingencies (note 4)		
Accumulated surplus (note 5)	\$ 15,982,897	\$ 14,798,478

See accompanying notes to financial statements.

On behalf of the Board:

_____ Board Member

_____ Board Member

BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Statement of Operations and Accumulated Surplus

Year ended December 31, 2018, with comparative information for 2017

	Budget	Total	Total
	2018	2018	2017
	(unaudited)		
Revenue (note 9):			
Provincial grants	\$ 20,504,609	\$ 21,129,320	\$ 20,400,575
Per capita revenue from municipalities (note 7)	7,133,674	7,133,674	7,012,166
Other:			
Plumbing inspections and licenses	317,000	302,316	315,214
Interest	85,000	216,090	107,550
Other	1,133,205	819,733	893,009
	29,173,488	29,601,133	28,728,514
Expenses (note 9):			
Salaries and wages	19,350,396	18,230,108	18,114,089
Benefits (note 6)	5,395,936	5,140,502	4,968,815
Administration (note 8)	1,785,097	2,016,169	1,787,038
Supplies and materials	1,613,485	1,637,528	1,365,790
Amortization of tangible capital assets (note 3)	-	627,567	658,989
Small operational equipment	583,910	454,933	416,411
Transportation	444,664	309,907	344,628
	29,173,488	28,416,714	27,655,760
Annual surplus	-	1,184,419	1,072,754
Accumulated surplus, beginning of year	13,725,724	14,798,478	13,725,724
Accumulated surplus, end of year	\$ 13,725,724	\$ 15,982,897	\$ 14,798,478

See accompanying notes to financial statements.

BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Statement of Changes in Net Financial Assets

Year ended December 31, 2018, with comparative information for 2017

	2018	2017
Annual surplus	\$ 1,184,419	\$ 1,072,754
Purchase of tangible capital assets	(494,391)	(564,251)
Amortization of tangible capital assets	627,567	658,989
Change in prepaid expenses	123,472	(151,435)
Change in net financial assets	1,441,067	1,016,057
Net financial assets, beginning of year	8,987,833	7,971,776
Net financial assets, end of year	\$ 10,428,900	\$ 8,987,833

See accompanying notes to financial statements.

BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Statement of Cash Flows

Year ended December 31, 2018, with comparative information for 2017

	2018	2017
Cash provided by (used in):		
Cash flows from operating activities:		
Annual surplus	\$ 1,184,419	\$ 1,072,754
Adjustments for:		
Amortization of tangible capital assets	627,567	658,989
Employee benefit obligations	148,799	(50,626)
	1,960,785	1,681,117
Changes in non-cash working capital:		
Decrease (increase) in accounts receivable	256,307	(22,562)
Decrease (increase) in receivable from the Province of Ontario	188,976	(152,371)
Increase in accounts payable and accrued liabilities	35,595	62,809
Increase (decrease) in deferred revenue	(53,628)	50,054
Increase (decrease) in payable to the Province of Ontario	(197,538)	299,735
Decrease (increase) in prepaid expenses	123,472	(151,435)
	2,313,969	1,767,347
Cash flows from investing activity:		
Purchase of tangible capital assets	(494,391)	(564,251)
Increase in cash	1,819,578	1,203,096
Cash and cash equivalents, beginning of year	12,942,452	11,739,356
Cash and cash equivalents, end of year	\$ 14,762,030	\$ 12,942,452

See accompanying notes to financial statements.

BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Notes to Financial Statements

Year ended December 31, 2018

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

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

1. Summary of significant accounting policies:

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

(a) Basis of accounting:

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

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

(b) Cash and cash equivalents:

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

Short-term investments are recorded at the lower of cost or fair value. Short-term investments generally have a maturity of one year or less at acquisition and are held for the purpose of meeting future cash commitments.

Guaranteed investment certificates amounted to \$2,258,052 as at December 31, 2018 (2017 - \$2,223,397) and these can be redeemed for cash on demand.

(c) Employee benefit obligations:

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

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

Sick leave benefits are accrued where they are vested and subject to pay out when an employee leaves the Health Unit's employ.

BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Notes to Financial Statements

Year ended December 31, 2018

1. Summary of significant accounting policies (continued):

(c) Employee benefit obligations (continued):

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

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

(d) Non-financial assets:

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

(e) Tangible capital assets:

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

Asset	Basis	Rate
Building	Straight-line	2.5%
Land improvements	Straight-line	10%
Computer hardware	Straight-line	30%
Leasehold improvements	Straight-line	10%
Website design	Straight-line	20%
Vehicles and equipment	Straight-line	10%
Equipment – vaccine refrigerators	Straight-line	20%
Computer software	Straight-line	100%

(f) Prepaid expenses:

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

BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Notes to Financial Statements

Year ended December 31, 2018

1. Summary of significant accounting policies (continued):

(g) Accumulated surplus:

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

The accumulated surplus consists of the following surplus accounts:

- Invested in tangible capital assets:

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

- Unfunded employee benefit obligations:

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

The accumulated surplus consists of the following reserves:

- Working capital reserve:

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

- Public health initiatives:

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

- Corporate contingencies:

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

- Facility and equipment repairs and maintenance:

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

- Sick leave and vacation:

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

- Research and development:

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

BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Notes to Financial Statements

Year ended December 31, 2018

1. Summary of significant accounting policies (continued):

(h) Revenue recognition:

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

Other revenues including certain user fees, rents and interest are recorded on the accrual basis, when earned and when the amounts can be reasonably estimated and collection is reasonably assured.

(i) Budget figures:

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

(j) Use of estimates:

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

BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Notes to Financial Statements

Year ended December 31, 2018

2. Employee benefit obligations:

An actuarial estimate of future liabilities has been completed using the most recent actuarial valuation dated December 31, 2017 and forms the basis for the estimated liability reported in these financial statements.

	2018	2017
Accumulated sick leave benefits	\$ 753,705	811,633
Other post-employment benefits	1,234,500	1,105,032
	1,988,205	1,916,665
Vacation pay and other compensated absence	916,873	839,614
	\$ 2,905,078	2,756,279

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

	2018	2017
Discount	4.00%	4.50%
Health-care trend rate:		
Initial	6.42%	5.10%
Ultimate	3.75%	4.00%
Salary escalation factor	2.75%	3.00%

The Health Unit has established reserves in the amount of \$675,447 (2017 - \$675,447) to mitigate the future impact of these obligations. The accrued benefit obligations as at December 31, 2018 are \$2,035,408 (2017 - \$1,774,363).

	2018	2017
Benefit plan expenses:		
Current service costs	\$ 162,089	115,505
Interest	78,323	76,699
Amortization of actuarial loss	(4,819)	(17,137)
	\$ 235,593	175,067

Benefits paid during the year were \$164,052 (2017 - \$129,013). The net unamortized actuarial loss of \$47,203 (2017 - \$42,384) will be amortized over the expected average remaining service period.

BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Notes to Financial Statements

Year ended December 31, 2018

3. Tangible capital assets:

Cost:

		Land	Building	Leasehold Improvements	Computer Hardware	Computer Software	Website Design	Furniture and Equipment	Parking Lot Resurfacing	2018 Total
Balance, January 1, 2018	\$	26,939	7,068,782	396,739	1,993,435	357,579	69,845	2,379,527	242,596	12,535,442
Additions		-	-	-	370,421	17,246	-	106,724	-	494,391
Balance, December 31, 2018	\$	26,939	7,068,782	396,739	2,363,856	374,825	69,845	2,486,251	242,596	13,029,833

Accumulated amortization:

		Land	Building	Leasehold Improvements	Computer Hardware	Computer Software	Website Design	Furniture and Equipment	Parking Lot Resurfacing	Total
Balance, January 1, 2018	\$	-	2,755,623	394,660	1,497,616	357,579	62,861	1,990,321	102,170	7,160,830
Amortization		-	176,720	2,079	290,824	17,246	6,984	109,454	24,260	627,567
Balance, December 31, 2018	\$	-	2,932,343	396,739	1,788,440	374,825	69,845	2,099,775	126,430	7,788,397

Net book value

		Land	Building	Leasehold Improvements	Computer Hardware	Computer Software	Website Design	Furniture and Equipment	Parking Lot Resurfacing	Total
At December 31, 2017	\$	26,939	4,313,159	2,079	495,819	-	6,984	389,206	140,426	5,374,612
At December 31, 2018		26,939	4,136,439	-	575,416	-	-	386,476	116,166	5,241,436

BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Notes to Financial Statements

Year ended December 31, 2018

3. Tangible capital assets (continued):

Cost:

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

Accumulated amortization:

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

Net book value

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

BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Notes to Financial Statements

Year ended December 31, 2018

4. Commitments and contingencies:

(a) Line of credit:

The Health Unit has available an operating line of credit of \$500,000 (2017 - \$500,000). There is \$Nil balance outstanding on the line of credit at year end (2017 - \$Nil).

(b) Lease commitments:

The Health Unit enters into operating leases in the ordinary course of business, primarily for lease of premises and equipment. Payments for these leases are contractual obligations as scheduled per each agreement. Commitments for minimum lease payments in relation to non-cancellable operating leases at December 31, 2018 are as follows:

No later than one year	\$	217,156
Later than one year and no later than 5 years		732,326
Later than five years		505,680
	\$	1,455,162

(c) Contingencies:

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

BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Notes to Financial Statements

Year ended December 31, 2018

5. Accumulated surplus:

	Balance, Beginning of year	Annual Surplus (Deficit)	Purchase of Tangible Capital Assets	Balance, end of year
Invested in tangible capital assets	\$ 5,374,612	(627,569)	494,391	5,241,434
Unfunded employee benefit obligation	(2,756,279)	148,799	—	(2,607,480)
Working capital reserve	6,566,272	1,663,189	(494,391)	7,735,070
Public health initiatives	1,521,119	—	—	1,521,119
Corporate contingencies	500,000	—	—	500,000
Facility and equipment repairs and maintenance	2,860,447	—	—	2,860,447
Sick leave and vacation	675,447	—	—	675,447
Research and development	56,860	—	—	56,860
	\$ 14,798,478	1,184,419	—	15,982,897

6. Pension agreements:

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

The amount contributed to OMERS for 2018 was \$1,771,788 (2017 - \$1,804,726) for current service and is included within benefits expense on the statement of operations and accumulated surplus.

BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Notes to Financial Statements

Year ended December 31, 2018

7. Per capita revenue from municipalities:

	2018	2017
City of Greater Sudbury	\$ 6,135,677	6,028,855
Township of Espanola	189,406	186,317
Township of Sables and Spanish River	116,354	115,564
Municipality of French River	103,085	101,540
Municipality of Markstay-Warren	101,088	99,156
Township of Northeastern Manitoulin & The Islands	92,456	90,671
Township of Chapleau	83,182	82,958
Township of Central Manitoulin	74,337	73,702
Municipality of St. Charles	50,225	48,809
Township of Assiginack	32,747	32,260
Town of Gore Bay	32,105	31,488
Township of Baldwin	21,904	21,671
Township of Billings (and part of Allan)	21,762	21,531
Township of Gordon (and part of Allan)	19,479	18,656
Township of Nairn & Hyman	17,196	17,114
Township of Tehkummah	15,769	15,430
Municipality of Killarney	15,056	14,940
Township of Burpee	11,846	11,504
	\$ 7,133,674	7,012,166

8. Administration expenses:

	Budget 2018 (unaudited)	2018	2017
Building maintenance	\$ 366,709	426,730	368,421
Professional fees	262,436	346,853	220,923
Rent	256,105	262,386	260,602
Staff education	126,669	224,873	194,580
Telephone	199,278	192,055	205,660
Utilities	208,937	190,190	210,248
Advertising	133,899	161,676	137,620
Liability insurance	103,774	99,833	93,449
Postage	78,836	64,635	56,636
Memberships and subscriptions	44,454	42,607	35,653
Strategic planning	4,000	4,331	3,246
	\$ 1,785,097	2,016,169	1,787,038

BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Notes to Financial Statements

Year ended December 31, 2018

10. Comparative information:

The 2017 comparative information has been reclassified, where applicable, to conform to the presentation used in the current year. The changes do not affect prior year earnings.

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BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Notes to Financial Statements

Year ended December 31, 2018

9. Revenues and expenses by funding sources:

	OLHA	UIIP	Men C	HPV	Unorganized Territories	CNO	Enhanced Safe Water	SDWS	VBD	Diabetes Prevention	E-Cigarette Act: Protection & Enforcement	Enhanced Safe Food	Harm Reduction Enhancement	HSO	IC-PHN	Sub-Total
Revenue:																
Provincial grants	\$ 15,127,700	11,715	15,487	25,075	-	121,500	16,200	106,000	65,000	128,207	19,400	36,500	150,000	559,229	90,100	16,472,113
Provincial grants - one-time	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Unorganized territories	-	-	-	-	826,000	-	-	-	-	-	-	-	-	-	-	826,000
Municipalities	7,064,806	-	-	-	-	-	-	47,222	21,646	-	-	-	-	-	-	7,133,674
Plumbing and inspections	302,316	-	-	-	-	-	-	-	-	-	-	-	-	-	-	302,316
Interest	216,090	-	-	-	-	-	-	-	-	-	-	-	-	-	-	216,090
Other	426,230	-	-	-	-	-	-	-	-	-	-	-	-	-	-	426,230
	23,137,142	11,715	15,487	25,075	826,000	121,500	16,200	153,222	86,646	128,207	19,400	36,500	150,000	559,229	90,100	25,376,423
Expenses:																
Salaries and wages	13,971,529	10,212	14,078	22,728	501,053	98,622	12,837	118,500	27,376	69,323	13,286	13,221	111,122	395,136	70,599	15,449,622
Benefits	4,085,827	921	1,409	2,265	133,368	22,878	3,363	31,009	2,508	16,495	4,269	1,169	30,005	107,095	19,501	4,462,082
Transportation	89,881	-	-	-	118,259	-	-	3,106	4,191	4,112	-	-	1,117	9,995	-	230,661
Administration (note 8)	1,893,778	-	-	-	-	-	-	-	1,318	4,462	-	479	403	8,307	-	1,908,747
Supplies and materials	838,147	582	-	82	73,320	-	-	-	51,293	33,815	1,845	21,631	7,353	38,696	-	1,066,764
Small operational equipment	446,561	-	-	-	-	-	-	-	-	-	-	-	-	-	-	446,561
Amortization of tangible capital assets	627,567	-	-	-	-	-	-	-	-	-	-	-	-	-	-	627,567
	21,953,290	11,715	15,487	25,075	826,000	121,500	16,200	152,615	86,686	128,207	19,400	36,500	150,000	559,229	90,100	24,192,004
Annual surplus (deficit)	\$ 1,183,852	-	-	-	-	-	-	607	(40)	-	-	-	-	-	-	1,184,419

OLHA - MOHLTC Mandatory Cost-Share including Unorganized Territories

UIIP - Universal Influenza Immunization Program

Men C - Meningococcal Vaccine Program

HPV - Human Papilloma Virus

CNO - Chief Nursing Officer

SDWS - Small Drinking Water Systems

VBD - Vector-Borne Diseases

HSO - Healthy Smiles Ontario

IC-PHN - Infection Prevention and Control Nurses Initiative

MOH/AMOH - Ministry of Health/Associate Medical Officer of Health

MCYS - Ministry Children and Youth Services

SDoH - Social Determinants of Health Nurses Initiatives

SFO - Smoke Free Ontario

NFVP-FNOHAP - Northern Fruit & Vegetable Program: Ontario First Nations Health Action Plan

BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Notes to Financial Statements

Year ended December 31, 2018

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

2017-18 One-time Funding																	
	Infectious Diseases Control	MOH/AMOH	Needle Exchange	Northern Fruit & Vegetable	SDoH Nurses Initiatives	SFO Grouping	MCYS	HIV-Aids Anonymous Testing	Northeastern Public Health Collaborative Shared Services	Indigenous Communities: Relationship Building	Needle Exchange Program	Vaccine Fridges	NFVP: Ontario FN Health Action Plan	Panorama: Immunization Solution	PHI Practicum	Smoke-Free Smoking Cessation	Sub-Total
Revenue:																	
Provincial grants	\$ 389,000	100,198	87,100	147,102	180,500	764,977	1,615,897	60,254	-	-	-	-	-	-	-	-	3,345,028
Provincial grants - one-time	-	-	-	-	-	-	-	-	32,401	37,633	54,554	4,822	1,390	71,494	8,637	2,018	212,949
Unorganized territories	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Municipalities	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Plumbing and inspections	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Interest	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	389,000	100,198	87,100	147,102	180,500	764,977	1,615,897	60,254	32,401	37,633	54,554	4,822	1,390	71,494	8,637	2,018	3,557,977
Expenses:																	
Salaries and wages	307,135	84,354	-	72,491	140,164	412,984	1,245,790	46,427	15,028	22,753	-	-	-	58,883	7,873	-	2,413,882
Benefits	79,085	15,844	-	18,279	40,336	121,364	308,435	12,156	3,968	2,263	-	-	-	12,611	764	-	615,105
Transportation	-	-	-	2,443	-	19,027	43,102	-	-	2,090	-	-	-	-	-	-	66,662
Administration (note 8)	-	-	-	415	-	9,235	4,579	113	13,405	5,925	-	-	-	-	-	-	33,672
Supplies and materials	2,780	-	87,100	53,474	-	202,367	13,991	1,558	-	4,602	54,554	-	1,390	-	-	2,018	423,834
Small operational equipment	-	-	-	-	-	-	-	-	-	-	-	4,822	-	-	-	-	4,822
Amortization of tangible capital assets	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	389,000	100,198	87,100	147,102	180,500	764,977	1,615,897	60,254	32,401	37,633	54,554	4,822	1,390	71,494	8,637	2,018	3,557,977
Annual surplus	\$ -	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

OLHA - MOHLTC Mandatory Cost-Share including Unorganized Territories

UIIP - Universal Influenza Immunization Program

Men C - Meningococcal Vaccine Program

HPV - Human Papilloma Virus

CNO - Chief Nursing Officer

SDWS - Small Drinking Water Systems

VBD - Vector-Borne Diseases

HSO - Healthy Smiles Ontario

IC-PHN - Infection Prevention and Control Nurses Initiative

MOH/AMOH - Ministry of Health/Associate Medical Officer of Health

MCYS - Ministry Children and Youth Services

SDoH - Social Determinants of Health Nurses Initiatives

SFO - Smoke Free Ontario

NFVP-FNOHAP - Northern Fruit & Vegetable Program: Ontario First Nations Health Action Plan

BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Notes to Financial Statements

Year ended December 31, 2018

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

	2018-19 One-time Funding									
	Mandatory Built Environment	Mandatory Disclosure	Mandatory Effective Public Health Practice	Healthy Menu Choices: Enforcement	Indigenous Communities	NFVP - FNOHAP	Vaccine Fridge	PHI Practicum	Non- Ministry	Total
Revenue:										
Provincial grants	\$ -	-	-	-	-	-	-	-	-	19,817,141
Provincial grants - one-time	70,319	19,366	70,039	22,993	70,083	9,160	3,500	7,770	-	486,179
Unorganized territories	-	-	-	-	-	-	-	-	-	826,000
Municipalities	-	-	-	-	-	-	-	-	-	7,133,674
Plumbing and inspections	-	-	-	-	-	-	-	-	-	302,316
Interest	-	-	-	-	-	-	-	-	-	216,090
Other	-	-	-	-	-	-	-	-	393,503	819,733
	70,319	19,366	70,039	22,993	70,083	9,160	3,500	7,770	393,503	29,601,133
Expenses:										
Salaries and wages	59,743	-	58,944	16,245	59,356	-	-	7,032	165,284	18,230,108
Benefits	10,576	-	11,095	5,578	5,334	-	-	674	30,058	5,140,502
Transportation	-	-	-	1,170	4,240	-	-	64	7,110	309,907
Administration (note 8)	-	6,316	-	-	1,153	-	-	-	66,281	2,016,169
Supplies and materials	-	13,050	-	-	-	9,160	-	-	124,720	1,637,528
Small operational equipment	-	-	-	-	-	-	3,500	-	50	454,933
Amortization of tangible capital assets	-	-	-	-	-	-	-	-	-	627,567
	70,319	19,366	70,039	22,993	70,083	9,160	3,500	7,770	393,503	28,416,714
Annual surplus	\$ -	-	-	-	-	-	-	-	-	1,184,419

OLHA - MOHLTC Mandatory Cost-Share including Unorganized Territories

UIIP - Universal Influenza Immunization Program

Men C - Meningococcal Vaccine Program

HPV - Human Papilloma Virus

CNO - Chief Nursing Officer

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MOH/AMOH - Ministry of Health/Associate Medical Officer of Health

MCYS - Ministry Children and Youth Services

SDoH - Social Determinants of Health Nurses Initiatives

SFO - Smoke Free Ontario

NFVP-FNOHAP - Northern Fruit & Vegetable Program: Ontario First Nations Health Action Plan

ADOPTION OF THE 2018 AUDITED FINANCIAL STATEMENTS

MOTION:

WHEREAS at its May 3, 2019, meeting, the Board of Health Finance Standing Committee reviewed the 2018 audited financial statements and recommended them to the Board for the Board's approval;

THEREFORE BE IT RESOLVED THAT the 2018 audited financial statements be approved as distributed.

Public Health Sudbury & Districts 2018–2022 Accountability Monitoring Plan **Strategic Priorities: Narrative Report**

Strategic Priorities: Narrative Report
May 2019



**Public Health
Santé publique**
SUDBURY & DISTRICTS

Introduction

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

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

Strategic Priorities



Equitable Opportunities

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



Meaningful Relationships

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



Practice Excellence

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



Organizational Commitment

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

Greater Sudbury Poverty Challenge

In December 2018, Public Health Sudbury & Districts hosted a one-day poverty simulation event in partnership with the Partners to End Poverty Steering Committee. Local leaders from various sectors attended the event designed to raise awareness about the realities of living in poverty and to inspire commitment to poverty reduction. Each participant was given the profile of a person and asked to “live” their given profile, which included navigating a range of common community agency encounters. Local agency representatives were present to interact with participants, adding greater depth to the event. Each profile was developed based on the lived experiences of Sudburians connected with the [Circles Sudbury](#) initiative. Circles Sudbury aims to reduce poverty by building relationships across all economic groups, and to strengthen multi-sectoral collaboration to ensure everyone has the opportunity to achieve their full health potential regardless of their socially determined circumstances. Evaluation findings included improved awareness among participants and the value of incorporating the lives of real people with lived experiences of poverty.



Equitable Opportunities

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



Working with community partners to create a local opioids emergency response plan

In the Spring of 2018, more than 40 community agencies from across the Sudbury and Manitoulin districts came together to test and practice emergency preparedness related to opioid overdoses. Hosted by Public Health Sudbury & Districts and Public Health Ontario, the workshop included representatives from municipalities, first responders, public health, enforcement, community-based organizations, health care, schools, academia, and First Nations communities.

Those in attendance learned about opioids, tested emergency response plans, clarified roles and responsibilities, identified strengths and areas for improvement within existing emergency response plans, and fostered relationships across sectors. The findings of this collaboration led to the development of a local interagency emergency response plan for opioid poisonings. The response plan was developed with partners from the Community Drug Strategy Committee, with feedback from the Greater Sudbury Emergency Management Advisory Panel, and includes communication processes, and agency roles and responsibilities. The response plan will support an effective and timely multi-agency response to, and community recovery from, a mass casualty event related to opioids. The response plan will be endorsed by the Community Drug Strategy Executive Committee, and subsequently shared with community partners.

2

Meaningful Relationships

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



Addressing local data gaps in sleep health

In 2018, the Ministry of Health and Long-Term Care's Ontario Public Health Standards for Public Health Programs and Services identified sleep as a new topic of public health importance. At the population and individual levels, poor sleep can negatively impact mental health, healthy growth and development as well as chronic disease management and the prevention of injuries. Public Health Sudbury & Districts conducted a community sleep survey to gather baseline data, to inform further programming and raise awareness about sleep health, and to learn more about the sleep duration, quality, and hygiene among our local populations. A total of 1 323 adults participated in the community sleep survey and provided insight about their sleep and that of one of their children aged 0 to 12 years. Results of the survey will enhance current evidence to inform the development of relevant policies and programs that will address the sleep-related needs of our communities.

3

Practice Excellence

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



The Continuous Quality Improvement Framework

Continuous Quality Improvement (CQI) is an overarching philosophy used by Public Health Sudbury & Districts to drive process improvement, increase public health value and performance, and develop ongoing organizational self-improvement.

In collaboration with staff from across the agency, a CQI Framework was recently developed and adopted. Staff have been actively involved in discussions on how best to utilize the framework as they implement quality improvement methods.

The framework will foster a culture of quality improvement that ensures high-quality public health practice, encourages transparency and accountability, and increases satisfaction with our services. It will also help direct the organization as we strive to be leaders in quality improvement practice through developing skills and capacity; planning and evidence-informed practice; and measuring, monitoring, and evaluating quality improvement initiatives.



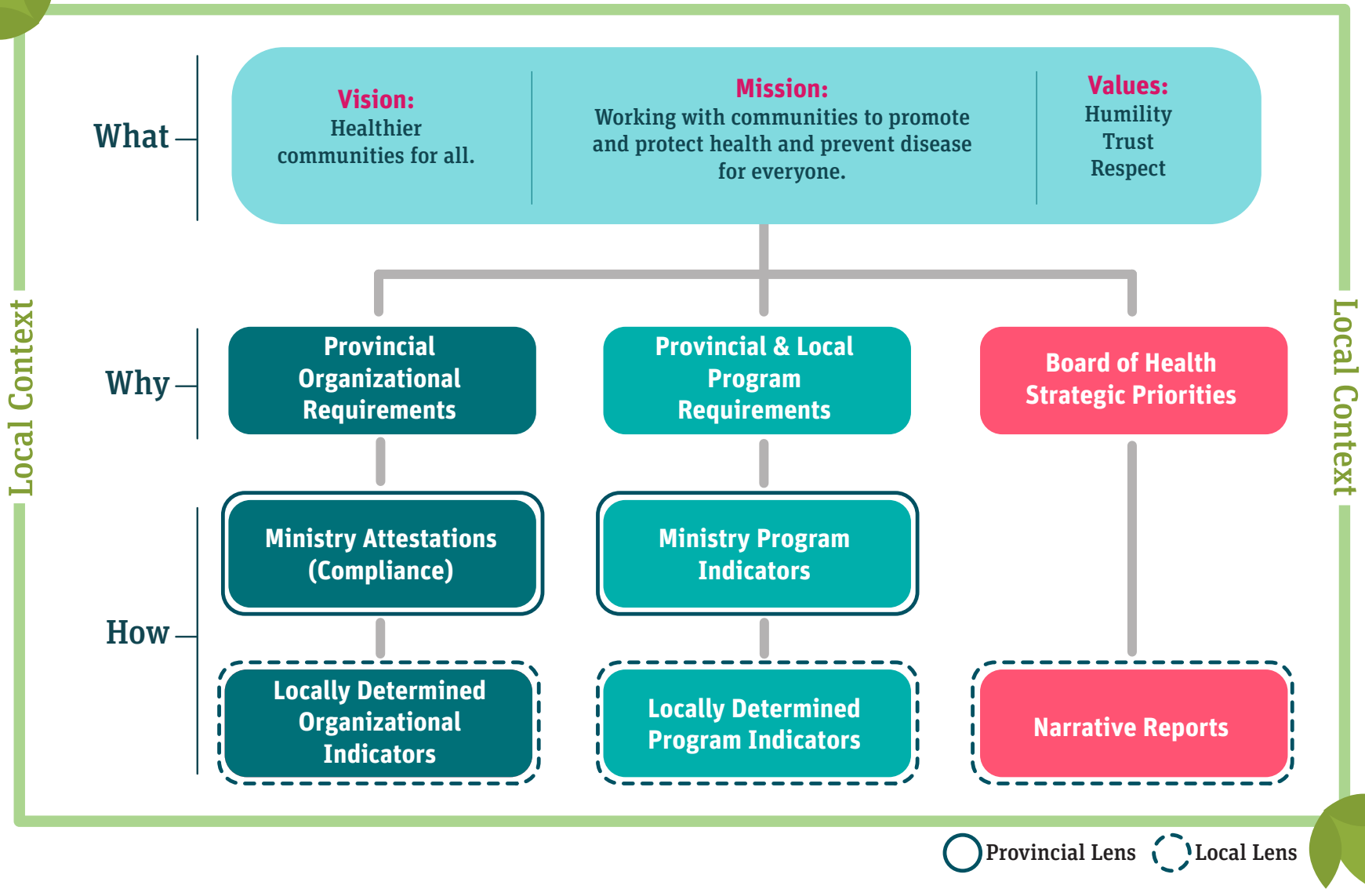
4

Organizational Commitment

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



Public Health Sudbury & Districts Accountability Monitoring Framework



Position Statement

Public Mental Health – Parity of Esteem

The Board of Health for Public Health Sudbury & Districts actively supports the concept of *parity of esteem*, which is defined as equally valuing mental and physical health, for the wellbeing of all in our community. We will intentionally utilise the term public mental health to acknowledge mental health as an explicit goal in addition to the goal for physical health and well-being.

To advance mental health opportunities for all throughout the Public Health Sudbury & Districts service area, the Board further commits to:

- Ensuring that public mental health practice be relevant for everyone, regardless of mental illness diagnoses, with appropriate adaptations,

- Understanding mental health from a social determinants of health perspective and to working to improve equity in mental health,

- Understanding and shining a light on systemic and often hidden prejudice in support of opportunities for mental health for all,

- Privileging the voices of those with lived experiences and their families and carers, and

- Informing our public mental health practice with the aspiration to build hope, belonging, meaning and purpose in individuals and communities.

O: May 16, 2019

Background

Like physical health, mental health and well-being are influenced by the social, economic, and physical environments in which people work, live, and play. We also know that populations with socio-economic disadvantages are disproportionately affected by mental health problems and challenges.

People who experience mental illness and addictions are more likely to die prematurely than the general population. Mental illness can cut 10 to 20 years from a person's life expectancy.¹ The disease burden of mental illness and addiction in Ontario is 1.5 times higher than all cancers put together and more than seven times that of all infectious diseases. This includes years lived with less than full function and years lost to early death.^{2,3}

The 2018 Ontario Public Health Standards (OPHS) identifies mental health in its mandate. Local public health must address mental health, focusing on mental health promotion, prevention, and early identification and referral. Within OPHS, the role of public health "is to support and protect the physical and mental health and well-being, resiliency and social connectedness of the health unit population . . . reaching all . . . with a special focus on those with greater risk of poor health outcomes".⁴

Public Health Sudbury & Districts supports the concept of parity of esteem, or equally valuing mental and physical health. We support the assertion that our work in mental health will be more sustainable and effective if it is supported by organizational policies that acknowledge mental health as an explicit goal, while recognizing that it is also fundamental to physical health and well-being⁵. There is no health without mental health.

The Public Mental Health Action Framework is Public Health Sudbury & Districts' roadmap that will assist us in putting into practice parity of esteem. The goals and outcomes for public mental health are and will be overarching and cross sectoral within our responsibilities. As outlined in the Framework, we will need to be intentional in our current work, in identifying how to further leverage what we are already doing and systematically identify new areas for public mental health initiatives. There is a role for everyone.

Commitments of Public Health

Our Public Mental Health Action Framework articulates our five commitments to concepts and investments to improve mental health opportunities for all throughout the Public Health Sudbury & Districts service area.

1. **Mental Health for All:** Public Health Sudbury & Districts is committed to ensuring that public mental health practice be relevant for everyone, regardless of mental illness diagnoses, with appropriate adaptations. Mental health and mental illness are distinct but related concepts. These concepts intersect and coexist in individuals and populations.⁶ Persons with serious mental illness or addiction can experience good mental health. Persons with no mental illness or addiction can experience poor mental health or difficulty coping.
2. **Social Determinants of Mental Health:** Public Health Sudbury & Districts is committed to understanding mental health from a social determinants of health perspective and to working to improve equity in mental health. The social determinants of mental health are understood to be

the same as those determining physical health. They are the societal factors that underpin and drive individual-level risk and protective factors for disease.⁷

3. Anti-stigma and Discrimination: Public Health Sudbury & Districts is committed to understanding and shining a light on systemic and often hidden prejudice in support of opportunities for mental health for all. Many who live with mental health and addictions problems have reported experiencing discrimination at work, from family and friends, within imagery found in the media, while attempting to secure housing, within health services or the justice system. Living with mental health problems or addictions can be accompanied by self-stigma and shame that is further reinforced by societal reactions.^{8,9}
4. Voices of People with Lived Experience: Public Health Sudbury & Districts is committed to privileging the voices of those with lived experiences and their families and carers. This will take place through collaboration with people with lived experience, connections with family and carers, transparency and accountability.
5. Hope, Belonging, Meaning and Purpose: Public Health Sudbury & Districts is committed to informing our public mental health practice with the aspiration to build hope, empowerment, and resilience in individuals and communities. This commitment draws us to understand and support mental health from a more holistic and community-based perspective. A perspective that considers mental wellness equally with physical, spiritual, and emotional wellness. We acknowledge the perspective of *The First Nations Mental Wellness Continuum Framework*.

References

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- ⁹ Faculty of Public Health and Mental Health Foundation. "Better Mental Health for All. A Public Health approach to mental health improvement." (2016). Retrieved from <https://www.fph.org.uk/media/1644/better-mental-health-for-all-final-low-res.pdf>

PUBLIC MENTAL HEALTH – PARITY OF ESTEEM POSITION STATEMENT

MOTION:

WHEREAS the Board of Health for Public Health Sudbury & Districts recognizes that there is no health without mental health; and

WHEREAS Public Health Sudbury & Districts intentionally adopts the term, public mental health, to redress the widespread misunderstanding that public health means public physical health

THEREFORE BE IT RESOLVED THAT the Board of Health for Public Health Sudbury & Districts endorse the Public Mental Health - Parity of Esteem Position Statement, May 16, 2019; and

FURTHER THAT copies of this motion and position statement be forwarded to local and provincial partners including all Ontario boards of health, Chief Medical Officer of Health, local MPPs, Ontario Public Health Association (OPHA), Association of Local Public Health Agencies (alPHA), local municipalities and Federation of Northern Ontario Municipalities (FONOM).

ADDENDUM

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

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

ADJOURNMENT

MOTION: THAT we do now adjourn. Time: _____