



# Board of Health Meeting 04-19

Public Health Sudbury & Districts

Thursday, June 20, 2019

1:30 p.m.

Boardroom

1300 Paris Street

**AGENDA – FOURTH MEETING**  
**BOARD OF HEALTH**  
**PUBLIC HEALTH SUDBURY & DISTRICTS**  
**BOARDROOM, SECOND FLOOR**  
**THURSDAY, JUNE 20, 2019 – 1:30 P.M.**

- 1. CALL TO ORDER AND TERRITORIAL ACKNOWLEDGMENT**
- 2. ROLL CALL**
- 3. REVIEW OF AGENDA/DECLARATIONS OF CONFLICTS OF INTEREST**
- 4. DELEGATION/PRESENTATION**
  - i) Opioids: Public Health Update**
    - Dr. Ariella Zbar, Associate Medical Officer of Health and Director of Clinical Services
    - Renée St Onge, Director, Knowledge and Strategic Services
- 5. CONSENT AGENDA**
  - i) Minutes of Previous Meeting**
    - a. Third Meeting – May 16, 2019
  - ii) Business Arising From Minutes**
  - iii) Report of Standing Committees**
    - a. Board of Health Executive Committee Unapproved Minutes dated May 16, 2019
  - iv) Report of the Medical Officer of Health / Chief Executive Officer**
    - a. MOH/CEO Report, June 2019
  - v) Correspondence**
    - a. Bill S-228, Child Health Protection Act
      - Letter from the Board of Health, Peterborough Public Health, to the Senate of Canada dated May 9, 2019
    - b. Protecting York Region’s School Children through Immunization
      - Letter from the Regional Municipality of York, to the Public Health Sudbury & Districts Board Chair dated May 17, 2019
    - c. 2019 Ontario Budget and Modernizing Public Health
      - Letter from the Board of Health, Regional Municipality of Peel, to the Minister of Health and Long-Term Care dated May 21, 2019
      - Open Letter from the former Health Ministers, to the Minister of Health and Long-Term Care dated May 23, 2019

- Letter from the Board of Health, North Bay Parry Sound District Health Unit, to the Deputy Premier and Minister of Health and Long-Term Care dated May 23, 2019
- Letter from the Chair, Eastern Ontario Wardens' Caucus, to the Premier of Ontario, Minister of Health and Long-Term Care, Minister of Municipal Affairs and Housing, and the Members of Provincial Parliament representing Eastern Ontario dated May 27, 2019
- Letter from the Board of Health, Brant County Health Unit, to the Premier of Ontario and the Deputy Premier and Minister of Health and Long-Term Care dated May 27, 2019
- Letter from the Board of Health, Public Health Sudbury & Districts, to the Premier of Ontario dated May 28, 2019
- Letter from the Premier of Ontario, to the Public Health Sudbury & Districts Board Chair dated June 3, 2019
- Letter from the Durham Region, to the Premier and Minister of Intergovernmental Affairs dated May 30, 2019
- Letter from the Board of Health, Timiskaming Health Unit, to the Minister of Health and Long-Term Care dated June 4, 2019, supporting the Board of Health for Sudbury & Districts Public Health's [motion 17-19](#)
- Letter from the Board of Health, Kingston, Frontenac and Lennox & Addington Public Health, to the Premier of Ontario dated June 4, 2019
- Letter from the Algoma Public Health Board of Health to the Minister of Health and Long-Term Care dated June 5, 2019
- Letter from the Board of Health, Timiskaming Health Unit, to the Minister of Health and Long-Term Care dated June 6, 2019
- d. Public Health Vision Screening in Peel Schools
  - Letter from the Board of Health, Regional Municipality of Peel, to the Minister of Health and Long-Term Care dated May 8, 2019
- e. Health Promotion as a Core Function of Public Health
  - Letter from the Board of Health, Kingston, Frontenac and Lennox & Addington Public Health to the Minister of Health and Long-Term Care and Deputy Premier of Ontario dated May 23, 2019
- f. Strengthening the Smoke-Free Ontario Act, 2017 to Address the Promotion of Vaping
  - Letter from the Board of Health Chair and Chief Executive Officer, Windsor-Essex County Health Unit, to the Deputy Premier of Ontario and the Minister of Health and Long-Term Care dated May 2019

- g. Modernization of Alcohol in Retail Stores
    - Letter from the Board of Health Chair and the Chief Executive Officer, Windsor-Essex County Health Unit, to the Minister of Health and Long-Term Care dated May 21, 2019
    - Letter from the Board of Health, Grey Bruce Health Unit, to the Premier of Ontario dated June 4, 2019
    - Letter from the Board of Health, Grey Bruce Health Unit to the Minister of Health and Long-Term Care in dated June 4, 2019
    - Letter from the Council of Ontario Medical Officers of Health to the Minister of Finance dated June 7, 2019
  - h. Endorsement of the Children Count Task Force Recommendations
    - Letter from the Board of Health, Grey Bruce Health Unit to the Premier of Ontario dated June 4, 2019
  - i. Dental Program for Low Income Seniors
    - Letter from the Deputy Premier and Minister of Health and Long-Term Care, to the Board of Health Chair, Public Health Sudbury & Districts dated June 7, 2019
  - j. Smoke-Free Multi-Unit Dwellings
    - Letter from the Board of Health Chair and the Chief Executive Officer, Windsor-Essex County Health Unit, to the Prime Minister of Canada dated May 21, 2019
  - k. Minimizing Harms Associated with the Announced Expansion of the Sale of Beverage Alcohol in Ontario
    - Letter from the Board of Health, Grey Bruce Health Unit, to the Premier of Ontario dated June 4, 2019
    - Letter from the Medical Officer of Health and Board of Health Chair, Hastings Prince Edward Public Health, to the Premier of Ontario dated June 6, 2019
- vi) **Items of Information**
- a. alPHA Information Break May 27, 2019
  - b. Public Health Agency of Canada News Release,  
*“Statement from the Co-Chairs of the Special  
Advisory Committee on the Epidemic of Opioid  
Overdoses on Updated Data Related to the  
Opioid Crisis”* June 13, 2019

## APPROVAL OF CONSENT AGENDA

### MOTION:

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

## 6. NEW BUSINESS



**i) Board of Health Code of Conduct**

- Briefing Note to the Board Chair from the Medical Officer of Health and Chief Executive Officer dated June 13, 2019
- *New* Code of Conduct Policy C-I-15
  - (current Code of Conduct Information Sheet C-I-15 included for information)
- *Revised* Ethical Practice Policy and Information Sheet C-IV-10
- Draft Declaration Form

**BOARD OF HEALTH CODE OF CONDUCT**

**MOTION:**

**THAT the Board of Health approve the revised Code of Conduct and consequential revisions to C-IV-10 Code of Ethics Policy and Information Sheet.**

**ii) alPHa AGM/conference**

- Annual General Meeting and Resolutions Session
  - Appointment of North East Board of Health Representative
  - alPHa Fitness Challenge – Ontario Boards of Health
- Conference Sessions

**iii) North East Public Health Transformation Initiative**

**NORTH EAST PUBLIC HEALTH TRANSFORMATION INITIATIVE**

**MOTION:**

**WHEREAS since November 2017, the boards of health in Northeastern Ontario, namely the Boards for Algoma Public Health, Public Health Sudbury & Districts, Porcupine Health Unit, North Bay Parry Sound District Health Unit, and Timiskaming Health Unit, have proactively and strategically engaged in the Northeast Public Health Collaboration Project to identify opportunities for collaboration and potential shared services; and**

**WHEREAS the Northeast Public Health Collaboration Project work to date has been supported by two one-time funding grants from the Ministry of Health and Long-Term Care (MOHLTC); and**

**WHEREAS subsequent to the proposed transformation of public health announced in the April 11, 2019, provincial budget, the work of the Collaboration has been accelerated and reoriented as the Northeast Public Health Transformation Initiative with the vision of a healthy**

**northeastern Ontario enabled by a coordinated, efficient, effective, and collaborative public health entity; and**

**WHEREAS the Board understands there will be opportunities for consultation with the MOHLTC on the regional implementation of public health transformation;**

**THEREFORE be it resolved that the Board of Health for Public Health Sudbury & Districts is committed to the continued collaboration of the boards of health in Northeastern Ontario and looks forward to ongoing MOHLTC support for this work;**

**AND FURTHER that the Board, having engaged in this work since 2017, anticipates sharing with the MOHLTC its experiences so that other regions may benefit and further anticipates providing to the Ministry its expert advice on public health functions and structures for the North East;**

**AND FURTHER that this motion be shared with the Premier of Ontario, Minister of Health and Long-Term Care, Chief Medical Officer of Health, the Association of Local Public Health Agenda, Ontario Boards of Health, AMO, FONOM, and constituent municipalities.**

## **7. ADDENDUM**

### **ADDENDUM**

#### **MOTION:**

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

## **8. IN CAMERA**

### **IN CAMERA**

#### **MOTION:**

**THAT this Board of Health goes in camera to deal with labour relations or employee negotiations. Time: \_\_\_\_\_**

## **9. RISE AND REPORT**

### **RISE AND REPORT**

#### **MOTION:**

**THAT this Board of Health rises and reports. Time: \_\_\_\_\_**

**10. ANNOUNCEMENTS / ENQUIRIES**

- Please complete the June Board of Health meeting evaluation in BoardEffect following the Board meeting.

**11. ADJOURNMENT**

**ADJOURNMENT**

**MOTION:**

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

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

**BOARD MEMBERS PRESENT**

Janet Bradley  
James Crispo  
Randy Hazlett  
Jeffery Huska  
Robert Kirwan

René Lapierre  
Glenda Massicotte  
Paul Myre  
Ken Noland  
Rita Pilon

Mark Signoretti  
Nicole Sykes  
Carolyn Thain

**BOARD MEMBERS REGRETS**

Bill Leduc

**STAFF MEMBERS PRESENT**

Stacey Laforest  
Rachel Quesnel

France Quirion  
Dr. Penny Sutcliffe

Renée St. Onge  
Dr. Ariella Zbar

**MEDIA PRESENT**

Media

**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.

**4. DELEGATION/PRESENTATION**

**i) North East Public Health Transformation**

— Dr. Penny Sutcliffe, Medical Officer of Health and Chief Executive Officer  
Dr. Sutcliffe provided a brief historical context for the recently announced changes to public health in Ontario. The funding history for Public Health Sudbury & Districts'

cost-shared and 100% funded programs from 2001 to 2019 have reflected the investment decisions and provincial policy over this time.

Key provincial announcements regarding the public health sector, as shared at the last Board meeting, were recapped with additional updates which have been shared verbally to date by the Ministry of Health and Long-Term Care (MOHLTC):

- municipal-provincial cost-sharing effective April 1, 2019 will be 70:30 for Public Health Sudbury & Districts (also applies to most of the current 100% provincially-funded programs)
  - Estimated loss of \$1.2M annually for Public Health Sudbury & Districts compared with 2018
- mitigation funds will be available for 2019/20
- the North East (NE) region is 1 of 10 regional public health entities
  - In addition to the current five NE Boards (Public Health Sudbury & Districts, Algoma, Porcupine, North Bay Parry Sound, and Timiskaming) it is proposed, pending consultation, that the NE region would include the northern part of Renfrew (Algonquin Park) and Muskoka

The MOHLTC will be undertaking a consultation process that will include the Association of Municipalities of Ontario, public health working groups (not yet established), Association of Local Public Health Agencies as well as informal consultation. Government will be drafting legislation to establish the ten new regional public health entities with expectation that it be introduced in the fall and finalized by April 1, 2020.

Dr. Sutcliffe shared local and comparative demographic data as well as socioeconomic rates for each of the five boards of health in the North East showing many similarities and some differences.

The work to date between the five NE public health units on the North East Public Health Transformation Initiative, which started in November 2017 as the NE Collaboration Project, was summarized and has been reoriented to address the current context. The work has been supported financially by the MOHLTC through one-time funds. The vision, goals, and values were reviewed as well as a committee structure that has been put in place through a Steering Committee.

PHSD's engagement was highlighted noting that the regular work of public health is ongoing. Although there are many future unknowns, it was concluded that investing time and resources now means getting it right tomorrow for the people and communities who depend on us.

Questions were entertained: Although we do not know the financial impact for other NE public health units, we understand from the MOHTLC that the \$200 million savings will be achieved by 2021/22 through the change in the funding formula and anticipated efficiencies through regionalization. It was pointed out that the NE Business Administrators will be comparing financial numbers and come to a common understanding of assumptions.

The proactive and strategic nature of the NE work was recognized and the leadership of Dr. Sutcliffe and team was noted.

## **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

**13-19 APPROVAL OF CONSENT AGENDA**

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

**CARRIED**

**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

The Board received the 2018 Organizational Risk Management Report, which 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 for the 2019 organizational risks, Dr. Sutcliffe noted that the senior management review and update of these was completed prior to the provincial announcement on April 11. These will be reassessed in the fall when the Board undertakes its full review of risks, unless circumstances require that emerging risks be managed more urgently.

A risk management engagement snapshot depicts next steps and process for the engagement, development and launch of the next iteration of our Risk Management Plan (2020 – 2023), and includes a Board of Health workshop in the fall 2019. The upcoming workshop is part of the process in which the Board reviews organizational risks every three years.

There were no questions or comments. The Board Chair highlighted that the organizational risk management report is an important Board duty as part of its governance role. The updates on status are critical for the Board to ensure oversight of this function.

**ii) 2018 Audited Financial Statements**

- Public Health Sudbury & Districts Audited Financial Statements for 2018



C. Thain, Chair of the Board of Health Finance Standing Committee, report that the Finance Standing Committee met on May 3, 2019, and reviewed the 2018 draft audited financial statements. The minutes are included in today's addendum package.

Paul Pidutti from KPMG joined the Finance Standing Committee meeting via teleconference to review the audit processes and present the auditors findings report. Public Health Sudbury & Districts finished the year in a good position. Compared with the previous year, the PHSD received an unexpected 3% increase in the Provincial Grant to support the implementation of the new Ontario Public Health Standards. Care was taken by management to balance program and fiscal constraints.

Based on the auditor's report, the financial statements present fairly, in all material respects, the financial position of Public Health Sudbury & Districts as of December 31, 2018. The auditors note that they did not identify any material misstatements, illegal acts or fraud and no internal control issues. As such, the auditors propose to issue an unqualified report on the financial statements subject to the approval today of the draft statements. The financial statements for 2018 are presented, with the Board Finance Standing Committee's recommendation, for approval of the 2018 audited financial statements.

The MOH was thanked for her leadership as well as F. Quirion and team for their work with the auditors and on the audit.

#### **14-19 ADOPTION OF THE 2018 AUDITED FINANCIAL STATEMENTS**

***MOVED BY HUSKA – THAIN: 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.***

**CARRIED**

#### **iii) 2018-2022 Accountability Monitoring Plan**

- Public Health Sudbury & Districts Strategic Priorities Narrative Report, May 2019

N. Sykes introduced the Spring edition of the Public Health Sudbury & Districts 2018 – 2022 Accountability Monitoring Plan Strategic Priorities: Narrative Report. She, along with board members, J. Crispo, and C. Thain, as well as Dr. Sutcliffe and staff, participate in the Joint Board of Health/ Staff Accountability Working Group. The Working Group reviews the draft reports before it is presented to the Board, twice yearly.

The spring narrative report presents four stories about programs or services that paint a picture of each of our strategic plan priorities in action. They provide examples of how our strategic priorities are integrated into staff members' daily work and brings the stories to life. A variety of stories cover work across the organization and represent various scopes of service. It was noted that the PHSD poverty challenge video will be profiled through social media, including our website, and promoted through the Tamarack Institute. The next Strategic Priority Narratives Report will come to the Board in the fall.

**iv) Public Mental Health**

- Position Statement: Adopting a Parity of Esteem Approach

Further to the Public Mental Health presentation at the April 16, 2019, Board of Health meeting, that described Public Health Sudbury & Districts' Public Mental Health framework, the Board's endorsement is being sought regarding the proposed *Public Mental Health - Parity of Esteem Position Statement*. The position statement aligns with the framework and concept of parity of esteem, which is defined as equally valuing mental and physical health.

**15-19 PUBLIC MENTAL HEALTH – PARITY OF ESTEEM POSITION STATEMENT**

***MOVED BY KIRWAN – NOLAND: 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).***

**CARRIED**

**7. ADDENDUM**

**16-19 ADDENDUM**

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

**CARRIED**

There were no declarations of conflict of interest.

**i) Report of Standing Committees**

– Board of Health Finance Standing Committee Unapproved Minutes, May 3, 2019  
Shared for information.

**ii) Modernizing Ontario's Public Health System / North East Public Health Transformation**

- Email from the Association of Local Public Health Agencies (ALPHA) dated May 7, 2019

Recent correspondence from ALPHA as it relates to their advocacy on behalf of member public health units are summarized and linked in the email.

- Letter and resolution from Simcoe Muskoka District Health Unit Board of Health to the Deputy Premier and Minister of Health and Long-Term Care dated May 15, 2019

The Board of Health for Simcoe Muskoka passed a motion recommending that the current full territory of SMDHU remain intact and join with York Region to form a new regional public health entity. Their letter is attached for information. The Simcoe Muskoka District Health Unit MOH has invited all NE MOHs to consider proposing a supportive motion.

It was noted that there were significant challenges following the dissolution of the Muskoka Parry Sound Board of Health in 2005 and creation of North Bay Parry Sound District Health Unit and Simcoe Muskoka District Health Unit. Much time and money has been invested in these changes.

In addition to the administrative implications, the Board discussed the local and regional population/service needs in relation to the North East. Dr. Sutcliffe noted that PHSD has also compared health status and demographic differences. It was pointed out the motion does not speak to the proposal to also include the northern part of Renfrew.

**17-19 NORTH EAST PUBLIC HEALTH REGIONAL BOUNDARIES – MODERNIZATION OF THE ONTARIO PUBLIC HEALTH SYSTEM**

***MOVED BY NOLAND – CRISPO: WHEREAS the Health Protection and Promotion Act amendment effective April 1, 2005, enabled the merger of the Muskoka-Parry Sound Health Unit with the Simcoe County District Health Unit and with the North Bay & District Health Unit; and***

***WHEREAS North Bay Parry Sound District Health Unit and Simcoe Muskoka District Health Unit (SMDHU) have invested greatly since that time to successfully transition to their respective new agencies; and***

***WHEREAS the new public health entity for northeastern Ontario is proposed to include the existing public health units in the region (Algoma Public Health, Public Health Sudbury & Districts, Porcupine Health Unit, North Bay Parry Sound District Health Unit, Timiskaming Health Unit) along with Muskoka District and a part of Renfrew; and***

***WHEREAS the northeast public health entity is the only one of ten proposed regional entities that would not respect existing health unit boundaries and would require the costly dissolution of existing health units; and***

***WHEREAS the demographics, socioeconomic status, health status, and important health care referral patterns of the Muskoka District are all distinct from those of the northeast; and***

***WHEREAS the proposed northeast public health entity is a massive area (402,489 km<sup>2</sup>) with significant administrative and geographic complexities, for which the incorporation of an additional distinct area would tax the region's ability to respond appropriately to diverse public health needs; and***

***WHEREAS the Board of Health for SMDHU having expressed similar observations, is requesting the support of northeast boards of health for their position that SMDHU remain intact as they transition to a new regional entity;***

***THEREFORE be it resolved that the Board of Health for Public Health Sudbury & Districts endorse the position of the Board of Health for SMDHU that the organization of their public health services remains intact as they transition to the new regional public health entity.***

**CARRIED**

## IN CAMERA

### 18-19 IN CAMERA

***MOVED BY HAZLETT – MASSICOTTE: THAT this Board of Health goes in camera to deal with personal matters involving one or more identifiable individuals, including employees or prospective employees. Time: 2:44 p.m.***

**CARRIED**

## RISE AND REPORT

### 19-19 RISE AND REPORT

***MOVED BY PILON – MASSICOTTE: THAT this Board of Health rises and reports. Time: 3:29 p.m.***

**CARRIED**

It was reported that one agenda item relating to one *personal matter involving one or more identifiable individuals, including employees or prospective employees* was discussed and one motion emanated:

### 20-19 APPROVAL OF MEETING NOTES

***MOVED BY PILON – MASSICOTTE: THAT this Board of Health approve the meeting notes of the February 19, 2019, Board in camera meeting and that these remain confidential and restricted from public disclosure in accordance with exemptions provided in the Municipal Freedom of Information and Protection of Privacy Act.***

**CARRIED**

## 8. ANNOUNCEMENTS / ENQUIRIES

- Board members are reminded that they need to complete the mandatory annual Baby Friendly Initiative BFI and emergency preparedness training requirements.
- The date of the next Board of Health meeting is June 20, 2019, at 1:30 p.m.
- Board members are invited to complete the evaluation for today's Board meeting.

**9. ADJOURNMENT**

**21-19 ADJOURNMENT**

***MOVED BY HAZLETT – MASSICOTTE: THAT we do now adjourn. Time: 3:32 p.m.***

**CARRIED**

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(Chair)

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(Secretary)

**UNAPPROVED MEETING NOTES**  
**BOARD OF HEALTH EXECUTIVE COMMITTEE**  
**PUBLIC HEALTH SUDBURY & DISTRICTS, UPSTREAM, MAIN FLOOR**  
**THURSDAY, MAY 16, 2019 – 2:45 P.M.**

**BOARD MEMBERS PRESENT**

James Crispo  
Ken Noland

Jeff Huska  
Nicole Sykes

René Lapierre

**STAFF MEMBERS PRESENT**

Rachel Quesnel

Dr. Penny Sutcliffe

**STAFF MEMBERS REGRETS**

France Quirion

**J. HUSKA PRESIDING**

**1. CALL TO ORDER**

The meeting was called to order at 3:42 p.m.

**2. ROLL CALL**

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

The agenda was reviewed and approved as circulated. There were no declarations of conflict of interest.

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

**4.1 Board Executive Committee Meeting Notes dated April 16, 2019**

**06-19 APPROVAL OF BOARD OF HEALTH EXECUTIVE COMMITTEE MEETING NOTES**

***MOVED BY SYKES – NOLAND: THAT the meeting notes of the Board of Health Executive Committee meeting of April 16, 2019, be approved as distributed.***

**CARRIED**

**5. NEW BUSINESS**

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

**07-19 IN CAMERA**

***MOVED BY SYKES – NOLAND: THAT this Board of Health Executive Committee goes in camera to deal with personal matters about an identifiable individual, including municipal or local board employees. Time: 3:47 p.m.***

**CARRIED**

**08-19 RISE AND REPORT**

***MOVED BY SYKES – NOLAND: this Board of Health Executive Committee rises and reports. Time: 4:21 p.m.***

**CARRIED**

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

**09-19 APPROVAL OF BOARD OF HEALTH EXECUTIVE COMMITTEE IN-CAMERA MEETING NOTES**

***MOVED BY CRISPO – SYKES: THAT this Board of Health Executive Committee approve the meeting notes of the April 16, 2019, in-camera meeting and that these remain confidential and restricted from public disclosure in accordance with exemptions provided in the Municipal Freedom of Information and Protection of Privacy Act.***

**CARRIED**

**6. ADJOURNMENT**

**10-19 ADJOURNMENT**

***MOVED BY NOLAND – SYKES: THAT we do now adjourn. Time: 4:22 p.m.***

**CARRIED**

\_\_\_\_\_  
(Chair)

\_\_\_\_\_  
(Secretary)



## Medical Officer of Health/Chief Executive Officer Board of Health Report, June 2019

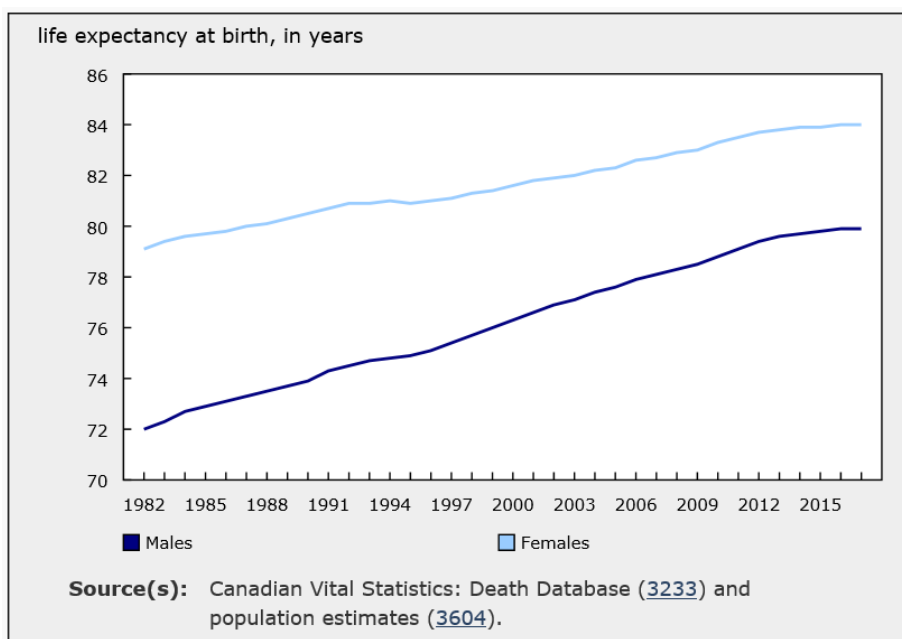
### Words for thought

#### *Life expectancy stops increasing in Canada*

Life expectancy at birth did not increase from 2016 to 2017 for either males or females, a first in over four decades. This was largely attributable to the opioid crisis.

Life expectancy at birth increased on average by 0.2 years per year in Canada from the mid-1990s to 2012. Gains then slowed to a 0.1 year annual increase until 2016.

On average, women in Canada can expect to live for 84.0 years and men for 79.9 years, if they were to experience the mortality patterns observed in 2017 throughout their lives.



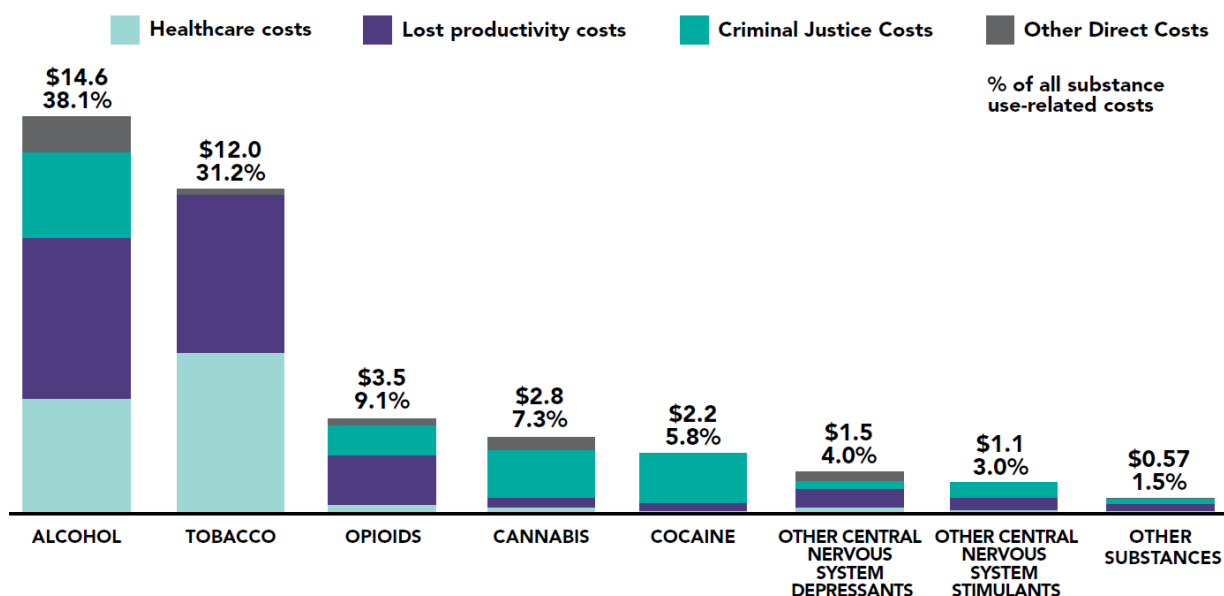
By examining changes in deaths by age and cause, in 2017, it was possible to identify the main factor that was responsible for the recent change in life expectancy in Canada, and in particular in British Columbia: accidental drug overdoses among young adult men.

Source: [The Daily](#). Statistics Canada. May 30, 2019.

The sobering statistics cited above in this month's *Words for thought* reinforce the growing crisis in Canada related to problematic substance use and opioid use in particular. This preoccupation is Canada-wide, including being front of mind for the Chief Public Health Officer, Dr. Theresa Tam.

As referenced by Dr. Tam at the recent alpha Conference, the CPHO 2018 Report on the State of Public Health in Canada, [Preventing Problematic Substance Use in Youth](#), highlights the significant toll of opioid poisoning. At the same time, the report notes that because of its social acceptance, we have lost sight of the continued high rates of alcohol consumption and wide range of health harms:

**FIGURE 6** Overall costs (in billions) by substance and cost type, 2014<sup>[94]</sup>



Dr. Tam asserts that there is a critical need to collaborate across sectors to develop upstream preventive solutions, in addition to important harm reduction work. Locally, Public Health Sudbury & Districts must remain committed to comprehensive community drug strategies. These strategies require collaboration with sectors such as social services, education, housing and primary care.

## General Report

### 1. Medical Officer of Health and Chief Executive Officer (MOH/CEO) Performance Appraisal – 2019

Board of Health and Senior Management Executive Committee members completed an electronic survey for the 2019 MOH/CEO annual performance appraisal. Results were tabled at the May 16, 2019, Board Executive Committee meeting and subsequently discussed between the MOH/CEO and the Board Chair per Board policy and procedure.

## **2. Ontario Health Teams**

In early 2019, the provincial government introduced Ontario Health Teams, an initiative to provide coordinated and connected care for Ontarians that is grounded in local community need. The goal is for patients to receive all of their care (primary, acute, mental health and addictions, long-term, home and community) from one team. Health care providers and organizations from around the province have applied to form teams, including two applications from Greater Sudbury and Manitoulin Island. Public Health Sudbury & Districts is involved in the development of these teams, particularly in exploring shared priorities and opportunities with other health system partners. It is expected that the first round of successful applicants will be announced by government this fall.

## **3. Public Health Transformation – North East (NE) Initiative**

PHSD is making a valuable contribution to the North East Public Health Transformation Initiative. I am chairing the Steering Committee, and several managers are chairing or participating on the Leadership Teams and Work Teams and the work is advancing quickly with a goal of being ready for the Ministry of Health and Long-Term Care's upcoming consultation. We continue to share our progress with the Ministry and seek feedback to ensure alignment in the NE with the provincial government's vision for a modernized public health system.

The NE Board Chairs met on May 23 to discuss and better understand issues from various perspectives and elements of a common vision for public health in the NE. The Board Chairs agreed to table a motion at their next Board meeting to confirm their Board's commitment to the continued collaboration of the boards of health in Northeastern Ontario. The motion is on our agenda. The NE Board Chairs will meet again on September 26.

In an ongoing effort to inform staff members of what is occurring with the modernization of public health, I send a weekly all staff email update. These emails are shared with our NE counterparts to assist with consistent messaging across our five public health agencies. They include information on any new developments and provide an opportunity to answer any questions that we understand are circulating. The email also reminds staff of how they can remain informed and engaged and ask questions throughout this process.

## **4. Timiskaming Medical Officer of Health**

The Timiskaming Health Unit Board of Health announced, that effective June 10, 2019, Dr. Glenn Corneil has taken on the role of (Acting) MOH for the Timiskaming Health Unit. Dr. Corneil previously acted in this capacity.

## 5. Financial Report

The April 2019 year-to-date mandatory cost-shared financial statements report a positive variance of \$368,489 for the period ending April 30, 2019. Gapped salaries and benefits account for \$126,851 or 34%, with operating expenses and other revenue accounting for \$241,638 or 66% of the variance. Monthly reviews of the financial statement ensure that shifting demands are adjusted in order to mitigate the variances caused by timing of activities.

A number of one-time operating pressures were identified, approved and processed, and are reflected within the April 2019 financial reporting in the amount of \$54,796, which consists of the following: infrastructure (\$24,796); programming and research (\$30,000)

## 6. Succession Planning

We continue to work with the consulting firm Laridae in order to create a Succession Planning Model with a focus on senior management positions. This project is in support of mitigation strategies under the Organizational Risk Assessment Risk number 3.1: *The organization may be at risk as a result of an insufficient investment in succession and business continuity planning.* The original scope of the succession planning project has been slightly modified so as to ensure that the final product remains relevant and useful in the context of the current public health system transformation.

## 7. Public Sector Compensation

On June 5, 2019, the Ontario Government tabled a bill called 'Protecting a Sustainable Public Sector for Future Generations Act, 2019' to manage compensation growth in the public sector. If it were to pass this fall, the bill would allow for up to one per cent increases to salary and overall compensation for unionized and non-unionized employees in the Ontario public sector for a period of three years upon the expiry of existing collective agreements. Existing collective agreements would not be revised based on the proposed legislation, and it would not impede the collective bargaining process. As drafted, it would not apply to municipalities (including municipal authorities, corporations, boards or long-term care homes) and it is our interpretation that it would not apply to Public Health Sudbury & Districts. Although public health does not appear to be directly impacted by this bill, it does provides context to compensation policy within PHSD; in particular as we transition from 35 to 10 regional health units with expected savings totalling \$200M.

## 8. Staff Appreciation

Public Health Sudbury & Districts has recently launched a new Staff Appreciation, Recognition and Retirement Program and has dedicated the month of June to this endeavor. Over the course of the month, individuals reaching milestones will be celebrated. This celebration will include a staff appreciation coffee break on June 20, 2019 in the Ramsey Room where

Board Chair, René Lapierre, and I will be invited to say a few words. District offices will participated via Skype and light snacks will be provided in each of our offices.

On June 25, 2019, the Board Chair and I will host a luncheon to thank staff who have achieved milestones of 25 and 30 years of service. We will be sharing a few words and enjoying a lunch with the staff and their respective managers and directors.

## 9. Local and Provincial Meetings

Along with Associate Medical Officer of Health Dr. A. Zbar, and Board of Health members R. Lapierre, R. Kirwan and R. Hazlett, I attended the alPHa Annual General Meeting and Conference on June 10 and 11. This event is a separate agenda item, permitting a timely verbal update to Board of Health members.

## 10. Board of Health

### ***alPHa Fitness Challenge for Boards of Health***

Thank you to all who participated in this year's alPHa's fitness challenge for all Boards of Health by completing 30 minutes of physical activity. Two staff guided a walk with Board members on May 16. The participation rate submitted to alPHa for our Board of Health was 78.6%.

### ***Board Reminders***

#### *Meetings*

There are no regular Board of Health meetings during the summer. Per the Board Executive Committee Terms of Reference, C-II-10, the Executive Committee assumes governance of the Board between Board meetings: *Executive Committee shall in between meetings of the Board, exercise the full powers of the Board in all matters of administrative urgency, reporting every action at the next meeting of the Board.* The date of the next regular Board of Health meeting, following the June 20, 2019, meeting, will be Thursday, September 19, 2019, at 1:30 p.m. in the Boardroom, at 1300 Paris Street.

#### *Mandatory Training for all Board of Health Members*

All Board of Health members are required to complete mandatory Emergency Preparedness Training and the Baby Friendly Initiative (BFI).

If you have not received the training, you are asked to review the Power Point presentations in BoardEffect along with respective baby-friendly policies and procedures **before June 28**.

- 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

Please email [quesnelr@phsd.ca](mailto:quesnelr@phsd.ca) to confirm completion of the annual mandatory training.

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

## Corporate Services

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### 1. Accounting Services

Accounting has begun the work of restructuring the general ledger accounts. The restructuring exercise will align program expenditures to the new Ontario Public Health Standards and streamline the financial reporting submitted to the ministry.

The accounting team has been working on a number of workflows in an attempt to automate purchasing processes and expense reimbursement and further reduce the amount of paper documents generated. Testing followed by the launch of the workflows to staff is expected to occur early summer.

### 2. Facilities

ENGIE Services Inc. assumed responsibility for providing facilities management services to all Public Health Sudbury & Districts facilities effective January 21, 2019. A Facilities Coordinator has been hired and contractor services have been transitioned to ENGIE Inc. A new building ticketing system has been deployed.

All systems and equipment have been maintained as per CSA standards and legislative requirements.

Phase II of the wireless access card system was deployed which included adding security access to the elevator.

The building signage project has been reoriented and will now be implemented using temporary signage.

### 3. Human Resources

#### ***Health and Safety***

We continue to work diligently to maintain our compliance with the *Occupational Health & Safety Act* and our organizational health and safety policies and procedures. Regular and recurring activities include regular Joint Health and Safety Committee (JHSC) meetings, training and communication on the Internal Responsibility System, WHMIS, fire safety, first aid, emergency preparedness and workplace violence and harassment. With recent changes in staffing, new members have been identified and are being certified. The recent legislated changes to WHMIS 2015 have been implemented. The agencies policy related to the first aid regulation requirements has been updated to include the provision of naloxone as part of our emergency first aid response in case of an overdose.

The Psychological Health and Wellness Committee (PHWC) is progressing through the activities as outlined in the logic model and 5-year activity plan. The PHWC strategy is to support and address psychological health and safety and to protect and promote mental health of our workers. The Board of Health at its November 2018 meeting approved the motion to sign the Mindful Employer Canada Mindful Employer Charter. Public Health Sudbury & Districts is now a Mindful Employer demonstrating the agencies commitment to mental health in the workplace.

The JHSC and PHWC worked together to celebrate Mental Health Week and Health & Safety Week which was May 6-10. Events were planned throughout the week including alPHA Challenge, a pancake luncheon and safety coffee break to promote and raise awareness of the importance of a healthy and safe (mental and physical) workplace.

#### ***Accessibility for Ontarians with Disabilities Act (AODA)***

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

Tuesday May 28 marked the National Accessibility week. A time to reflect and promote the importance of accessibility and inclusion in our communities and our workplace.

#### ***Privacy***

Staff continue to receive privacy and access to information training during orientation. The Privacy Officer and the Manager of Information Technology continue to work with program areas that have health information in their custody and control to further review auditing of

health record databases. This work will ensure that health information is being protected from unauthorized use/access as required by the new *Health Information Protection Act* (HIPA) which became law in May 2016.

The agency completed its mandatory breach reporting required by the *Personal Health Information Protection Act* to the Information and Privacy Commissioner of Ontario which became law January 1, 2018. The agency reported five breaches all of which were immediately resolved and for which internal process improvements were implemented.

#### *Access to Information Requests:*

Year	# of requests
2015	15
2016	9
2017	12
2018	4
2019	3 year to date

### ***Labour Relations***

Public Health Sudbury & Districts will commence bargaining with its ONA bargaining unit for a new collective agreement with bargaining dates set in late June 2019. The current agreement expired March 31, 2019.

## **4. Information Technology**

The organization underwent a security audit/assessment conducted by an external company named Teramach. Part of the audit included performing a phishing test; the results of which were significantly below industry average. A complete security plan is being developed to address the results of the audit.

A new 16-character passphrase policy was implemented to increase the strength of our passwords.

Skype for Business was deployed for all district offices as a replacement to OTN videoconferencing services and equipment which had reach end of life. It was also deployed in all meeting rooms maximizing our ability to work virtually.

Network infrastructure upgrades were implemented. Other enhancements include developing the ability for IT to deploy the installation of Microsoft Windows upgrades and default applications remotely, implementing an IT Asset Inventory System (Snipe IT) and the deployment of a new SharePoint Online Sites for the North East Public Health Transformation Initiative Project.



## 5. Volunteer Resources

A total of 67 active volunteers contributed 648.9 hours of volunteer service to Public Health Sudbury & Districts from November 2018 to May 2019. The Circles Allies program have been actively recruiting volunteers.

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

## 6. Quality and Monitoring

### ***Quality and Monitoring***

#### *Organizational Standards, now Organizational Requirements*

The Public Health Accountability Framework and Organizational Requirements have replaced Organizational Standards. Monitoring and reporting for the Organizational Requirements has been incorporated into the 2018–2022 Accountability Monitoring Plan as approved by the Board of Health in June 2018. The first annual compliance report for the Organizational Requirements was included in the Annual Accountability Monitoring Report that was presented to the Board of Health in April 2019.

#### *Continuous Quality Improvement*

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

Public Health Sudbury & Districts has developed and adopted a Continuous Quality Improvement Plan and Framework. The CQI Framework will guide the work related to quality improvement and improve our efforts and processes to achieve better outcomes and greater value. A Continuous Quality Improvement Committee will meet quarterly to support the implementation of the Continuous Quality Improvement Plan across the agency.

Client Service Standards have been developed and adopted. Client Service Standards are a public commitment to a measurable level of performance that clients can expect under normal circumstances. These will guide the interactions and set expectations for service delivery and responsiveness.

#### *Lean*

Lean reviews continue to be part of the organization's continuous quality improvement work. Many teams and divisions are now leading or championing their own lean projects and process mapping exercises. An annual lean report was presented to the Executive Committee at the May meeting. This report showcased a total of 8 new lean reviews beginning spring 2019, 15 ongoing lean reviews and 14 completed lean reviews since March 31, 2018.

### *Risk Management*

The 2018 Risk Management Annual Report was shared with the Board of Health in May 2019.

Agency-wide risks continue to be monitored on a quarterly basis and reports are presented to the Senior Management Executive Committee.

A comprehensive review of organizational risks is planned for this year per our schedule. This review will include the review of our current risks and identification of new risks for 2020–2023.

## **Clinical Services**

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

#### ***Influenza***

There were a total of 114 sporadic cases of influenza reported to the agency this season, 113 of which were Influenza A.

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

Staff continue to attend quarterly meetings with long term care facilities and hospitals to provide support and consultation on infection prevention and control. There are currently no facilities experiencing respiratory infection outbreaks.

#### ***Vaccine Preventable Disease***

Public health nurses have completed their review of over 26 000 immunization records of school-aged children up to 18 years of age, enrolled in 102 schools across Sudbury and districts, to ensure compliance with as well as enforcement of the *Immunization of School Pupils Act* (ISPA). In addition to schools, the team is reviewing immunization records of daycare registrants from 66 daycares as per the *Childcare and Early Years Act*. This review is expected to be completed by the end of July 2019.

#### *Immunization Coverage Report for School Pupils in Ontario 2017-2018 School Year*

Immunization coverage refers to the proportion of a defined population that is appropriately immunized against a vaccine-preventable disease (VPD) at a given point in time. Maintaining high immunization coverage is essential for the effective prevention and control of VPDs

Each year, Public Health Ontario publishes an *Immunization Coverage report for School Pupils in Ontario*. The report provides information on vaccine coverage rates for 7 and 17-year-olds for publicly funded routine immunization programs that are offered starting in infancy and through adolescence, with the exception of influenza and rotavirus vaccines. Estimates are also provided for the school aged vaccination program which includes hepatitis B, meningococcal and human papillomavirus vaccines.

The coverage report enables public health units in Ontario to assess their coverage rates year-over-year and to compare local coverage with other jurisdictions and the province overall.

Overall, local coverage is high (ranging from 85.7 to 98%), with the exception of pneumococcal vaccine at 74.1% which is not designated as mandatory under the ISPA. Overall coverage is higher locally than in the province overall.

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

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

In May, a total of 25 participants attended three community presentations on the topic of sexual health. This includes information on signs/symptoms, screening, and treatment of sexually transmitted infections geared to priority populations. An interactive display to promote the sexual health clinic services was set up at Science North as part of their annual event “Nightlife on the Rocks”. This event attracted 330 people. Facebook ads were used during this month to promote sexual health clinic services.

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

In May, harm reduction supplies were distributed, and services received through 2,681 client visits across the Public Health Sudbury & Districts’ region.

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

In May, there were 259 drop-in visits to the Rainbow Office site related to sexually transmitted infections, blood-borne infections and/or pregnancy counselling.

## **3. Oral Health/Vision Health**

The oral health has completed the delivery of preventive care to children in schools. Children who were absent or unable to participate in the preventive program will receive treatment over the summer months at various agency office locations.

The new vision screening program has completed the visual health assessment of senior kindergarten children in all elementary schools, including private and First Nations elementary schools. All parents of identified children were notified of the need for the child to visit an optometrist for a comprehensive eye exam. Annual eye exams are covered through OHIP for children 19 years or age and younger.

## **Environmental Health**

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

During the month of May, 16 sporadic enteric cases, and one infection control complaint were investigated. Three enteric outbreaks were declared in institutions.

### **2. Food Safety**

The recall of Compliments brand chicken strips, due to possible contamination with Salmonella, prompted public health inspectors to conduct checks of 48 local premises. All affected establishments had been notified, and subsequently had removed the recalled products from sale.

Staff issued 53 special event food service permits to various organizations. Eighteen farmers market permits were also issued.

Through Food Handler Training and Certification Program sessions offered in May, 149 individuals were certified as food handlers.

### **3. Health Hazard**

In May, 34 health hazard complaints were received and investigated. Three of these complaints involved marginalized populations.

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

During the month of May, 40 sewage system permits, 34 renovation applications, and one consent application were received.

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

Thirty-nine rabies-related investigations were carried out in the month of May. One specimen was submitted to the Canadian Food Inspection Agency Rabies Laboratory for analysis and was subsequently reported as negative.

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

On May 7, 2019, a media release entitled 'Rabies: what you need to know' was issued. The release reminded the public of the importance of vaccinating their pets against rabies and to report animal bites or scratches to public health.

## 6. Safe Water

Public health inspectors investigated two blue-green algae complaints in the month of May, neither of which were subsequently confirmed as blue-green algae.

During May, 46 residents were contacted regarding adverse private drinking water samples. Public health inspectors investigated six regulated adverse water sample results.

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

## 7. *Smoke-Free Ontario Act*, 2017 Enforcement

In May, *Smoke-Free Ontario Act* inspectors charged five individuals for smoking or vaping in an enclosed workplace, two of these charges were the result of smoking or vaping in a workplace vehicle. Twenty-three individuals were charged for smoking or vaping on school property.

## 8. Vector Borne Diseases

A media release was issued on May 14, 2019, entitled 'Prevent the bite, prevent the disease: ticks and Lyme disease'. The release reminded the public of the importance of practicing personal protection measures to prevent tick bites and Lyme disease. A subsequent media release was issued on May 27, 2019, to inform the public that a local blacklegged tick had tested positive for the bacteria that causes Lyme disease.

## 9. Emergency Preparedness

Due to local flooding conditions, a media release and social media messaging regarding flood prevention and cleanup were issued in the month of May. In response to a power outage in Chapleau on May 17, 2019, a media release was issued, informing the public about how to keep food safe during and after a power outage.

# Health Promotion

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## 1. Chronic Disease Prevention and Well-Being

### ***Public Mental Health***

Two presentations were delivered to external stakeholders on the Public Mental Health Action Framework. The first was provided to the Sudbury East mental health sub-region table, and the second to the Sudbury-Manitoulin Diabetes Prevention Program committee. In total, 20 stakeholders learned about our new framework.

### ***Physical Activity and Sedentary Behaviour***

In partnership with the City of Greater Sudbury's Children Services Section and with the support of Active Sudbury funding, we hosted two days of professional development for Early Childhood Educators (ECEs). The topic was physical literacy presented by Dr. Dawne Clarke from Mount Royal University. A total of 25 ECEs participated. In addition, we hosted an evening session on risky play where 50 ECEs participated.

Active Sudbury held its annual planning day on May 31, 2019. The group was joined by Drew Mitchell, Mentor and Director of Physical Literacy from Sport for Life. Plans for each sector were presented which included: early years, education, sport, and recreation and health.

In partnership with Active Sudbury, we also provided physical literacy training to the Healthy Living Children's Program Committee's recreation specialists.

### ***UV Exposure***

In recognition of National Sun Awareness Week (May 13 – 19), we partnered with Dr. Lyne Giroux for the 11<sup>th</sup> Annual Skin Cancer Screening Clinic on May 15, 2019. The four-hour after-hours clinic allowed 85 individuals to be screened. Several non-melanoma cancers and four potential melanomas were identified and referred for follow-up.

## **2. Healthy Growth and Development**

### ***Breastfeeding***

In May 2019, two breastfeeding support groups were held with a total of 11 mothers in attendance.

### ***Growth and Development***

Three 45-minute professional development workshops for ECE's were held at Festival Petit Bonheur which was hosted by College Boreal. Topics presented included healthy eating crafts/games/recipes, and activities that the ECEs can do with the children they work with. Staff collaborated with Our Children, Our Future to update their Meal and Snack Guidelines policy. A presentation to ECE students at Cambrian College on menu planning and supportive nutrition environments was provided. District office staff delivered two presentations to parents focusing on introductions to solids with an emphasis on the importance of textures. A lunch and learn presentation to parents working at the Taxation Centre took place during the Child and Youth Mental Health Week.

### ***Healthy Pregnancies***

In May, 27 pregnant mothers and their partners attended the full day in-person prenatal class. Six families registered for online prenatal.

### ***Public Mental Health***

A *Reaching In Reaching Out* (RIRO) session was held with 16 participants.

A condensed Triple P Group session for parents of teens was offered. Four parents attended.

In May 2019, two public health nurses continued the weekly “Bounce Back and Thrive” resiliency skills training program sessions. In consideration of barriers that may prevent priority populations from being able to attend, child minding was provided through partnership with the Jubilee Heritage Family Resources, as well as free transportation.

## **3. Health Equity**

### ***Engagement with Indigenous Communities and Organizations***

The Manitoulin Indigenous Diabetes Prevention Program Committee is shifting its focus towards a community of practice with the goal of re-evaluating diabetes prevention efforts from an Indigenous health lens.

## **4. School Health**

### ***Healthy Eating Behaviours***

Two series of the Food Literacy in Schools Pilot Project *was provided* to a total of 52 students from Grades 5 and 6 and educators. Ten program leaders from the Sudbury-Manitoulin District Student Nutrition Program were provided with education on the 2019 Canada’s Food Guide, healthy menu planning and food procurement, and health promoting approaches that enrich students’ healthy eating behaviours.

### ***Mental Health Promotion***

In collaboration with local school boards, the Inhale Exhale Mindfulness Program for Schools was offered to 250 students and several teachers from Grades 6 to 8. A 16-week pilot program, called the Program for the Education and Enrichment of Relational Skills (PEERS®), was offered with a Grade 8 class. The aim of this pilot program is to implement the PEERS® program in a classroom of adolescent students to determine the effectiveness and applicability of the program in our local community. A Bounce Back and Thrive pilot program was offered to parents and caregivers. A total of 10 workshops took place. This pilot program is being implemented in partnership with a local school board and evaluated for the effectiveness of implementation in a school setting. Triple P Primary Care Group series was offered collaboratively with a local school board for parents/caregivers of children under the age of 10.

### ***Physical Activity and Sedentary Behaviour***

Social media messages were shared that highlighted the importance of recess, the benefits of unstructured play in improving social and emotional learning, bike safety and active school travel, and the benefits of regular physical activity in supporting students’ mental health.

Relevant and reliable electronic resources were also shared to support the implementation of these recommendations in school communities.

### ***Substance Use and Harm Reduction***

A session was held with a local school board to increase parents' and caregivers' awareness and understanding about the health risks of vaping among children and youth.

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

### ***Comprehensive Tobacco Control***

A presentation about the *Smoke-Free Ontario Act* was delivered to the Workplace Health Network meeting. Information on act, community and provincial smoking cessation supports and information on policy support services for workplaces was shared. Representatives from five local workplaces attended.

On May 16, a meeting was held with six municipal representatives from St.-Charles, Markstay, French River and Killarney to discuss their municipal smoking bylaws. Information was provided on the *Smoke-Free Ontario Act*, Public Health Sudbury & Districts' Quit Smoking Clinic, enforcement and other cessation supports. Public health staff reinforced our agencies' support as it relates to municipal policy, bylaw and cessation.

From April 25 to May 15, public health staff responded to 47 calls on the tobacco information line. Seventeen clients attended the Quit Smoking Clinic and 44 vouchers were distributed. A letter was submitted to Health Canada's consultation on potential regulatory measures to reduce youth access and appeal of vaping products. Recommendations for regulation and supporting evidence were also provided on behalf of Public Health Sudbury & Districts.

### ***Falls***

Falls prevention information was provided to 33 staff at the North East Cancer Centre to ensure awareness of community resources and to discuss the importance of falls prevention screening.

### ***Road Safety***

Three car technicians completed training and 12 child restraint systems were inspected during a car seat clinic on May 5.

The Sudbury Road Safety Committee met in May and public health staff presented the evidence demonstrating the prevalence of distracted driving in our communities and interventions to best change youth behaviour.

In Sudbury East, we collaborated with the Ontario Provincial Police and an elementary school for their bike to school day. During the helmet fitting clinic, 23 helmets were inspected.



### ***Substance Use***

The Low-Risk Alcohol Drinking Guidelines were promoted via a radio ad that aired 28 times on two local radio stations leading up to and during the May long weekend. Four posts were shared on Facebook as part of the May long weekend education campaign to provide information on women's risk of breast cancer with alcohol use, tips to prevent/delay alcohol use for adult influencers, standard drink sizes, and the Low-Risk Alcohol Drinking Guidelines. The Low-Risk Alcohol Drinking Guidelines were presented to 16 academic advisors from Cambrian College. The session included information on the short and long-term risks of alcohol use, when zero is the limit, safe-drinking practices, and local data on post-secondary alcohol use. The group then participated in a pour challenge to reinforce the importance of measuring before pouring.

On May 17, public health staff participated in a community event and educated the community on safer cannabis use. Public health nurses engaged with the public, answered questions, and provided resources on Canada's Lower-Risk Cannabis Use Guidelines. They also shared where addiction support services are offered locally. Additionally, a presentation was delivered to staff and volunteers at the Maison McCulloch Hospice on the health impacts of cannabis. A discussion also took place about their internal policy and procedures as it relates to substance and the workplace.

### ***Substance Use – Community Drug Strategy***

In May, there were four media requests related to the Community Drug Strategy in Sudbury. Media interviews included a media interview with CTV on the harms of street drugs, prevention and harm reduction action and details regarding recent overdose claims in the community, as well as an update on the Early Aberration Response System. We were also asked to respond to the pop-up injection site that was placed in Hnatyshyn Park at the end of May. We provided continued messaging around harm reduction and our work on determining the feasibility of a permanent supervised consumption site.

In May, a public service announcement on harm reduction was launched to increase awareness and provide education to individuals who consume drugs. Furthermore, the drug strategy has created a drug alert sign up, where members of the public can receive drug alerts or warnings through email as soon as they are issued. Over 150 new community members have signed up to receive the drug alerts and enrolment continues to increase daily.

Also in May, there were two presentations delivered from the Community Drug Strategy for the City of Greater Sudbury including a presentation to city library supervisors and a presentation to academic advisors at Cambrian College with 15 individuals in attendance.

### ***Harm Reduction - Naloxone***

Naloxone education sessions were provided to 47 staff at four agencies, who are not eligible to distribute naloxone. Since our last report, we also received one memorandum of understanding for the distribution of naloxone.

## **Knowledge and Strategic Services**

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### **1. Health Equity**

One Bridges out of Poverty workshop was delivered to the public in May. Circles Sudbury programming sessions in May (with individuals living in low income and volunteer allies) featured various guest presentations, including one from the Northern Institute for Social Action (NISA) on mental health awareness and resources, and one from the Homelessness Network on housing supports available in our community. The Partners to End Poverty Steering Committee that oversees the Circles initiative (including Bridges out of Poverty, Leader Training and Circles) continues to meet monthly. The committee welcomed two new partners in May including the United Way and the Sudbury Workers Education and Advocacy Centre bringing the committee up to sixteen partners. In addition, in partnership with the Student Placement Program, a Masters of Social Work student was recruited to work on efforts to support the Circles Sudbury as part of the advanced practicum.

A video from the Greater Sudbury Poverty Challenge in December 2018 and linked website materials were launched on May 16, 2019, as part of the Circles Sudbury initiative. Within the first two weeks, the English Facebook video post reached 21,745 people and had 3,121 engagements including 2,416 post clicks, 201 shares and 82 comments. Our agency was approached by the Tamarack Institute about the Poverty Challenge event and our Partners to End Poverty Steering Committee resulting in the video being showcased in their May national newsletter subscribed by 330 municipalities across Canada. The Tamarack Institute also requested to attend our June Steering Committee meeting to invite our community to join their national network “Cities Reducing Poverty”.

### **2. Indigenous Engagement**

Internal roundtable sessions were held in person and via Skype in Sudbury, Mindemoya, and Espanola in late May and early June to gather staff input on opportunities for moving forward with the Indigenous Engagement Strategy “Finding Our Path Together”. Staff were asked to provide input on how best to socialize the Strategy internally and how to maintain and continue to build our relationships with Indigenous communities and partners.

A presentation was delivered on request to a fourth-year class in the Nursing Program at Laurentian University on our agency Indigenous Engagement Strategy, including the process for developing the Strategy and associated lessons learned, and the Truth and Reconciliation Commission and implications for future health professionals.

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

Seven new internal Population Health Assessment Team Indicator Reports (PHAS-IR) were produced using 2017 data from the Rapid Risk Factor Surveillance System (RRFSS) and

2015–2016 data from the Canadian Community Health Survey (CCHS). The reports include information on Smoke-Free Homes, Self-Esteem, Positive Mental Health, Sources of Stress, Sleep, Social Provisions, and Suicidal Thoughts and Attempts.

## 4. Staff Development

In April and May, the organization initiated a Community of Practice for management. Communities of practice are groups of individuals who share a concern or passion for a subject and interact with one another to expand their knowledge and develop their expertise through the process of sharing information and experiences with the group. A total of two sessions have been held to date. Sessions use interactive approaches such as role play and case scenarios to build management skills in areas that include attendance management and change management.

Respectfully submitted,

*Original signed by*

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

**Public Health Sudbury & Districts**  
**STATEMENT OF REVENUE & EXPENDITURES**  
For The 4 Periods Ending April 30, 2019

**Cost Shared Programs**

	Annual Budget	Budget YTD	Current Expenditures YTD	Variance YTD (over)/under	Balance Available
<b>Revenue:</b>					
MOHLTC - General Program	15,127,700	5,042,567	5,042,567	(0)	10,085,133
MOHLTC - Unorganized Territory	826,000	275,333	275,333	0	550,667
MOHLTC - VBD Education & Surveillance	65,000	21,667	21,667	(0)	43,333
MOHLTC - SDWS	106,000	35,333	35,333	0	70,667
Municipal Levies	7,276,750	2,425,585	2,425,585	0	4,851,165
Municipal Levies - Small Drinking Water Syste	47,222	15,741	15,741	(0)	31,481
Municipal Levies - VBD Education & Surveilla	21,646	7,215	7,215	0	14,431
Interest Earned	105,000	59,341	79,788	(20,447)	25,212
<b>Total Revenues:</b>	<b>\$23,575,318</b>	<b>\$7,882,782</b>	<b>\$7,903,229</b>	<b>\$(20,447)</b>	<b>\$15,672,089</b>
<b>Expenditures:</b>					
<b>Corporate Services:</b>					
Corporate Services	4,082,277	1,654,516	1,615,440	39,077	2,466,837
Print Shop	120,102	40,034	32,520	7,514	87,582
Espanola	120,699	38,502	35,696	2,805	85,003
Manitoulin	130,271	41,483	35,973	5,510	94,298
Chapleau	101,791	32,124	29,026	3,098	72,765
Sudbury East	16,808	5,603	5,942	(339)	10,866
Intake	328,471	101,068	104,044	(2,977)	224,426
Volunteer Services	4,850	1,617	160	1,456	4,690
Facilities Management	497,448	63,762	63,762	0	433,686
<b>Total Corporate Services:</b>	<b>\$5,402,716</b>	<b>\$1,978,707</b>	<b>\$1,922,563</b>	<b>\$56,144</b>	<b>\$3,480,153</b>
<b>Clinical Services:</b>					
General	1,083,433	357,220	326,691	30,529	756,742
Clinical Services	1,316,080	447,044	395,961	51,082	920,119
Branches	219,267	66,283	65,174	1,109	154,093
Family	633,751	195,144	214,834	(19,690)	418,917
Risk Reduction	98,842	31,273	29,894	1,379	68,948
Sexual Health	1,117,245	338,662	323,357	15,305	793,888
Influenza	0	0	0	(0)	(0)
Meningitis	0	0	1	(1)	(1)
Dental - Clinic	451,537	141,059	133,469	7,590	318,068
Vision Health	62,043	13,030	4,588	8,442	57,455
<b>Total Clinical Services:</b>	<b>\$4,982,199</b>	<b>\$1,589,716</b>	<b>\$1,493,969</b>	<b>\$95,746</b>	<b>\$3,488,230</b>
<b>Environmental Health:</b>					
General	816,010	236,705	220,183	16,522	595,828
Environmental	2,418,956	772,399	759,885	12,514	1,659,071
Vector Borne Disease (VBD)	86,907	27,903	8,051	19,852	78,857
Small Drinking Water System	163,130	49,889	48,058	1,831	115,072
<b>Total Environmental Health:</b>	<b>\$3,485,004</b>	<b>\$1,086,896</b>	<b>\$1,036,176</b>	<b>\$50,720</b>	<b>\$2,448,828</b>
<b>Health Promotion:</b>					
General	1,256,708	375,489	363,168	12,321	893,539
School	1,439,714	434,706	433,885	821	1,005,828
Healthy Communities & Workplaces	146,826	44,791	40,190	4,601	106,636
Branches - Espanola / Manitoulin	324,077	99,872	94,082	5,790	229,995
Nutrition & Physical Activity	1,087,014	332,054	330,245	1,810	756,769
Branches - Chapleau / Sudbury East	388,476	118,302	116,213	2,089	272,263
Injury Prevention	375,538	97,263	97,691	(428)	277,847
Tobacco By-Law	265,393	77,344	84,022	(6,678)	181,371
Healthy Growth and Development	1,108,398	308,704	295,858	12,846	812,540
Substance Misuse Prevention	125,242	26,344	20,074	6,270	105,168
Mental Health and Addictions	394,783	86,075	79,757	6,318	315,026
Alcohol Misuse	239,533	71,624	60,963	10,662	178,571
<b>Total Health Promotion:</b>	<b>\$7,151,702</b>	<b>\$2,072,569</b>	<b>\$2,016,148</b>	<b>\$56,421</b>	<b>\$5,135,554</b>
<b>Knowledge and Strategic Services:</b>					
General	1,855,603	578,889	500,678	78,211	1,354,926
Workplace Capacity Development	23,507	7,836	134	7,702	23,373
Health Equity Office	14,440	4,813	22,609	(17,796)	(8,169)
Indigenous Engagement	25,000	0	0	0	25,000
Strategic Engagement	635,146	148,647	127,754	20,894	507,392
<b>Total Knowledge and Strategic Services:</b>	<b>\$2,553,696</b>	<b>\$740,185</b>	<b>\$651,174</b>	<b>\$89,011</b>	<b>\$1,902,522</b>
<b>Total Expenditures:</b>	<b>\$23,575,318</b>	<b>\$7,468,073</b>	<b>\$7,120,031</b>	<b>\$348,042</b>	<b>\$16,455,287</b>
<b>Net Surplus/(Deficit)</b>	<b>\$0</b>	<b>\$414,710</b>	<b>\$783,198</b>	<b>\$368,489</b>	

## Public Health Sudbury & Districts

### Cost Shared Programs

#### STATEMENT OF REVENUE & EXPENDITURES

Summary By Expenditure Category

For The 4 Periods Ending April 30, 2019

	BOH Annual Budget	Budget YTD	Current Expenditures YTD	Variance YTD (over) /under	Budget Available
<b>Revenues &amp; Expenditure Recoveries:</b>					
Funding	23,767,729	8,006,327	8,038,278	(31,951)	15,729,451
Other Revenue/Transfers	734,900	168,017	204,744	(36,726)	530,156
<b>Total Revenues &amp; Expenditure Recoveries:</b>	<b>24,502,629</b>	<b>8,174,344</b>	<b>8,243,022</b>	<b>(68,678)</b>	<b>16,259,607</b>
<b>Expenditures:</b>					
Salaries	16,095,973	4,870,496	4,729,885	140,612	11,366,089
Benefits	4,470,545	1,383,298	1,397,060	(13,761)	3,073,485
Travel	258,253	68,246	43,364	24,883	214,889
Program Expenses	931,408	274,052	199,093	74,959	732,315
Office Supplies	67,816	22,605	14,255	8,351	53,561
Postage & Courier Services	69,322	23,107	20,641	2,466	48,681
Photocopy Expenses	33,807	10,790	9,097	1,694	24,710
Telephone Expenses	61,132	20,377	16,908	3,469	44,224
Building Maintenance	365,128	103,991	99,787	4,203	265,341
Utilities	214,325	71,442	66,338	5,104	147,987
Rent	259,105	86,368	88,729	(2,360)	170,376
Insurance	115,636	109,903	109,903	0	5,733
Employee Assistance Program ( EAP)	34,969	17,485	21,118	(3,634)	13,851
Memberships	32,289	20,233	16,182	4,051	16,107
Staff Development	191,132	51,959	45,768	6,190	145,364
Books & Subscriptions	11,815	4,370	1,095	3,274	10,720
Media & Advertising	130,588	36,676	18,622	18,054	111,966
Professional Fees	341,680	90,269	85,981	4,288	255,699
Translation	50,127	17,930	15,938	1,992	34,189
Furniture & Equipment	38,566	29,538	28,403	1,134	10,163
Information Technology	729,013	446,500	431,657	14,843	297,356
<b>Total Expenditures</b>	<b>24,502,628</b>	<b>7,759,634</b>	<b>7,459,823</b>	<b>299,811</b>	<b>17,042,805</b>
<b>Net Surplus ( Deficit )</b>	<b>0</b>	<b>414,710</b>	<b>783,198</b>	<b>368,489</b>	

**Sudbury & District Health Unit**  
**SUMMARY OF REVENUE & EXPENDITURES**  
For the Period Ended April 30, 2019

**100% Funded Programs**

Program	FTE	Annual Budget	Current YTD	Balance Available	% YTD	Program Year End	Expected % YTD
INFOWAY - Immunization Ontario	702	36,086	36,086	-	100.0%	Apr./19	37.5%
Pre/Postnatal Nurse Practitioner	704	139,000	43,257	95,743	31.1%	Dec 31	33.3%
OTF - Getting Ahead and Circles	706	115,179	8,168	107,011	7.1%	Mar 31/2020	37.5%
CGS - Local Poverty Reduction Evaluation	707	70,326	(507)	70,833	-0.7%	Mar. 31/2021	37.5%
SFO - Electronic Cigarette Act	722	36,700	7,835	28,865	21.3%	Dec 31	33.3%
SFO -TCAN - Prevention	724	97,200	13,006	84,194	13.4%	Dec 31	33.3%
SFO - Tobacco Control Area Network - TCAN	725	285,800	83,967	201,833	29.4%	Dec 31	33.3%
SFO - Local Capacity Building: Prevention & Protection	726	259,800	51,853	207,947	20.0%	Dec 31	33.3%
SFO - Tobacco Control Coordination	730	100,000	31,782	68,218	31.8%	Dec 31	33.3%
SFO - Youth Engagement	732	80,000	22,647	57,353	28.3%	Dec 31	33.3%
Infectious Disease Control	735	479,100	136,212	342,888	28.4%	Dec 31	33.3%
LHIN - Falls Prevention Project & LHIN Screen	736	100,000	3,994	96,006	4.0%	Mar 31/20	8.3%
MOHLTC - Special Nursing Initiative	738	180,500	60,033	120,467	33.3%	Dec 31	33.3%
MOHLTC - Northern Fruit and Vegetable Funding	743	176,100	79,657	96,443	45.2%	Dec 31	33.3%
Food Safety - Haines Funding	750	36,500	1,314	35,186	3.6%	Dec 31	33.3%
NE HU Collaborations/Shared Services Exploration	755	-	696	(696)	#DIV/0!	Mar 31/20	8.3%
Triple P Co-Ordination	766	16,615	16,614	1	100.0%	Dec 31	33.3%
Supervised Consumption Study	770	80,000	-	80,000	0.0%	Dec 31	33.3%
MOHTLC - Harm Reduction Program	771	150,000	26,915	123,085	17.9%	Dec 31	33.3%
Healthy Babies Healthy Children	778	1,476,897	421,002	1,055,895	28.5%	Dec 31	33.3%
Healthy Smiles Ontario (HSO)	787	612,200	166,909	445,291	27.3%	Dec 31	33.3%
Anonymous Testing	788	61,193	5,099	56,094	8.3%	Mar 31/20	8.3%
MHPS- Diabetes Prevention Program	792	175,000	33,013	141,987	18.9%	Dec 31	33.3%
<b>Total</b>		<b>4,728,110</b>	<b>1,213,466</b>	<b>3,514,644</b>			

May 9, 2019

Senate of Canada  
Ottawa, Ontario  
Canada K1A 0A4

Dear Honourable Senators,

**Re: Bill S-228, the Child Health Protection Act**

On behalf of the Board of Health for Peterborough Public Health, we strongly urge the Senate to accept the House of Commons amendments, and support the expedited passing of Bill S-228, the Child Health Protection Act.

Restricting the marketing of unhealthy food and beverages to children is a key priority identified in Health Canada's Healthy Eating Strategy. The food industry spends billions of dollars per year marketing to children. Child-targeted marketing is unethical. It takes advantage of a vulnerable population that is unable to understand the intent of marketing and thus make an informed decision. Advertisements aimed at children can influence their lifelong eating attitudes and behaviours (including food preferences, food choices, and purchasing selections), and intends to build brand loyalty.<sup>1</sup> The majority of these foods and beverages are calorie-dense and low in nutrition. Frequent consumption of these foods and beverages has consistently been linked to excessive weight gain and suboptimal nutrient intake among children and youth, making it a public health concern.

Following the amendments brought forth by the House of Commons, the Senate expressed concerns that were unfounded and should not delay the vote on Bill S-228.<sup>2</sup> Specifically:

- Sports sponsorship of community sporting events - Health Canada clearly stated that these would be exempt from the proposed regulations.<sup>3</sup>
- Definition of "unhealthy foods" - Health Canada has not committed to replacing the word "unhealthy", however, they confirmed that the word would not be associated to any specific food product. The decision model was revised to consider first if an item is advertised to children before establishing if its nutrient profile exceeds restrictions. Also, foods that are recommended for children to eat often will not be included in the restrictions (e.g. most breads, milk and alternatives).<sup>4</sup>
- Front-of-package labelling - Despite also being part of Health Canada's multi-year Healthy Eating Strategy<sup>5</sup> it is separate to Bill S-228 and should not impact the passing of this legislation.

Bill S-228 is based on scientific evidence and mirrors countless recommendations worldwide. Restricted marketing to children is a recognized best practice by the World Health Organization, as a public health approach to reduce the high prevalence of diet-related diseases, and related expenses within the healthcare system and to society at large. It is critical to protect children's health, as part of a multi-component, upstream strategy included within the Health Eating Strategy for Canada. Children deserve to be protected

from marketing of unhealthy food and beverages and their parents need support in their efforts to create healthy eating environments.

This legislation is required, as self-regulation by industry does not work. In Canada, over the last 10 years the food and beverage industry set standards to self-regulate marketing through the Canadian Children's Food and Beverage Advertising Initiative. Self-regulation has proven itself to be unsuccessful. Research has demonstrated that exposure to food and beverage advertising has actually increased and that the healthfulness of foods advertised to children has not changed.<sup>6</sup> As long as regulation is optional, we will continue to see marketing directed to children, warranting the need for the legislation to pass.

Bill S-228 has been passed by the House of Commons and reviewed over the last two years by the Senate. We urge that the Senate approve the final passage of the Bill to positively impact the health of Canadian children and improve the food environment in Canada.

Sincerely,

***Original signed by***

Councillor Kathryn Wilson  
Chair, Board of Health

/ag

cc: The Right Honourable Justin Trudeau, Prime Minister of Canada  
The Hon. Ginette Petitpas, Minister of Health  
Local MPs  
The Stop Marketing to Kids Coalition  
Association of Local Public Health Agencies  
Ontario Boards of Health  
Ontario Dietitians in Public Health

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<sup>1</sup> Dietitians of Canada. 2010. Advertising of Food and Beverages to Children. Position of Dietitians of Canada.

<sup>2</sup> Parliament of Canada. (November 22nd, 2018). Bill to Amend - Message from Commons-Motion for Concurrence in Commons Amendments - Debate Continued. *1st Session, 42nd Parliament*, 150(249). Retrieved from [https://sencanada.ca/en/content/sen/chamber/421/debates/249db\\_2018-11-22-e?language=e](https://sencanada.ca/en/content/sen/chamber/421/debates/249db_2018-11-22-e?language=e).

<sup>3</sup> Health Canada. (2018). Restricting Marketing of Unhealthy Food and Beverages to Children: An Update on Proposed Regulations. Retrieve from <https://www.canada.ca/en/health-canada/programs/consultation-restricting-unhealthy-food-and-beverage-marketing-to-children/update-proposed-regulations.html>

<sup>4</sup> The Senate of Canada. (2018). Standing Senate Committee on Agriculture and Forestry [Video File]. Retrieved from <https://sencanada.ca/en/committees/AGFO/Witnesses/42-1>

<sup>5</sup> Government of Canada. (January 20th, 2019). Health Canada's healthy eating strategy. Retrieved from <https://www.canada.ca/en/services/health/campaigns/vision-healthy-canada/healthy-eating.html>

<sup>6</sup> Potvin-Kent M, Martin CL, Kent EA. Changes in the volume, power, and nutritional quality of foods marketed to children on television in Canada. *Obesity*. 2014;22 (9):2053-2060.



May 17, 2019

Rene Lapierre  
Public Health Sudbury and District  
1300 Paris Street  
Sudbury, ON P3E 3A3

<b>Public Health Sudbury &amp; Districts</b>	
<b>Medical Officer of Health and CEO</b>	
<b>MAY 28 2019</b>	
Environ Health	KSS
Clinical Services	SEU
Corporate Services	<u>Board</u>
Health Promotion	Committee
File ( )	Circulate ( ) Return ( ) F.Y.I. ( )

Dear Mr. Lapierre:

**Re: Protecting York Region's School Children through Immunization**

On May 16, 2019 Regional Council adopted the following recommendations:

1. Regional Council endorse the position of the Council of Ontario Medical Officers of Health in support of a seamless immunization registry whereby health care providers directly input immunization information at the time of vaccine administration.
2. The Regional Clerk circulate this report to the Minister of Health and Long-Term Care, the Chief Medical Officer of Health, York Region Members of Provincial Parliament, the Association of Municipalities of Ontario, the Association of Local Public Health Agencies, the Council of Ontario Medical Officers of Health, the other 34 Ontario Boards of Health and the local municipalities.

The original staff report is enclosed for your information.

Please contact Marjolyn Pritchard, Director, Infectious Disease Control at 1-877-464-9675 ext. 74120 if you have any questions with respect to this matter.

Sincerely,



Christopher Raynor  
Regional Clerk

Attachments



## Office of the Regional Chair

May 21, 2019

Resolution Number 2019-416

The Honourable Christine Elliott  
Minister of Health and Long-Term Care and Deputy Premier  
Ministry of Health and Long-Term Care  
Hepburn Block, 10<sup>th</sup> Floor  
80 Grosvenor St.  
Toronto ON M7A 1E9

Dear Minister Elliott:

**Subject: Modernization of Ontario Public Health Units in the 2019 Ontario Budget**

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I am writing to advise that Regional Council approved the following resolution at its meeting held on Thursday, May 9, 2019:

**Resolution 2019-416:**

That the Chair of the Board of Health (Regional Chair) write a letter to the Minister of Health and Long-Term Care with copies to the Town of Caledon, the City of Brampton, the City of Mississauga, the Association of Municipalities of Ontario (AMO), Mayors and Regional Chairs of Ontario (MARCO), MPPs representing Region of Peel ridings, the Association of Local Public Health Agencies, and Chairs of Ontario's Boards of Health to:

- Request that the Province maintain the mandate and core functions of local public health, as described in the Ontario Public Health Standards, 2018;
- Request that the Province ensure that public health remains responsive to local community needs and is enabled to work collaboratively with local municipalities and community organizations;
- Request that the Province achieve and maintain the 75 per cent provincial and 25 per cent municipal funding formula for Peel Public Health, ensuring sufficient funding levels to meet community needs;
- Request that financial implications for municipalities be mitigated, prevented, and that the Province fully fund any costs associated with Peel Public Health's transition to a regional public health entity;
- Request that the Province consult with municipalities and public health agencies on the modernization of Ontario's public health units.

The Regional Municipality of Peel

And further, that the resolution from MARCO regarding public health funding cuts, be endorsed.

Yours Truly,



Nando Iannicca  
Regional Chair and Chief Executive Officer  
Chair, Board of Health for Peel Public Health

NI:sm

**Enclosed**

1. Report titled "Modernization of Ontario Public Health Units in the 2019 Ontario Budget"
2. MARCO Briefing note titled "Response to the Province's Proposed Restructuring of Public Health and Emergency Medical Services, and Public Health Funding Reductions"

**Copied:**

Deepak Anand, MPP, Mississauga-Halton  
Rudy Cuzetto, MPP, Mississauga-Lakeshore  
The Honourable Sylvia Jones, MPP, Dufferin-Caledon  
Natalia Kusendova, MPP, Mississauga-Centre  
Kaleed Rasheed, MPP, Mississauga East-Cooksville  
Sheref Sabawy, MPP, Mississauga-Erin Mills  
Amarjot Sandhu, MPP, Brampton West  
Prabmeet Sarkaria, MPP, Brampton South  
Sara Singh, MPP, Brampton Centre  
Gurratan Singh, MPP, Brampton East  
Nina Tangri, MPP, Mississauga-Streetsville  
Kevin Yarde, MPP, Brampton-North  
Chairs of Ontario's Boards of Health  
Loretta Ryan, Executive Director, Association of Local Public Health Agencies  
Karen Redman, Chair of MARCO  
Pat Vanini, Executive Director, Association of Municipalities of Ontario  
Diana Rusnov, Clerk, City of Mississauga  
Peter Fay, Clerk, City of Brampton  
Carey Herd, Clerk, Town of Caledon  
Nancy Polsinelli, Commissioner of Health  
Dr. Jessica Hopkins, Medical Officer of Health

The Regional Municipality of Peel

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May 23, 2019

Hon. Christine Elliott  
Minister of Health and Long-Term Care  
Deputy Premier  
5th Floor  
777 Bay Street  
Toronto, ON M7A 2J3

**Open Letter to the Hon. Christine Elliott, Minister of Health and Long-Term Care  
Regarding Proposed Cuts to Public Health Units in Ontario**

A healthy Ontario is one of the best ways we can ensure we have a high quality of life, vibrant communities, and a strong economy. That's why the funding the Province provides to public health units is so important. We need a network of public health services properly funded to protect the health of all Ontarians.

Much of the work that public health does is preventative. Public health services prevent disease outbreaks, keep our water clean, vaccinate our children, and provide school breakfast programs to children in need. The 2019 Ontario budget puts this vital work at risk.

Public health in Ontario is now facing millions of dollars in cuts this year; billions of dollars in the coming years. Public health officials and elected leaders across Ontario have rightfully spoken out against these cuts and the danger they pose to critical and often lifesaving public health programs. Municipalities from across the province have been clear that they cannot make up the difference created by these cuts.

This cutting of public health services cannot go forward. It puts the prosperity of our communities and of our entire Province at risk. Funding must be restored.

It also makes no economic sense. Public health helps Ontarians stay healthy, so they don't need to go to the doctor, or a hospital, saving time and money. If the government wants to end hallway medicine, as you have pledged, one of the best ways to do that is to actually invest more, not less, in public health.

We need only look back to the SARS epidemic to realize the devastating impact of failing to invest in public health.

Traditionally, Ministers of Health have avoided commenting on the policies of their successors. Health has been seen as a non-partisan issue – something we all support. This attack on public health has prompted us to break our silence.

We implore you, Minister Elliott, to stop these drastic cuts and find a way to move forward that doesn't risk our public health services.

By working in partnership with health units and public health officials, we are confident that you can find savings in a manner that doesn't put the health of Ontarians at risk.

Sincerely,

**Dennis R. Timbrell**

Former Ontario Minister of Health, 1977-1982

**David Caplan**

Former Ontario Minister of Health and Long-Term Care, 2008-2009

**Elinor Caplan**

Former Ontario Minister of Health, 1987-1990

**Evelyn Gigantes**

Former Ontario Minister of Health, 1990-1991

**Ruth Grier**

Former Ontario Minister of Health, 1993-1995

**Dr. Eric Hoskins**

Former Ontario Minister of Health and Long-Term Care, 2014-2018

**Dr. Helena Jaczek**

Former Ontario Minister of Health and Long-Term Care, 2018

**The Honourable Sen. Frances Lankin**

Former Ontario Minister of Health, 1991-1993

**Deb Matthews**

Former Ontario Minister of Health and Long-Term Care, 2009-2014

**George Smitherman**

Former Ontario Minister of Health and Long-Term Care, 2003-2008

May 23, 2019

SENT ELECTRONICALLY

The Honourable Christine Elliott  
Deputy Premier and Minister of Health and Long-Term Care  
College Park, 5<sup>th</sup> Floor  
777 Bay Street  
Toronto, ON M7A 2J3  
[christine.elliott@ontario.ca](mailto:christine.elliott@ontario.ca)

Dear Minister Elliott:

**Re: Letter of Support for Simcoe Muskoka District Health Unit – Proposed Boundaries**

It is our understanding that the provincial government is willing to consider feedback on the proposed boundary changes for public health units. With this in mind, the Board of Health for the North Bay Parry Sound District Health Unit is fully supportive of the May 15, 2019, letter from the Simcoe Muskoka District Health Unit's Board of Health recommending that the full territory of the Simcoe Muskoka District Health Unit remain intact and join with York Region Public Health to form a new regional public health entity on April 1, 2020.

The North Bay Parry Sound District Health Unit, having merged with Parry Sound in 2005, is well aware of the complexities, disruptions in program service delivery, time and effort, cultural change issues, and especially involved costs associated with such an undertaking. It will be difficult enough merging five health units with intact boundaries, let alone splitting up Simcoe Muskoka, and especially in such a short time frame.

Creating a single health unit entity with such a massive area of over 400,000 Km<sup>2</sup> will make it extremely challenging to respond, in a timely manner, to the local public health needs of the communities we would be required to serve.

For these many reasons, the North Bay Parry Sound District Health Unit Board of Health strongly urges the government to reconsider the proposed boundary change and keep the Simcoe Muskoka District Health Unit intact and join as a whole with York Region Public Health.

Sincerely yours,



Nancy Jacko  
Chairperson, North Bay Parry Sound District Health Unit Board of Health

/sb

To: Minister Elliott  
Page 2  
May 23, 2019

Enclosure

Copy to: North Bay Parry Sound District Health Unit Member Municipalities  
Boards of Health for, Algoma, North Bay Parry Sound, Porcupine, Renfrew, Simcoe Muskoka,  
Sudbury, Timiskaming, and York  
Medical Officers of Health for Algoma, North Bay Parry Sound, Porcupine, Renfrew, Simcoe  
Muskoka, Sudbury, Timiskaming, and York  
Helen Angus, Deputy Minister, Ministry of Health and Long-Term Care  
Elizabeth Walker, Director, Accountability and Liaison Branch, Ministry of Health and Long-  
Term Care  
Loretta Ryan, Executive Director, Association of Local Public Health Agencies  
Dr. David Williams, Chief Medical Officer of Health  
Vic Fedeli, MPP, Nipissing  
John Vanthof, MPP, Timiskaming Cochrane  
Norm Miller, MPP, Parry Sound-Muskoka



c/o City of Kawartha Lakes, 26 Francis Street, Lindsay ON K9V 5R8

May 27, 2019

The Honourable Doug Ford, Premier of Ontario  
The Honourable Christine Elliott, Minister of Health and Long-Term Care  
The Honourable Steve Clark, Minister of Municipal Affairs and Housing  
The Members of Provincial Parliament representing Eastern Ontario  
(delivered via e-mail)

**RE: Restructuring of Public Health Units in Ontario**

Dear Premier Ford, Minister Elliott, Minister Clark and MPPs of Eastern Ontario:

On behalf of the Eastern Ontario Wardens' Caucus (EOWC), please find attached a resolution passed at the board meeting of May 24, 2019 regarding the restructuring of public health units, and the serious impact this could have on rural and small urban municipalities.

The EOWC acknowledges that the Province of Ontario has set important efficiency goals for itself and for the municipal sector, in order to achieve specific financial targets in the coming years. Restructuring public health raises many questions and concerns, particularly surrounding the boundaries of the 10 new regional entities being proposed.

The EOWC applauds the province for their commitment to consultation with relevant stakeholders during these challenging times. Likewise, the EOWC recognizes the importance of being involved in ongoing discussions with the province in order to ensure that boundaries reflect the unique issues and needs of rural and small urban municipalities, given these are likely to be distinctly different from larger urban centers.

An Eastern Ontario public health unit would help protect the interests of rural and small urban municipalities, while meeting the population targets set out by the Province. As you are aware, the EOWC believes in the power of collaboration and the strength of a unified voice, thus formally request the support of the Province of Ontario as the restructuring process moves forward.

Sincerely,

A handwritten signature in blue ink, appearing to read 'A Letham', is written over a light blue horizontal line.

Mayor Andy Letham  
Chair, 2019, Eastern Ontario Wardens' Caucus

cc: Members of the Eastern Ontario Mayors' Caucus (EOMC)  
The Association of Municipalities of Ontario (AMO)  
Public Health Units representing Eastern Ontario



May 27, 2019

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

The Honourable Christine Elliott  
Deputy Premier and Minister of Health and Long-Term Care  
Hepburn Block, 10<sup>th</sup> Floor  
80 Grosvenor Street  
Toronto, ON M7A 1E9  
(sent via email to: [Christine.elliott@ola.org](mailto:Christine.elliott@ola.org) )

Dear Premier Ford and Minister Elliott,

On behalf of the Brant County Health Unit (BCHU) Board of Health, we are writing to express our concerns regarding the implications of the 2019 budget. Ontario's local public health system is an essential part of keeping communities safe and healthy. Public health delivers an excellent return on investment and works on the front line to protect communities from illness, and promote health and wellbeing. The services provided by public health, outlined in the Ontario Public Health Standards, ensure that the population stays out of the health care system and remains healthy.

While we recognize the need for a sustainable public health system in Ontario, it is difficult to comprehend how a \$200 million provincial reduction in preventative services will contribute to lowering future overall health care costs. The Public Health budget represents approximately 2% of the Province's total health care expenditures and every dollar spent on public health services saves an average of \$14 in the acute care system. For every \$1 invested in:

- immunizing children with the measles-mumps-rubella vaccine \$16 are saved in health care costs;
- early childhood development and health care saves up to \$9 in future spending on health, social and justice services;
- car and booster seat education and use saves \$40 in avoided medical costs;
- fluoridated drinking water results in \$38 saved in dental care;
- tobacco prevention programs saves up to \$20 in future health care costs; and
- mental health and addictions saves \$7 in health costs and \$30 in lost productivity and social costs.

Page 53 of 119

The proposed provincial reduction in funding for public health services represents a significant strain on the ability of local public health units, like the Brant County Health Unit, to continue to deliver on its mandate. A reduction in funding that represents 26% of the budget cannot occur without cutting services. These cuts will

impact on our ability to deliver the front-line public health services that keep people out of hospitals and primary care offices and will ultimately mean greater costs to the health care system.

Before the new directions for public health units are fully implemented, the BCHU Board of Health recommends that any changes to the funding ratio be done in consultation with municipalities rather than unilaterally by the Province and deferred to the municipal 2020 funding year. The 2019 municipal levy has already been established and municipalities are already almost 50% through their budget year.

Additionally, the BCHU Board of Health recommends that the following be considered when the development of the new regional public health entities and regional governance structure occurs to maintain a strong public health presence and impact in our community:

1. No loss of service to our community – All current programs and services under the Foundational and Program Standards continue to be funded by the Regional Public Health Entity to provide services in Brant.
2. Meaningful input into program planning – The needs of Brantford and Brant County are considered in the planning of programs and services for our community.
3. Integrity of the Health Unit – The Health Unit continues to function as a unit and services continue to be provided locally.
4. Appropriate municipal role in governance – The public expects that their municipal tax dollars are overseen by municipal politicians. For the municipal investment, representatives of the obligated municipalities will continue in this oversight role.
5. Effective administrative support – All administrative services provided by the Regional Public Health Entity will be at the same level or better than currently exists in the Health Unit.

Ontario local public health units play a crucial role in ensuring the safety, health and well-being of Ontario communities and their populations. This crucial role is played out daily as Public Health Units work diligently and professionally to protect their communities from illnesses and promote health and well-being. These services outlined in the Ontario Public Health Standards and Related Programs ensure that our population remains healthy and does not end up requiring costly care and treatment in hospital emergency rooms and wards. The Board of Health for the Brant County Health Unit implores your government to leave the current public health structure as it is, delivering excellent and local preventative care to our community.

Sincerely,



Greg Anderson,  
Chair, Brant County Board of Health

JAT/lmj

Copied: Dr. David Williams, Chief Medical Officer of Health  
The Honourable Willem Bouma, MPP—Brantford-Brant  
Association of Local Public Health Agencies  
Monika Turner, Association of Municipalities of Ontario  
Ontario Boards of Health  
City of Brantford  
County of Brant  
The Expositor



**Public Health  
Santé publique**  
SUDBURY & DISTRICTS

May 28, 2019

VIA ELECTRONIC MAIL

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

Dear Premier:

**Re: North East Public Health Regional Boundaries – Modernization of the Ontario Public Health System**

At its meeting on May 16, 2019, the Board of Health for Public Health Sudbury & Districts carried the following resolution #17-19:

*WHEREAS the Health Protection and Promotion Act amendment effective April 1, 2005, enabled the merger of the Muskoka-Parry Sound Health Unit with the Simcoe County District Health Unit and with the North Bay & District Health Unit; and*

*WHEREAS North Bay Parry Sound District Health Unit and Simcoe Muskoka District Health Unit (SMDHU) have invested greatly since that time to successfully transition to their respective new agencies; and*

*WHEREAS the new public health entity for northeastern Ontario is proposed to include the existing public health units in the region (Algoma Public Health, Public Health Sudbury & Districts, Porcupine Health Unit, North Bay Parry Sound District Health Unit, Timiskaming Health Unit) along with Muskoka District and a part of Renfrew; and*

**Sudbury**

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

**Rainbow Centre**

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

**Sudbury East / Sudbury-Est**

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

**Espanola**

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

**Île Manitoulin Island**

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

**Chapleau**

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

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*WHEREAS the northeast public health entity is the only one of ten proposed regional entities that would not respect existing health unit boundaries and would require the costly dissolution of existing health units; and*

*WHEREAS the demographics, socioeconomic status, health status, and important health care referral patterns of the Muskoka District are all distinct from those of the northeast; and*

*WHEREAS the proposed northeast public health entity is a massive area (402,489 km<sup>2</sup>) with significant administrative and geographic complexities, for which the incorporation of an additional distinct area would tax the region's ability to respond appropriately to diverse public health needs; and*

*WHEREAS the Board of Health for SMDHU having expressed similar observations, is requesting the support of northeast boards of health for their position that SMDHU remain intact as they transition to a new regional entity;*

*THEREFORE be it resolved that the Board of Health for Public Health Sudbury & Districts endorse the position of the Board of Health for SMDHU that the organization of their public health services remains intact as they transition to the new regional public health entity.*

Thank you very much for your attention to this important matter. The Board of Health is working hard with regional counterparts to be able to engage constructively with the anticipated Ministry of Health and Long-Term Care consultation process over the next number of months.

Sincerely,



René Lapierre  
Chair, Board of Health

cc: Honorable C. Elliott, Deputy Premier and Minister of Health and Long-Term Care  
Dr. D. Williams, Chief Medical Officer of Health, Ministry of Health and Long-Term Care  
L. Ryan, Executive Director, Association of Local Public Health Agencies  
J. McGarvey, President, Association of Municipalities Ontario  
F. Gélinas, MPP Nickel Belt  
M. Mantha, MPP Algoma-Manitoulin  
J. West, MPP Sudbury  
J. Vanthof, MPP Timiskaming, Cochrane  
Ontario Boards of Health



Premier of Ontario  
Premier ministre  
de l'Ontario

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

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

June 3, 2019

Mr. René Lapierre  
Chair, Board of Health  
Public Health Sudbury and Districts  
1300 Paris Street  
Sudbury, Ontario  
P3E 3A3

Public Health Sudbury & Districts Medical Officer of Health and CEO			
JUN 05 2019			
Environ Health	KSS		
Clinical Services	SEU		
Corporate Services	Board		
Health Promotion	Committee		
File ( )	Circulate ( )	Return ( )	F.Y.I. ( )

Dear Mr. Lapierre:

Thanks for your letter about the Sudbury and Districts Board of Health's resolution dealing with public health care delivery. I appreciate hearing the board's views on the issue.

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

Thanks again for the information.

Sincerely,

Doug Ford  
Premier

c: The Honourable Christine Elliott





The Regional  
Municipality of  
Durham

Corporate Services  
Department –  
Legislative Services

605 Rossland Rd. E.  
Level 1  
P.O. Box 623  
Whitby, ON L1N 6A3  
Canada

905-668-7711  
1-800-372-1102  
Fax: 905-668-9963

durham.ca

May 30, 2019

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

Dear Minister Ford:

**RE: Correspondence from the Association of Local Public Health Agencies (ALPHA) to the Minister of Health and Long-Term Care dated May 3, 2019 regarding Modernizing Ontario's Health Units Our File: P00**

Council of the Region of Durham, at its meeting held on May 29, 2019, adopted the following recommendations of the Health and Social Services Committee:

- "A) That the correspondence from the Association of Local Public Health Agencies regarding Modernizing Ontario's Health Units be endorsed; and
- B) That whereas in the 2019 Ontario budget, the Government announced its plan to restructure Ontario's public health system and reduce public health funding by \$200 million per year; and

Whereas it has proposed changing the cost-sharing arrangement such that the provincial share is reduced to 70% and the municipal share is increased to 30% for 2019-2020 and 2020-2021, with the provincial share to be further reduced to 60% in 2021-2022; and

Whereas the cost-sharing changes will apply to all 100% provincially funded programs; and

Whereas it is replacing 35 local boards of health and creating 10 Regional Public Health Entities, governed by autonomous boards of health; and

COPY

Public Health Sudbury & Districts Medical Officer of Health and CEO	
JUN 05 2019	
Environ Health	KSS
Clinical Services	SEU
Corporate Services	Board
Health Promotion	Committee
File ( )	Circulate ( ) Return ( ) F.Y.I. ( )

Whereas boards of health are mandated to provide public health programs and services in accordance with the Health Protection and Promotion Act, other relevant legislation and in accordance with the Ontario Public Health Standards: Requirements for Programs, Services, and Accountability; and

Whereas the creation of 10 Regional Public Health Entities is likely to cause major disruptions in every facet of the public health system; and

Whereas public health programs and services demonstrate superior value for money and return on investment; and

Whereas public health programs and services protect and promote the health and well-being of local residents thus reducing the demand on acute care services; and

Whereas the Regional Municipality of Durham is a member of the Association of Local Public Health Agencies (ALPHA); and

Whereas ALPHA has been fully engaged in representing and advancing its members' interests with respect to public health restructuring including the attached letter to the Deputy Minister & Minister of Health and Long-Term Care;

Now therefore be it resolved:

That the Ontario government is urged to:

- Maintain its current provincial funding level to the Durham Region Health Department for 2019-2020,
- Consider deferring any future changes to the cost-sharing formula until it has consulted with ALPHA, AMO, boards of health and obligated municipalities, including the Regional Municipality of Durham;
- Consult with local municipalities to inform decisions regarding boundaries, funding, governance, mandate, organizational structure, operations, etc. of the proposed 10 Regional public health entities, and

Be it further resolved that the Premier of Ontario, Deputy Premier & Minister of Health and Long-Term Care, Minister of Finance, Durham's MPPs, Chief Medical Officer of Health, AMO, alPHa and all Ontario boards of health be so advised."



Ralph Walton,  
Regional Clerk/Director of Legislative Services

RW/np

- c: The Honourable Christine Elliot, Deputy Premier and Minister of Health and Long-Term Care  
The Honourable Victor Fedeli, Minister of Finance and Chair of Cabinet  
Rod Phillips, MPP (Ajax/Pickering)  
Lorne Coe, MPP (Whitby/Oshawa)  
Lindsey Park, MPP (Durham)  
Jennifer French, MPP (Oshawa)  
Laurie Scott, MPP (Haliburton/Kawartha Lakes/Brock)  
Peter Bethlenfalvy, MPP (Pickering/Uxbridge)  
David Piccini, MPP (Northumberland-Peterborough South)  
Dr. David Williams, Chief Medical Officer of Health  
Pat Vanini, Executive Director, Association of Municipalities of Ontario (AMO)  
Loretta Ryan, Executive Director, Association of Public Health Agencies (alPHa)  
Ontario boards of health  
Dr. R.J. Kyle, Commissioner & Medical Officer of Health





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June 4, 2019

The Honourable Christine Elliott  
Ministry of Health & Long-Term Care  
Hepburn Block, 10<sup>th</sup> Floor  
80 Grosvenor Street  
Toronto ON M7A 2C4

Dear Minister Elliott:

**Re: Northeastern Regional Public Health Regional Boundaries**

---

On May 29, 2019, at a regular meeting of the Board for the Timiskaming Health Unit, the Board passed the following motion:

**Motion 35R-2019**

Moved by: Sue Cote

Seconded by: Mike McArthur

*That the BOH for Timiskaming send a letter to the Ontario Minister of Health to support the motion passed by the Sudbury and Districts Health Unit which endorses the position of the Board of Health for the Simcoe Muskoka District Health Unit that the organization of their public health services remains intact as they transition to the new regional public health entity. Further, the BOH for Timiskaming asks that this letter be copied to the local MPP, Chief Medical Officer of Health for Ontario, the Premier of Ontario, the Association of Local Public Health Agencies and all Ontario Boards of Health.*

Carried

Sincerely,

Chair Carman Kidd  
Timiskaming Board of Health

cc. Honorable Doug Ford, Premier of Ontario  
Mr. John Vanthof, MPP, Timiskaming-Cochrane  
Mrs. Linda Stewart, Association of Local Public Health Agencies  
Ontario Boards of Health  
Dr. David Williams, Chief Medical Officer of Health

June 4, 2019

VIA: Electronic Mail ([doug.ford@pc.ola.org](mailto: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:

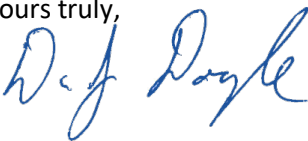
**RE: Announcement re: Reversing Retroactive Funding Cuts to Municipal Funding**

The Kingston, Frontenac and Lennox & Addington (KFL&A) Board of Health is extremely pleased with the provincial government's decision to reverse retroactive funding changes to municipalities, and commitment to working with municipalities and Boards of Health to find ways to reduce spending.

The Board is cognizant that there is a deficit at the provincial level and a need to work collaboratively and creatively with the provincial government to find efficiencies in multiple areas, including public health. In so doing, KFL&A Public Health commits to continued work with the government in this regard.

KFL&A Public Health looks forward to the opportunity to work collaboratively with the Province of Ontario, ensuring the core public health functions will be preserved and leveraged to help reorient the health system, creating efficiencies in health care through protection from disease and promotion of health, to reduce hallway medicine and keep the people of Ontario healthy.

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 Steve Clark, Minister of Municipal Affairs and Housing  
Ian Arthur, MPP Kingston and the Islands  
Randy Hillier, MPP Lanark-Frontenac-Kingston  
Daryl Kramp, MPP Hastings-Lennox and Addington  
Todd Smith, MPP Bay of Quinte  
Loretta Ryan, Association of Local Public Health Agencies  
Ontario Boards of Health

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**Kingston, Frontenac and Lennox & Addington Public Health**

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Kingston, Ontario K7M 1V5  
613-549-1232 | 1-800-267-7875  
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	Napanee	613-354-3357	Fax: 613-409-6267
	Sharbot Lake	613-279-2151	Fax: 613-279-3997

June 5, 2019

The Honourable Christine Elliott  
Deputy Premier and Minister of Health and Long-Term Care  
10<sup>th</sup> Floor Hepburn Block  
80 Grosvenor Street  
Toronto, ON M7A 2C4  
[christine.elliottco@ola.org](mailto:christine.elliottco@ola.org)

Dear Minister Elliott,

### **RE: Proposed changes to Public Health in Ontario**

---

Public Health is a key function in the lives of people in Ontario. The work done by local Public Health agencies is cornerstone support to keeping people healthy and helping to reduce the load and expense incurred in the regular primary care system. Education and information dissemination are vital components for preventing disease transmission and promoting the overall healthy lifestyle that Ontarians need to maintain a good quality of life. As you are aware, public health programs and services are focused primarily in four domains: Social Determinants of Health; Healthy Behaviours; Healthy Communities; and Population Health Assessment.

The Board of Algoma Public Health would like to voice its concern over the recent changes that have been suggested and implemented to public health in Ontario. The Board is asking the Ministry to seriously look at how funding cuts and regionalization if they must occur, will be implemented based on historical and current health needs/concerns and common socio-economic factors which are extremely important determinants to public health goals and directives.

Public health has been stretched thin and underfunded for many years and has been able to efficiently meet the goals and standards given to it by the Province. Any reduction would have a serious consequence and jeopardize the health of all citizens in our area. Front line staff are vital. Funding cuts or redistribution of funds across a larger region would have an immediate impact upon access programs and goals that are vital to support our communities in the North. While there are similarities in population needs, there are also great differences in access and importance. "The work is diverse, including individual clinical service delivery, education, inspection, surveillance, and policy development, among other activities." (Minister of Health and Long-Term Care, pursuant to Section 7 of the Health Protection and Promotion Act. Revised: July 1, 2018)  
How is this to be settled with fewer funds and a larger area?

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

- Guarantee that service levels in Algoma will be maintained, with no service losses nor reduction to quality of care.

<b>Blind River</b>	<b>Elliot Lake</b>	<b>Sault Ste. Marie</b>	<b>Wawa</b>
P.O. Box 194	ELNOS Building	294 Willow Avenue	18 Ganley Street
9B Lawton Street	302-31 Nova Scotia Walk	Sault Ste. Marie, ON P6B 0A9	Wawa, ON P0S 1K0
Blind River, ON P0R 1B0	Elliot Lake, ON P5A 1Y9	Tel: 705-942-4646	Tel: 705-856-7208
Tel: 705-356-2551	Tel: 705-848-2314	TF: 1 (866) 892-0172	TF: 1 (888) 211-8074
TF: 1 (888) 356-2551	TF: 1 (877) 748-2314	Fax: 705-759-1534	Fax: 705-856-1752
Fax: 705-356-2494	Fax: 705-848-1911		

- Ensure meaningful involvement by the communities, municipalities, First Nations and networked organizations throughout Algoma if a change happens.
- Improve the effectiveness of collaboration by grouping health unit populations together that make sense. Take into account geography and whether the necessary socioeconomic and health issues of areas are compatible over the long term.
- Ensure any regional Public Health Agency would maintain proper administrative “back office” positions to meet the needs of employees and public welfare in a timely fashion and are of equal quality to the standards currently in place.
- Ensure that Algoma District has a strong voice in whatever governance structure is put in place should a regionalization come about.

Algoma Public Health has worked diligently to develop local partnerships with Municipalities and stakeholders so that a web of support can be created for all citizens, whether urban, rural or remote parts of the district. “No wrong number to call for assistance” is a pledge that was mentioned at a recent Board meeting when discussing access to resources from our catchment area and a commitment that each stakeholder shares. Regionalization must be able to maintain or enhance this standard to allow for all people in Algoma and the newly created area or it will have failed to live up to the basic purpose of public health: The work is diverse, including individual clinical service delivery, education, inspection, surveillance, and policy development, among other activities..

Reductions, efficiencies and regionalization all have pros and cons. We would ask that the Ministry of Health and Long-term Care and the Provincial Government take more time to consult with all stakeholders in an in-depth way to make sure the changes that may follow are done with careful thought and planning for each area of the province. One model applied based on numbers or geography is not the answer.

On behalf of the Board for Algoma Public Health, I look forward to hearing from you and working together to move public health in Ontario forward to meet the needs of people in Algoma and all across the province.

Sincerely,




---

Lee Mason  
*Board of Health Chair for the  
 District of Algoma Health Unit*

Cc (via email): Minister of Health – Ginette Petitpas Taylor  
 R. Romano, MPP Sault Ste. Marie  
 M. Mantha, MPP Algoma-Manitoulin  
 J. West, MPP Sudbury  
 J. Vanthof, MPP Timiskaming, Cochrane  
 A. Horwath, Leader, Official Opposition  
 F. Gélinas, MPP Nickel Belt  
 Dr. D. Williams, Chief Medical Officer of Health, Ministry of Health and Long-Term Care  
 J. Stevenson, NE LHIN CEO  
 Ontario Boards of Health  
 Councils of Algoma municipalities

<b>DATE: April 24, 2019</b>	<b>RESOLUTION NO.: 2019 - 41</b>
<b>MOVED: K. Raybould</b>	<b>SECONDED: A. Kappes</b>
<b>SUBJECT: Board of Health letter regarding changes to Public Health</b>	

## Resolution:

That the Board of Health of Algoma send a notice of concern related to the proposed changes to Public Health.

Whereas the role of public health is to promote health, prevent and control chronic diseases and injuries, prevent and control infectious diseases, prepare for and respond to public health emergencies.

Whereas public health is primarily focused on the social determinants of health, healthy behaviors, healthy communities and population health assessment.

Whereas section 5 of the Health Protection and Promotion Act gives boards of health power to ensure community sanitation and the prevention or elimination of health hazards; provision of safe drinking water systems, control of infectious and diseases of public health significance including immunization; health promotion, health protection, and disease and injury prevention; family health; collection and analysis of epidemiological data, and such additional health programs such as mental health and opioid prevention programs.

Whereas the work of public health is best done in the local urban and rural settings in partnership with government, nongovernment, community, Indigenous communities (inclusive of First Nations [Status and Non-Status], Métis, Inuit, and those who self-identify as Indigenous) to work together to address their public health needs.

Whereas the 12 great achievements of public health are acting on the social determinants of health, control of infectious diseases, decline in deaths from coronary heart disease and stroke, family planning, healthier environments, healthier mothers and babies, motor-vehicle safety, recognition of tobaccos use as a health hazard, safer and healthier foods, safer workplaces, universal policies, and vaccination.  
(Canadian Public Health Association)

Whereas the province of Ontario is in the midst of an opioid crisis, where the underlying issues include social determinants of health, upon which public health focuses.

Whereas the current provincial government proposes to amalgamate 35 health units into 10 provincial entities.



Whereas the health of Ontarians may be put at risk.

Now therefore be it resolved that the Board of Health for Algoma Public Health Board write to the Minister of Health and Long-Term Care and to local Members of Provincial Parliament in Algoma to voice their concern over the amalgamation of health units and how it will impact the health of Ontarians, and;

Be it further resolved correspondence of this resolution be copied to the Federal Minister of Health, Members of parliament of northeastern Ontario, the leader of the official opposition, the health critic of both provincial parties, The Chief Medical Officer of Health of Ontario, the Boards of Health throughout Ontario, the councils of Algoma municipalities, and the North East LHIN CEO.

**CARRIED: Chair's Signature:**

☐ Patricia Avery  
☐ Louise Caicco Tett  
☐ Randi Condie  
☐ Deborah Graystone

☐ Micheline Hatfield  
☐ Adrienne Kappes  
☐ Lee Mason  
☐ Heather O'Brien

☐ Ed Pearce  
☐ Brent Rankin  
☐ Karen Raybould  
☐ Mathew Scott

<b>DATE:</b> May 22, 2019	<b>RESOLUTION NO.:</b> 2019 - 47
<b>MOVED:</b> H. O'Brien	<b>SECONDED:</b> D. Graystone
<b>SUBJECT:</b> Supporting Simcoe-Muskoka regarding proposed regional boundary	

## Resolution:

Be it resolved that the Board of Health for Algoma shall send a letter of support to the Deputy Premier and Minister of Health and Long-Term care for the position of Simcoe-Muskoka as stated in their letter petitioning the MOH to keep their Health Unit territory intact and merge with the York Region rather than the Northeastern Regional Public Health entity.

**CARRIED: Chair's Signature:**



☐ Patricia Avery  
☐ Louise Caicco Tett  
☐ Randi Condie  
☐ Deborah Graystone

☐ Micheline Hatfield  
☐ Adrienne Kappes  
☐ Lee Mason  
☐ Heather O'Brien

☐ Ed Pearce  
☐ Brent Rankin  
☐ Karen Raybould  
☐ Mathew Scott

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Kirkland Lake Tel.: 705-567-9355 Fax: 705-567-5476

[www.timiskaminghu.com](http://www.timiskaminghu.com)

June 6, 2019

VIA ELECTRONIC MAIL

The Honourable Christine Elliott  
Ministry of Health & Long-Term Care  
Hepburn Block, 10<sup>th</sup> Floor  
80 Grosvenor Street  
Toronto ON M7A 2C4

Dr. David Williams  
Chief Medical Officer of Health  
5775 Yonge Street - 16th Floor  
Toronto, ON M7A 2E5

Dear Minister Elliott and Dr. Williams:

**Re: North East Public Health Collaboration Project**

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At its May 29, 2019 meeting, the Timiskaming Board of Health carried the following motion 34R-2019 to support the following resolution:

WHEREAS since November 2017, the boards of health in Northeastern Ontario, namely the Boards for Algoma Public Health, Public Health Sudbury & Districts, Porcupine Health Unit, North Bay Parry Sound District Health Unit, and Timiskaming Health Unit, have proactively and strategically engaged in the *Northeast Public Health Collaboration Project* to identify opportunities for collaboration and potential shared services; and

WHEREAS the *Northeast Public Health Collaboration Project* work to date has been supported by two one-time funding grants from the Ministry of Health and Long-Term Care (MOHLTC); and

WHEREAS subsequent to the proposed transformation of public health announced in the April 11, 2019 provincial budget, the work of the Collaboration has been accelerated and reoriented as the *Northeast Public Health Transformation Initiative* with the vision of a healthy northeastern Ontario enabled by a coordinated, efficient, effective, and collaborative public health entity; and

WHEREAS the Board understands there will be opportunities for consultation with the MOHLTC on the regional implementation of public health transformation;

THEREFORE be it resolved that the Board of Health for Timiskaming is committed to the continued collaboration of the boards of health in Northeastern Ontario and looks forward to ongoing MOHLTC support for this work;

AND FURTHER that the Board, having engaged in this work since 2017, anticipates sharing with the MOHLTC its experiences so that other regions may benefit and further anticipates providing to the Ministry its expert advice on public health functions and structures for the North East.



AND FURTHER that this motion be shared with the Ministry of Health and Long-Term Care, the Chief Medical Officer of Health, the MPP, Timiskaming-Cochrane and the NE Board of Health Chairs.

Sincerely,

A handwritten signature in dark ink, appearing to read 'Carman Kidd', is written over a light blue rectangular background.

Carman Kidd  
Chair - Board of Health



## Office of the Regional Chair

May 8, 2019

Resolution Number 2019-299

The Honourable Christine Elliott  
Ministry of Health and Long-Term Care  
Hepburn Block, 10<sup>th</sup> Floor  
80 Grosvenor St.  
Toronto ON M7A 1E9

Dear Minister:

**Subject: Public Health Vision Screening in Peel Schools**

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I am writing to advise that Regional Council approved the following resolution at its meeting held on Thursday, April 11, 2019:

**Resolution 2019-299:**

That the Ontario Public Health Standards Child Visual Health and Vision Screening Protocol be partially implemented by promoting the availability of a free annual comprehensive eye examination by an optometrist to parents and caregivers of young children;

And further, that the Regional Chair write a letter on behalf of Regional Council, to the Minister of Health and Long-Term Care, requesting changes to the Child Visual Health and Vision Screening protocol that reflect the scientific evidence and build on OHIP-funded comprehensive eye exams;

And further, that a copy of the Regional Chair's letter be sent to the Chairs of Ontario's Boards of Health.

Please find enclosed a copy of the report from the Commissioner of Health Services, titled "Public Health Vision Screening in Peel Schools" for your reference.

Yours Truly,

  
Nando Iannicca  
Regional Chair and Chief Executive Officer

NI:sm

The Regional Municipality of Peel

**Enclosed**

Copied:

Nancy Polsinelli, Commissioner of Health Services  
Chairs, Ontario Boards of Health

May 23, 2019

VIA: Electronic Mail ([christine.elliott@pc.ola.org](mailto:christine.elliott@pc.ola.org))

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

Dear Minister Elliott:

**RE: Health Promotion as a Core Function of Public Health**

The Kingston, Frontenac and Lennox & Addington (KFL&A) Board of Health passed the following motion at its May 22, 2019 meeting:

**THAT the KFL&A Board of Health strongly urge the Government of Ontario to maintain the current health promotion mandate of local public health units; and**

**THAT the KFL&A Board of Health ask the Government of Ontario to consult with Medical Officers of Health across Ontario should they consider any changes to the health promotion mandate and/or functions of local public health units or future public health entities.**

There has been a recent flurry of media attention on public health in Ontario in response to announced changes to the public health system including decreased funding, a change in how public health units are funded, and the transition of 35 public health units to ten regional public health entities. In this media maelstrom, there has been recognition of the importance of public health and the programs and services it provides; however, the current media rhetoric regarding the benefits of public health is almost exclusively focused on the health protection and disease prevention mandates of public health agencies (e.g., preventing and mitigating infectious diseases such as measles and SARS). While these are critical aspects of the work public health provides to our communities, the Provincial Government has been silent on the importance of health promotion as a core function of public health. Furthermore, when health promotion work is mentioned, the Government of Ontario has noted that the Ministry of Health and Long-Term Care will assume centralized lifestyle messages or has noted that the work (e.g., a study of energy drinks or bike lanes) is not where public health should invest its resources. This is worrisome.

... / 2

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**Kingston, Frontenac and Lennox & Addington Public Health**

[www.kflaph.ca](http://www.kflaph.ca)

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Fax: 613-549-7896

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	Napanee	613-354-3357	Fax: 613-354-6267
	Sharbot Lake	613-279-2151	Fax: 613-279-3997

Honourable Christine Elliott  
Minister of Health and Long-Term Care and Deputy Premier of Ontario  
Letter Continued. . .

Page 2

Health promotion is more than just crafting messages and making posters. It is the methodical and scientific application of a comprehensive approach to address health issues. Components of health promotion include strengthening community action, developing personal skills, creating supportive environments, building healthy public policy, and re-orienting the health care system. Health promotion, when used with fidelity, has demonstrated great success. Tobacco is a great example of a health promotion success story. While most people would agree that the policy and taxation levers used by the federal and provincial governments are responsible for the dramatic and sustained drop in smoking rates, it is the work of health promotion that enabled those tools to be created and enacted. It was through successful knowledge translation activities informing the general public of the evidence that smoking causes lung cancer, the evaluation of prevention and cessation programs, and community action and advocacy from non-smokers—all the result of health promotion—that put tobacco on the public’s agenda. Once tobacco was on the public’s agenda, and recognized as a health hazard, policies were implemented, and continue to be implemented to this day, to protect the public from the harms of tobacco use. Clearly, health promotion is an effective tool to improve the health of the population.

Furthermore, effective health promotion is needed now more than ever as communities across Ontario grapple with the epidemic of chronic diseases. In Ontario, chronic diseases are the leading cause of disability and death and account for nearly 80% of all deaths. With a rapidly aging population, the prevalence of chronic diseases is expected to rise along with a significant associated financial toll on the provincial health care budget. Health care costs in Ontario are projected to account for 70 percent of the provincial budget by 2022 and 80 percent by 2030, making the prevention of chronic diseases a health and financial priority.

Medical Officers of Health -- highly trained and trusted professionals with the expertise to address health threats in their communities -- are well-positioned to determine effective strategies to address common risk factors for chronic disease (i.e., tobacco use, alcohol use, unhealthy eating and physical inactivity) and other factors that impact health such as early childhood development, mental health and the social determinants of health. Medical Officers of Health must be afforded the full slate of public health tools to protect and promote the health of their communities.

... / 3

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## Kingston, Frontenac and Lennox & Addington Public Health

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613-549-1232 | 1-800-267-7875  
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	Sharbot Lake	613-279-2151	Fax: 613-279-3997

Honourable Christine Elliott  
Minister of Health and Long-Term Care and Deputy Premier of Ontario  
Letter Continued. . .

Page 3

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Health protection, disease prevention and health promotion are equally important and core functions of public health. Having a well-resourced public health system with the tools required to address both acute and chronic health threats is the best chance that Ontario has to make our health care system sustainable, to end hallway medicine, and to protect what matters most – health.

Yours truly,



Denis Doyle, Chair  
KFL&A Board of Health

Copy to: The Honourable Doug Ford, Premier  
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  
Dr. David Williams, Chief Medical Officer of Canada  
Dr. Chris Mackie, Chair, Council of Medical Officers of Health  
Susan Stewart, Chair, Ontario Chronic Disease Prevention Managers in Public Health  
Monika Turner, Director of Policy, Association of Municipalities of Ontario  
Ontario Boards of Health

May 2019

Honourable Christine Elliott  
Deputy Premier, Minister  
Ministry of Health and Long-Term Care  
Hepburn Block 10th Floor,  
80 Grosvenor St, Toronto, ON M7A 2C4  
[Christine.elliott@ontario.ca](mailto:Christine.elliott@ontario.ca)

Dear Honourable Christine Elliott,

**Re: Strengthening the Smoke-Free Ontario Act, 2017 to address the promotion of vaping**

On behalf of our board of health, I am writing you in support of Peterborough Public Health's call to action regarding strengthening the Smoke-free Ontario Act, 2017 to address the promotion of vaping.

The Windsor Essex County Board of Health supports the call to address retail promotion for vaping products in convenience stores, gas bars and other retail locations across Ontario. Peterborough Public Health's letter (attached below) outlines some of the negative impacts of nicotine exposure on the adolescent brain as well as evidence of respiratory health impacts among youth who vape. WECHU has responded to alarming number of complaints related to youth vaping at schools and within the community.

The Windsor-Essex County Health Unit thanks you for your consideration.

Sincerely,



Gary McNamara  
Chair, Board of Health



Theresa Marentette  
Chief Executive Officer

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

May 21, 2019

The Honorable Christine Elliott  
Minister of Health and Long-Term Care  
Hepburn Block 10<sup>th</sup> Floor  
80 Grosvenor Street  
Toronto, ON M7A 1E9

Dear Minister Elliott:

**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 Windsor-Essex County Board of Health we are writing to you in support of Simcoe Muskoka District Health Unit's request to the Government of Ontario to develop a comprehensive provincial alcohol strategy to mitigate harms and monitor the health impacts of the increasing access and availability of alcohol in Ontario.

Annual costs directly attributed to alcohol-related harms in the form of health care, law enforcement, lost productivity, premature mortality and other alcohol-related problems, are estimated at \$5.3 billion, contributing to a significant burden on Ontario's health care system. Research evidence shows that policy tools designed to influence drinking levels and patterns can reduce disease, disability, death and social disruption from alcohol.

It is well established that increased alcohol availability leads to increased consumption and alcohol-related harms. We agree with the SMDHU's belief that a comprehensive, provincially led alcohol strategy can help mitigate the potential harms of alcohol use, and thereby encourage the government to develop a provincial strategy to include education and awareness campaigns, enforcement of alcohol marketing regulations and improved monitoring systems to track alcohol-related harms.

The Windsor-Essex County Health Unit thanks you for your consideration.

Sincerely,



Gary McNamara, Chair  
Chair, Board of Health



Theresa Marentette  
Chief Executive Officer

Encl: SMDHU Letter to Christine Elliott, MOHLTC  
c: Premier Doug Ford  
Ontario Boards of Health  
Loretta Ryan, Association of Local Public Health Units  
Dr. David Williams, Chief Medical Officer of Health, MOHLTC  
Hon. Vic Fedeli, Minister of Finance  
Ken Hughes, Special Advisor for the Beverage Alcohol Review  
WECHU Board of Health  
Local MPP's – Percy Hatfield, Lisa Gretzky, Taras Natyshak, Rick Nicholls



June 4, 2019

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

**Re: Modernization of alcohol retail sales in Ontario**

On May 24, 2019 at a regular meeting of the Board for the Grey Bruce Health Unit, the Board considered the attached motion from Peterborough Public Health urging the Government of Ontario to develop a comprehensive, province-wide strategy to minimize alcohol-related harm and support for safer consumption of alcohol in the province. The following motion was passed:

GBHU BOH Motion 2019-33

Moved by: Anne Eadie                      Seconded by: Selwyn Hicks  
“THAT, the Board of Health support the correspondence from Peterborough Public Health with respect to developing a provincial strategy to minimize alcohol-related harm and safer consumption of alcohol in Ontario.”

Carried

Sincerely,



Mitch Twolan  
Chair, Board of Health  
Grey Bruce Health Unit

Encl.

Cc: The Honourable Christine Elliot, Minister of Health and Long-Term Care, Deputy Premier  
Larry Miller, MP Bruce-Grey-Owen Sound

Kellie Leitch, MP Simcoe-Grey  
Ben Lobb, MP Huron-Bruce  
Bill Walker, MPP Bruce-Grey-Owen Sound  
Lisa Thompson, MPP Huron-Bruce  
Jim Wilson, MPP Simcoe-Grey  
Association of Local Public Health Agencies  
Ontario Health Units

June 4, 2019

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

**Re: Modernization of Alcohol Sales in Ontario**

---

On May 24, 2019 at a regular meeting of the Board for the Grey Bruce Health Unit, the Board considered the attached motion from Simcoe Muskoka District Health Unit regarding their support for provincial action needed to address the potential health and social harms from the ongoing modernization of alcohol retail sales in Ontario. The following motion was passed:

GBHU BOH Motion 2019-30

Moved by: Anne Eadie

Seconded by: Selwyn Hicks

“THAT, the Board of Health support the correspondence from Simcoe Muskoka District Health unit with respect to the need for a comprehensive provincial alcohol strategy.”

Carried

Sincerely,



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

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



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

**alPHA Sections:**

Boards of Health  
Section  
Council of Ontario  
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  
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Public Health Nursing  
Leaders  
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June 7, 2019

Hon. Vic Fedeli  
Minister of Finance  
Room 281, Main Legislative Building,  
Queen's Park  
Toronto, Ontario M7A 1A1

Dear Minister Fedeli,

**Re: Alcohol Choice & Convenience**

I am writing today in follow-up to the alcohol retail expansion roundtable that was attended by representatives of the Council of Ontario Medical Officers of Health on March 4, 2019.

Since that time, the Government has released *The Case for Change: Increasing Choice and Expanding Opportunity in Ontario's Alcohol Sector* report by Ontario's Special Advisor for the Beverage Alcohol Review and given strong indications that it plans to follow through on its recommendations.

Our position on expanding alcohol retail has remained consistent. We believe that alcohol should not be treated the same way as other consumer commodities. It is responsible for the second highest rate of death and disease in Canada (second only to tobacco), contributes to more hospitalizations than heart attacks, and costs Ontario taxpayers \$5.3 billion on alcohol-related health care, law enforcement, corrections, lost productivity, motor vehicle collisions, injuries, and social problems combined. Expanding access to alcohol effectively works against efforts to reduce healthcare costs, hallway medicine, and keep more money in taxpayers' pockets.

We are therefore interested in providing our expertise and input to ensure that particular attention is paid to Recommendation 8 of the report, "*the government should work with retailers, beverage alcohol manufacturers and public health experts to ensure increasing convenience does not lead to increased social costs related to alcohol*".

This announcement was accompanied by a pledge to introduce enabling legislation, and we hope that you will consider the attached specific recommendations as part of a strategy to mitigate the potential health and societal harms that accompany the expansion of access to alcohol.

We look forward to continuing this conversation to ensure that the health of Ontarians remains a key consideration as the province's alcohol retail landscape changes.

Yours sincerely,

A handwritten signature in black ink, appearing to read "Chris Mackie".

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

**COPY:** Hon. Christine Elliott, Minister of Health and Long-Term Care  
Dr. David Williams, Chief Medical Officer of Health

# Recommendations on Deregulating Alcohol in Ontario

## Background

- On April 11, 2019, the provincial government announced its intention to support the further modernization of alcohol laws in Ontario by:
  - permitting municipalities to designate public areas, such as parks, for alcohol consumption;
  - allowing tailgating parties at eligible sporting events;
  - extending the hours of alcohol service at licensed establishments;
  - loosening rules around alcohol promotion/advertising; and
  - increasing the affordability and accessibility of alcohol.
- Alcohol consumption is a major contributing factor to the burden of disease and disability, with detrimental health effects seen at low levels of alcohol consumption (beginning at 10 g/day)<sup>1</sup>. Research evidence indicates that increasing alcohol availability increases consumption and, in turn, alcohol-related harms (i.e., alcohol-related diseases, injuries, violence, crime, traffic crashes and other harm indicators) and costs<sup>2</sup>.
- 36% of the total costs of substance use in Ontario, consisting mainly of healthcare, lost productivity, and criminal justice costs, associated with substance use in Ontario were due to alcohol in 2014, compared to 32% for tobacco.
- From a public health and safety perspective, loosening alcohol controls ignores the well-known costs and harms associated with alcohol consumption, which are further fueled by the potential increased impacts of underage drinking and excessive drinking.
- Where alcohol privatization and deregulation has occurred elsewhere in Canada (e.g., Alberta and British Columbia), alcohol availability has risen significantly, with subsequent increases in consumption and related harms<sup>3,4</sup>.

## Burden Associated with Alcohol

- The costs of alcohol-related harm in Canada and Ontario are significant<sup>5,6,7</sup>:

<sup>1</sup> Peel Public Health. (2013). Alcohol impacts health: A rapid review of the evidence. Region of Peel. Available from [https://www.peelregion.ca/health/library/pdf/Alcohol\\_Impacts\\_Health.pdf](https://www.peelregion.ca/health/library/pdf/Alcohol_Impacts_Health.pdf).

<sup>2</sup> Babor, T. F., Caetano, R., Casswell, S., Edwards, G., Giesbrecht, N., Graham, L., ... Rossow, I. (2010). Alcohol: No ordinary commodity: Research and public policy. United States: Oxford University Press.

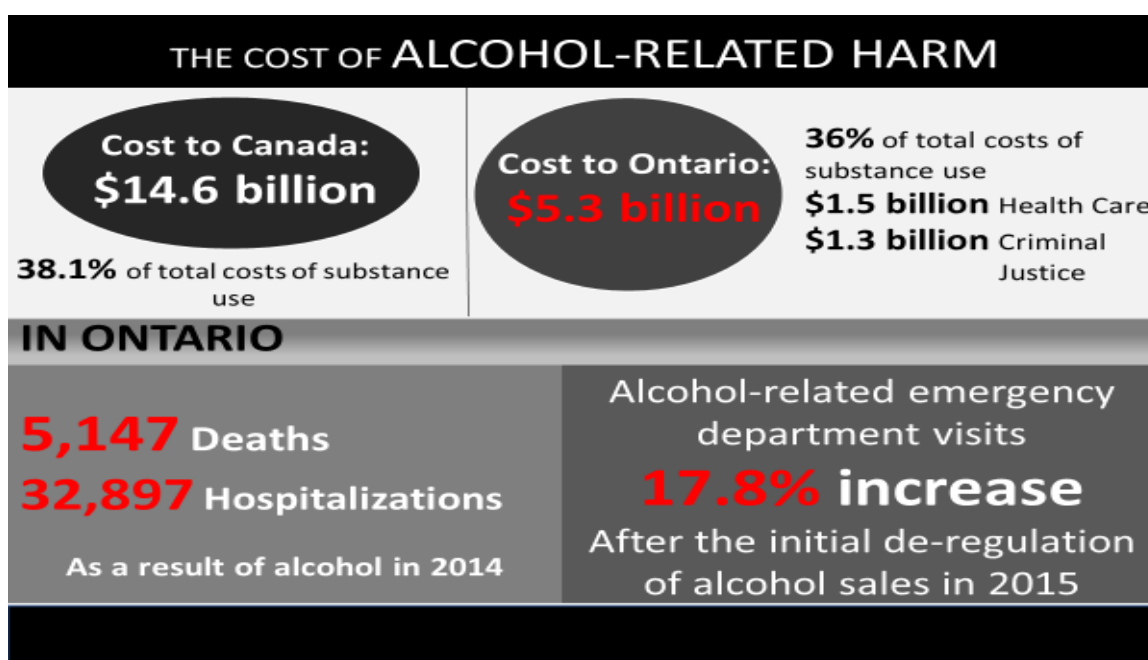
<sup>3</sup> Giesbrecht, N., Wettlaufer, A., April, N., Asbridge, M., Cukier, S., Mann, R., ... Vallance, K. (2013). Strategies to Reduce Alcohol-Related Harms and Costs in Canada: A Comparison of Provincial Policies. Toronto: Centre for Addiction and Mental Health.

<sup>4</sup> Stockwell, T., Wettlaufer, A., Vallance, K., Chow, C., Giesbrecht, N., April, N., ... Thompson, K. (2019). Strategies to Reduce Alcohol-Related Harms and Costs in Canada: A Review of Provincial and Territorial Policies. Victoria, BC: Canadian Institute for Substance Use Research, University of Victoria.

<sup>5</sup> Canadian Substance Use Costs and Harms Scientific Working Group. (2018). Canadian substance use costs and harms (2007-2014). (Prepared by the Canadian Institute for Substance use Research and the Canadian Centre on Substance Use and Addiction). Ottawa, ON: Canadian Centre on Substance Use and Addiction.

<sup>6</sup> Canadian Institute for Substance Use Research. (2019). The CSUCH online data visualization tool for substance use costs and harms. Available from <https://csuch.ca/explore-the-data/>.

<sup>7</sup> Myran, D.T., Chen, J.T., Giesbrecht, N., & Rees, V.W. (2019). The Association between Alcohol Access and Alcohol-Attributable Emergency Department Visits in Ontario, Canada. Available from <https://doi.org/10.1111/add.14597>.



## Recommendations

The following are recommendations to consider for potentially helping to mitigate the risk of alcohol related harms:

### ***Recommendation #1: Conduct a risk-based assessment for every tailgating event***

The Alcohol and Gaming Commission of Ontario (AGCO) currently uses a risk-based approach when issuing Special Occasion Permits (SOP) as a means of protecting public safety. As a tailgate event permit can be issued to cover multiple events, a risk analysis conducted on each occasion that takes into consideration previous issues or violations will help minimize harms.

- Certain risks arise with the creation of a *Tailgate Event Permit* as a type of *Public Event Special Occasion Permit (SOP)*. As tailgate events 'must allow attendees to bring their own alcohol and consume it at the event'<sup>8</sup>, the risk of alcohol-related harms rises, as the control over alcohol access is effectively removed.
- The current conditions permitted for tailgating events (i.e., alcohol consumption in parking lots; bringing your own alcohol; children may attend a tailgating event) increase public health concerns regarding intoxication, underage drinking, and driving under the influence.
- Some risk-based conditions that can be imposed by the AGCO include specific hours, presence of licensed security staff, ensuring food and non-alcoholic drinks available, noise restrictions, age restrictions and monitoring of all entrances and exits.
- Some jurisdictions in Canada (e.g., Calgary McMahon Stadium) and universities in the United States (e.g., Colorado State University) limit alcohol to either beer and wine only or have policies that state 'no open alcohol'. Policies also indicate police presence at tailgating events.

### ***Recommendation #2: Expand the current Mystery Shopper Program to encompass bi-annual visits to every alcohol outlet with publicly reported penalties that escalate with repeat offences***

<sup>8</sup> Alcohol and Gaming Commission of Ontario. (2019). Tailgate event permit guide. Available from <https://www.agco.ca/alcohol/tailgate-event-permit-guide>.

**The AGCO and the Liquor Control Board of Ontario (LCBO) use mystery shopper programs to evaluate the level of compliance in alcohol outlets. The program is conducted by a third party, and visits to outlets are activated by complaints regarding minors or inspector observations.**

- Expanding alcohol access through grocery, convenience and big box stores increases the risk of sales to minors and, ultimately, increased alcohol use by youth. Youth alcohol use is a public health concern because of its impact on the physical, social and mental health of young people.
- Legislation needs to be supported by strong enforcement of the legal drinking age. Mystery shopper programs are effective in holding alcohol retailers accountable and ensuring that they are not selling alcohol to individuals below the legal drinking age<sup>3,4</sup>.
- In Québec, quarterly visits are conducted to ensure compliance.
- Penalties for violations need to increase for repeat offences, and all violations need to be publicly reported.

***Recommendation #3: Regulate retail availability, including the density, location, hours of sale, and access restrictions; in addition to ensuring operational compliance***

**New provisions to be put in place to ensure that the AGCO works in coordination with municipalities to allow for (1) a formal review process to determine the conditions that would ensure public health and safety (e.g., distance to schools, parks, hospitals and minimum distance between alcohol outlets); and (2) regular reviews to ensure repeat offenders of operational liquor licensing policies are heavily fined or permanently closed. Furthermore, effective measures (i.e., allowing only low-volume alcohol products; aligning the closing store hours with other off-premise alcohol retail outlets; and using physical barriers to restrict access to alcohol) to reduce alcohol attributable harm with the potential sale of alcohol at convenience stores are warranted.**

- Under the new provincial alcohol modernization scheme, there is no consideration given to the regulation and control over alcohol density and location.
- Substantial evidence shows that high alcohol outlet density is linked to increases in alcohol-related harms<sup>2,4</sup>.
- Other Canadian jurisdictions, such as Quebec, only allows wine, ciders and beer to be sold in grocery/corner stores.
- Limiting access by regulating the hours during which alcohol can legally be sold has shown to be effective in reducing excessive alcohol consumption<sup>2,4</sup>.

***Recommendation #4: Implement pricing policies that will increase provincial revenue while also reducing alcohol-related harms***

**Alcohol pricing policies can enhance public health and safety without necessarily impacting profits and consumer preferences by (1) targeting risky products and risky drinkers through the use of minimum pricing strategies (i.e., increase the price of the least expensive alcohol favoured by risky drinkers); (2) setting price based on alcohol content (i.e., raise the price of higher strength products and reduce the price of lower strength products); and (3) adjusting alcohol prices regularly to reflect Ontario-specific inflation rates so that alcohol products do not become cheaper than other consumer goods over time.**

- Research evidence indicates that an increase in the price of alcohol can lead to a decrease in alcohol consumption, and consequently, a decrease in alcohol related harms<sup>4</sup>.

- A failure to index alcohol to the cost of living for liquor store sales means the value of alcohol relative to other goods has decreased over the past 5 years. Only 4 of the 13 jurisdictions in Canada tax alcohol at a higher rate than other goods (i.e., Saskatchewan, British Columbia, Prince Edward Island, and Yukon)<sup>4</sup>.
- According to research, Ontario partially adjusted minimum prices by setting different rates per litre of beverage that were graduated across a few broad categories of percent alcohol by volume (i.e., above or below 16% for wine) in 2017<sup>4</sup>.
- Manitoba implemented a volumetric off-premise minimum price where all minimum prices reflect the amount of alcohol in the product in 2017. In addition, British Columbia has implemented some of the highest minimum prices for on-premise establishments in Canada<sup>4</sup>.

## Methodology

- The suggested recommendations are based on mitigating the potential harms from specific changes in alcohol accessibility recently legislated by the provincial government.
- Best policy practices for reducing harms and costs associated with alcohol were reviewed<sup>4</sup> as were harm mitigation strategies from the Ontario Public Health Alcohol Working Group.
- Existing policies or strategies employed by other jurisdictions were also reviewed.
- Recommendations were chosen that addressed public health concerns, offered a population level approach and were deemed easiest to implement with minimal cost.

## Call to Action

- The provincial government can demonstrate its commitment to the health and safety of the population by giving attention to the evidence-informed policy interventions that are cost effective in creating social and physical environments that discourage underage and excessive alcohol consumption, thereby mitigating alcohol-related costs and harms.



June 4, 2019

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

**Re: Endorsement of the Children Count Task Force Recommendations**

On May 24, 2019 at a regular meeting of the Board for the Grey Bruce Health Unit, the Board considered the attached motion from Kingston, Frontenac and Lennox & Addington Board of Health endorsing the Children Count Task Force Recommendations. The following motion was passed:

GBHU BOH Motion 2019-32

Moved by: Laurie Laporte                      Seconded by: Brian Milne  
“THAT, the Board of Health support the correspondence from Kingston,  
Frontenac and Lennox & Addington Public Health endorsing the Children Count  
Task Force Recommendations.”

Carried

Sincerely,



Mitch Twolan  
Chair, Board of Health  
Grey Bruce Health Unit

Encl.

Cc: The Honourable Christine Elliot, Minister of Health and Long-Term Care, Deputy Premier  
The Honourable Lisa Thompson, Minister of Education, MPP Huron-Bruce

The Honourable Lisa MacLeod, Minister of Children, Community and Social Services and  
Minister Responsible for Women's Issues  
Larry Miller, MP Bruce-Grey-Owen Sound  
Kellie Leitch, MP Simcoe-Grey  
Ben Lobb, MP Huron-Bruce  
Bill Walker, MPP Bruce-Grey-Owen Sound  
Jim Wilson, MPP Simcoe-Grey  
Association of Local Public Health Agencies  
Ontario Health Units

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

Office of the Deputy Premier  
and Minister of Health and  
Long-Term Care

777 Bay Street, 5<sup>th</sup> Floor  
Toronto ON M7A 1N3  
Telephone: 416 327-4300  
Facsimile: 416 326-1571  
<https://www.ontario.ca/health>

**Ministère de la Santé  
et des Soins de longue durée**

Bureau du vice-premier ministre  
et du ministre de la Santé et des  
Soins de longue durée

777, rue Bay, 5<sup>e</sup> étage  
Toronto ON M7A 1N3  
Téléphone : 416 327-4300  
Télécopieur : 416 326-1571  
<https://www.ontario.ca/sante>



JUN 07 2019

Mr. Rene Lapierré  
Chair, Board of Health  
Sudbury and District Health Unit  
1300 Paris Street  
Sudbury ON P3E 3A3

Dear Mr. Lapierré:

I am pleased to advise you that the Ministry of Health and Long-Term Care will provide the Board of Health for the Sudbury and District Health Unit up to \$810,200 in additional base funding for the 2019-20 funding year to support the new dental program for low income seniors. This program aims to prevent chronic disease, reduce infections and improve quality of life, while reducing burden on the health care system.

Dr. David Williams, Chief Medical Officer of Health, will write to the Sudbury and District Health Unit shortly concerning the terms and conditions governing this funding.

A dental program for low-income seniors is a key example of the public health sector's important role in supporting and addressing the needs of vulnerable populations to help prevent disease, complications and hospitalizations.

We will be working closely with our key delivery partners in the public health sector over the coming weeks and months ahead to support implementation of this program.

Thank you for your dedication and commitment to public health in this province.

Sincerely,

A handwritten signature in blue ink that reads "Christine J. Elliott".

Christine Elliott  
Deputy Premier and Minister of Health and Long-Term Care

c: Dr. Penny Sutcliffe, Medical Officer of Health, Sudbury and District Health Unit

May 21, 2019

The Right Honorable Justin Trudeau  
Prime Minister of Canada  
House of Commons  
Ottawa, ON K1A 0A6  
[Justin.trudeau@parl.gc.ca](mailto:Justin.trudeau@parl.gc.ca)

Dear Prime Minister Trudeau:

On May 16, 2019, the Windsor-Essex County Board of Health passed the following Resolution regarding **Smoke-Free Multi-Unit Dwellings** to reduce the exposure of second-hand smoke in multi-unit housing:

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

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

**Whereas**, Ontarians spend most of their time at home, and it is in this environment where exposure continues to be reported, and

**Whereas**, indoor air studies show that, depending on the age and construction of a building, up to 65% of the air in a private residence can come from elsewhere in the building and no one should be unwillingly exposed or forced to move due to unwanted second-hand smoke exposure,

**Now therefore be it resolved** that the Windsor-Essex County Board of Health endorse the following actions and policies to reduce the exposure of second-hand smoke in multi-unit housing:

1. Encourage all landlords and property owners of multi-unit housing to voluntarily adopt no-smoking policies in their rental units or properties and explicitly include cannabis smoke and vaping of any substance in the definition of smoking;
2. All future private sector rental properties and buildings developed in Ontario should be vape and smoke-free from the onset;
3. Encourage public/social housing providers to voluntarily adopt no-smoking and/or vaping policies in their units and/or properties;
4. All future public/social housing developments in Ontario should be smoke and vape-free from the onset.
5. Encourage the Ontario Ministry of Housing to develop government policy and programs to facilitate the provision of smoke-free housing.

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

We would be pleased to discuss this resolution with you and thank you for your consideration.

Sincerely,



Gary McNamara  
Chair, Board of Health



Theresa Marentette  
Chief Executive Officer

c: Hon. Doug Ford, Premier of Ontario  
Hon. Christine Elliott, Minister of Health & Long-Term Care  
Hon. Ginette Petitpas Taylor, Minister of Health  
Hon. David Lametti, Minister of Justice and Attorney General of Canada  
Dr. David Williams, Chief Medical Officer of Health, Ministry of Health & Long Term Care  
Pegeen Walsh, Executive Director, Ontario Public Health Association  
Centre for Addiction and Mental Health  
Association of Local Public Health Agencies – Loretta Ryan  
Ontario Boards of Health  
WECHU Board of Health  
Corporation of the City of Windsor – Clerk's office  
Corporation of the County of Essex – Clerk's office  
Local MPP's – Percy Hatfield, Lisa Gretzky, Taras Natyshak, Rick Nicholls  
Local MP's – Brian Masse, Cheryl Hardcastle, Tracy Ramsey

June 4, 2019

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

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

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On May 24, 2019 at a regular meeting of the Board for the Grey Bruce Health Unit, the Board considered the attached motion from Kingston, Frontenac and Lennox & Addington Board of Health urging the Government of Ontario to outline the actions they will take to implement their commitment to safe and responsible sale and consumption of alcohol in Ontario. The following motion was passed:

GBHU BOH Motion 2019-31

Moved by: Anne Eadie

Seconded by: Selwyn Hicks

"THAT, the Board of Health support the correspondence from Kingston, Frontenac and Lennox & Addington Public Health urging the provincial government to ensure a plan to address safe and responsible sale and consumption of alcohol in Ontario."

Carried

Sincerely,



Mitch Twolan  
Chair, Board of Health  
Grey Bruce Health Unit

Encl.

Cc: The Honourable Christine Elliot, Minister of Health and Long-Term Care, Deputy Premier  
The Honourable Lisa Thompson, Minister of Education, MPP Huron-Bruce  
The Honourable Lisa MacLeod, Minister of Children, Community and Social Services and  
Minister Responsible for Women's Issues  
Larry Miller, MP Bruce-Grey-Owen Sound  
Kellie Leitch, MP Simcoe-Grey  
Ben Lobb, MP Huron-Bruce  
Bill Walker, MPP Bruce-Grey-Owen Sound  
Jim Wilson, MPP Simcoe-Grey  
Association of Local Public Health Agencies  
Ontario Health Units

June 06, 2019

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

Dear Premier Ford:

**Re: Concerns with announced expansion of the sale of alcohol beverage in Ontario**

At our May 1, 2019 Board of Health meeting for Hastings Prince Edward, our members expressed concern regarding the announced expansion of the sale of beverage alcohol in Ontario. This letter highlights the basis for our concerns and expresses recommendations to address them.

It is well known that increased alcohol consumption is related to numerous health and social consequences that can be broadly categorized into acute or short-term harms such as violence, alcohol-related motor vehicle collisions, injuries and suicides, as well as chronic long-term health effects such as cancers, heart and liver disease. The provincial government's announced changes to Ontario's beverage alcohol policy will increase alcohol availability, lower prices, and increase exposure to alcohol promotion. Research has proven that with increased physical availability, pricing and alcohol advertising comes increased harms, adding to the burden on Ontario's healthcare, social and justice systems.

Hastings and Prince Edward County (HPEC) residents are not immune to these alcohol harms. Our latest data shows that in 2014, 44.4% of Hastings Prince Edward (HPE) adults (age 19+) exceeded the [Low-Risk Alcohol Drinking Guidelines](#). In Ontario, the proportion of adults who are binge drinkers (exceeded Guideline 2 on at least one occasion in the previous year) is also increasing over time. In HPE, 41.6% of adults are binge drinkers. HPEC has higher overall rates of injury-related hospitalizations attributable to alcohol which include self-inflicted harm, falls and motor vehicle collisions when compared to Ontario and peer public health units as defined by Statistics Canada.

We are particularly concerned about our vulnerable residents, including youth, individuals living on low income and those with substance use concerns. The harms of

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**North Hastings**

1P Manor Ln., L1-024, PO 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



increasing financial and physical access to alcohol tend to concentrate within these specific populations. It is well known that alcohol is the most commonly used substance among grade 7-12 students in Ontario. Research demonstrates that alcohol consumption by youth and other vulnerable populations is strongly influenced by the density of alcohol outlets. Higher availability also facilitates alcohol becoming a normative commodity and experience. There is evidence that exposing young people to alcohol marketing can encourage some to start drinking at an earlier age and increase consumption in those individuals who already drink.

Canadian and international case studies demonstrate that an absence of, or government decision to loosen alcohol policies has significant, measurable impacts on alcohol consumption and related harms. Full and partial privatization of alcohol sales in Alberta and British Columbia (respectively) has been followed by significant increases in alcohol-related traffic incidents, suicides, deaths and lower compliance with age of sale policies. The World Health Organization (WHO) European Region lacked a coordinated alcohol strategy until 2011. As of 2018, the European Region still has the highest alcohol consumption and burden of numerous alcohol-related harms, including alcohol-attributable deaths, alcohol use disorders, injuries, and cancers compared to all other regions.

Alcohol policy that aims to increase choice and convenience relies heavily on the assumption that individuals will make decisions about their alcohol consumption based on their knowledge of its health and social harms. Interventions involving individual education and awareness-raising strategies have limited effectiveness without supportive policy level interventions. Policy measures that raise minimum pricing, limit privatization, and control alcohol availability are some of the most effective policies for preventing alcohol-related harms at a population level. Such policies help to create environments that support individuals to make low-risk decisions for alcohol consumption.

The evidence is clear. Increased access to alcohol results in increased harms. As part of your government's commitment to make evidence-informed decisions to improve the lives of Ontarians and end hallway medicine, we ask you to reconsider the extensive expansion of beverage alcohol sale.

We do note that the report, "Increasing Choice and Expanding Opportunity in Ontario's Alcohol Sector", released May 27 2019, states that your government will be working with public health experts to ensure that any changes do not lead to increased social costs. We also note that, as stated in Bill 100, "Protecting What Matters Most Act (Budget Measures), 2019", municipalities will be empowered to maintain their role in local policy-making which can assist in addressing alcohol-related harms. While the details of these plans currently remain to be determined, we are encouraged by these

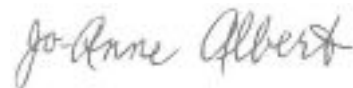
statements. We support your commitment to safe and responsible consumption of alcohol and urge your government that any actions undertaken to achieve this use evidence-based policies and are funded and monitored for effectiveness.

We look forward to working with you on this important issue.

Sincerely,



Dr. Piotr Oglaza MD, CPHI(C), CCFP, MPH, FRCPC  
Medical Officer of Health



Jo-Anne Albert  
Chair, Board of Health

Copied to:

The Honourable Christine Elliot, Minister of Health and Long-Term Care, Deputy Premier

The Honourable Lisa Thompson, Minister of Education

The Honourable Vic Fedeli, Minister of Finance, Chair of Cabinet

Todd Smith, MPP (Bay of Quinte)

Daryl Kramp, MPP (Hastings-Lennox and Addington)

Loretta Ryan, Executive Director, Association of Local Public Health Agencies

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

Ontario Boards of Health

Andrea Horwath, Leader, Official Opposition MPP Hamilton- Centre

John Fraser, MPP Ottawa South



# alPHA

Association of Local  
**PUBLIC HEALTH**  
Agencies

## Information Break

May 27, 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**

alPHA has a dedicated [2019 Public Health Modernization resource page](#) on alPHA's website for posting alPHA responses and related background materials, statements from other stakeholders, and communications from individual Boards of Health (collected in the Local Board Resolutions – Public Health Policy library at the bottom of the page).

The foundation of alPHA's messages throughout this process has been to emphasize the value of public health and its demonstrable return on investment. We encourage members to examine the various alPHA documents collected on this page to cite, amplify and / or modulate key messages in your own health unit's communications.

alPHA has transmitted a [communication to members](#) (April 11), a [news release](#) (April 12), a [Position Statement](#) (April 24) and a [Letter to the Minister](#) (May 3). alPHA President Dr. Robert Kyle has also presented twice to the Toronto Board of Health ([April 15](#) and [May 6](#)) and participated in a number of media interviews.

Please notify us of local board of health resolutions or other communications that have not been included in our library. Please send these to: [loretta@alphaweb.org](mailto:loretta@alphaweb.org)

Lastly, alPHa is staying on top of media coverage on public health restructuring through its Twitter account: [@PHAgencies](https://twitter.com/PHAgencies)

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### **Last Chance to Register for 2019 Annual Conference**

With our Annual Conference less than two weeks away, alPHa is putting the finishing touches on what is shaping up to be likely our best attended AGM. More than thirty health units have registered representatives to participate in *Moving Forward with Public Health*, the focus of which will be public health restructuring. If you haven't registered as yet, please do so by Friday, June 7th.

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

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### **Last Call for BOH Nominations to alPHa Board: May 31**

Board of health members have until end of day **May 31** to submit their nomination to the alPHa Board of Directors. There are openings for four board of health representatives on the alPHa Board, one each from the following regions: Central East, East, South West and North East.

[Click here to learn more](#)

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### **alPHa Fitness Challenges**

This is a reminder that **May 31, noon** is the deadline to submit your Board of Health's results in the alPHa BOH Fitness Challenge. These should be sent to [loretta@alphaweb.org](mailto:loretta@alphaweb.org). Once we tally the results, an announcement will be made and recognition will be given at the upcoming annual conference.

[Download BOH Fitness Challenge information here](#)

Congratulations to Huron County Health Unit and Northwestern Health Unit for achieving 100% staff participation in the 2019 alPHA Health Unit Employee Fitness Challenge. Honourable mentions go to Public Health Sudbury & Districts Health Unit in this annual competition. The winning health units will each receive a plaque commemorating their achievement in a presentation at the June annual conference.

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### **Upcoming Events - Mark your calendars!**

**June 9, 10 & 11, 2019 - [Annual General Meeting & Conference](#), Moving Forward with Public Health.** Co-hosted with KFL&A Public Health. [Four Points by Sheraton](#), 285 King St. E., Kingston, Ontario. See the program [here](#). Registration ends **June 7!**

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](mailto:lerouxh@phsd.ca) from the Association of Local Public Health Agencies ([info@alphaweb.org](mailto: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 FROM PUBLIC HEALTH AGENCY OF CANADA

Transmitted by Cision on June 13, 2019 13:00

### Statement from the Co-Chairs of the Special Advisory Committee on the Epidemic of Opioid Overdoses on Updated Data Related to the Opioid Crisis

OTTAWA, June 13, 2019 /CNW/ - Today, the co-chairs of the federal, provincial, and territorial Special Advisory Committee on the Epidemic of Opioid Overdoses—Dr. Theresa Tam, Chief Public Health Officer of Canada, and Dr. Saqib Shahab, Saskatchewan's Chief Medical Health Officer—issued the following statement on the [release of new data on the opioid crisis](#).

"The epidemic of opioid overdoses continues to be the most challenging public health crisis in recent decades, and the devastating impacts of the crisis continue to be felt in many parts of the country, from Canada's largest cities to rural and remote communities.

"Tragically, 11,577 Canadians died of an apparent opioid-related overdose in Canada between January 2016 and December 2018. There were 4,460 lives lost in 2018 alone. Many of these deaths are related to contamination of the illegal drug supply with toxic substances. Fentanyl and other fentanyl-related substances continue to be a major driver of this crisis. In 2018, approximately three out of four apparent opioid-related overdose deaths involved fentanyl or analogues such as carfentanil.

"Recently, Statistics Canada reported that, for the first time in four decades, the life expectancy of Canadians did not increase, largely because of the opioid crisis. To respond to the crisis, we must continue to address the illegal drug supply and to work together to implement additional harm reduction measures. We have seen that a combination of harm reduction measures—such as access to supervised consumption sites, naloxone, and evidence-based treatments— are helping to save lives. We must continue to build on these supports.

"The majority of accidental apparent opioid-related deaths between January 2016 and December 2018 also involved one or more non-opioid substances, such as alcohol, cocaine or methamphetamines. This highlights an issue much broader than opioids: one of problematic substance use more generally. Members of the Special Advisory Committee are working together to better understand the root causes of this crisis. This work includes looking at factors related to overall problematic substance use including stigma, mental health, and social and economic factors that put people at increased risk of harms. These deeper underlying issues will take time to resolve, but addressing problematic substance use, across the whole of society, is necessary if we are to successfully turn the opioid crisis around.

"There is still much work to be done to abate the opioid crisis, and Canadians can be assured that addressing it remains our priority."

Dr. Theresa Tam  
Chief Public Health Officer of Canada  
Co-chair, Special Advisory Committee on the Epidemic of Opioid Overdoses

Dr. Saqib Shahab  
Chief Medical Health Officer, Saskatchewan  
Co-chair, Special Advisory Committee on the Epidemic of Opioid Overdoses

#### **Related Links**

[National Report: Apparent Opioid-related Deaths in Canada](#)  
[Suspected opioid-related overdoses in jurisdictions across Canada based on Emergency Medical Services Data](#)  
[Federal Actions on Opioids](#)  
[Interactive map: Canada's response to the opioid crisis](#)  
[Canada's opioid crisis](#)

SOURCE Public Health Agency of Canada

**For further information:** Media  
Relations, Public Health Agency of Canada, 613-957-2983, [hc.media.sc@canada.ca](mailto:hc.media.sc@canada.ca)

**APPROVAL OF CONSENT AGENDA**

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



# Briefing Note

**To:** René Lapierre, Chair, Board of Health  
**From:** Penny Sutcliffe, Medical Officer of Health/Chief Executive Officer  
**Date:** June 13, 2019  
**Re:** Board of Health Code of Conduct

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☐ For Information

☐ For Discussion

☒ For a Decision

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**Issue:**

The Code of Conduct for the Board of Health (C-I-15 Code of Conduct Information) supports the maintenance of a culture of integrity. The Code was developed in 1991 and outlines behaviours that are expected of Board of Health members. In order to eliminate redundancies, and increase clarity around the topic of proper conduct for Board of Health members, a modernized formal code of conduct and a coinciding declaration form have been drafted.

**Recommended Action:**

That the Board of Health approve the revised Code of Conduct and consequential revisions to Code of Ethics Policy and Information Sheet C-IV-10.

**Background:**

A full review of the Board of Health Manual occurs every two years. The Code of Conduct is part of the Manual, however, is being brought forward at this time instead of waiting for the overall review scheduled for spring 2020.

Many Canadian organizations are choosing to adopt a voluntary code of conduct not only to enhance and protect their reputations but to communicate their principles and commitments. A code of conduct is believed to support consistency in service and communication to the public (Bondy, Matten, & Moon, 2004). Specifically in public health, a code can may help to guide proper response strategies to matters concerning public health. (Thomas, Sage, Dillenberg, & Guillory, 2002).

An environmental scan and a literature review were undertaken to learn from the work of other public health agencies and to determine common code of conduct elements from the literature.

Using the information from the environmental scan and the literature review, a comprehensive and progressive code of conduct was drafted for Board of Health consideration.

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2018–2022 Strategic Priorities:

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

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**Financial Implications:**

None

**Strategic Priority:****Contact:**

France Quirion, Director, Corporate Services

**Sources:**

Grey Literature:

- Government of Canada
  - [Values and Ethics Code for the Public Sector](#)
  - [FAQs on the Values and Ethics Code for the Public Sector](#)
  - [Values and ethics of the public service](#)
- Government of British Columbia
  - [Standards of Conduct Guidelines for the B.C. Public Sector \(2014\)](#)
- Public Health Units
  - Algoma [Code of Conduct](#) (2016)
  - Windsor-Essex [Code of Conduct](#)

Peer Reviewed Articles:

- American Journal of Public Health
  - [A Code of Ethics for Public Health](#) (2002)
- Business and Society Review Journal

[The Adoption of Voluntary Codes of Conducts in MNCs: A Three-Country Comparative Study](#)

O'Connor, Sidebottom, White (2003). 2<sup>nd</sup> Ed. Conduct Handbook for Municipal Employees and Officials.

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

# Board of Health Manual Public Health Sudbury & Districts Policy

## Category

Board of Health Structure & Function

## Section

Board of Health

## Subject

Code of Conduct

## Number

C-I-15

## Approved By

Board of Health

## Original Date

June 2019

## Revised Date

## Review Date

## Purpose

Board of Health (BOH) members for Public Health Sudbury & Districts are responsible for conducting themselves in compliance with this code of conduct (Code); that is professionally, and with the highest regard for the rights of the public in accordance with the principles outlined in the Human Rights Code and the Charter of Rights and Freedoms.

These standard obligations serve to enhance public confidence that Board of Health members operate from a foundation of *Trust*, *Humility*, and *Respect*. Each BOH member is expected to sign a declaration annually to signify their understanding and appreciation for this Code.

## Standard Obligations

The Code contributes to the creation and maintenance of a culture of integrity and outlines behaviours that are expected of Board of Health members.

### *Values and Expected Behaviours*

Board Members shall be cognizant of their position within the community and ensure that they are operating in a manner that fulfills the organizational values of Trust, Humility, and Respect by way of:

- Treating all individuals with mutual respect and sensitivity. Showing regard and consideration for team members, partners, and communities and value all contributions;
- Speaking in a manner that is non-discriminatory to any individual based on the person's race, ancestry, place of origin, creed, gender, sexual orientation, age, colour, marital status or disability;
- Maintaining modesty and engaging in self-reflection. Responding to the needs of others, remaining open to feedback, and continually seeking to understand biases to develop and maintain genuine relationships;
- Upholding honesty and dependability and showing integrity in actions; without the expectation of personal benefit. Encouraging transparency and accountability in decision-making, collaboration, and service delivery by working truthfully and honourably toward commitments;
- Possessing a high degree of awareness and appreciation for the sensitive and influential nature of social media when considering sharing a statement with the public;
- Acting honestly, independently, impartially, with discretion and without regard to self-interest and to avoid any situation liable to give rise to a conflict of interest. For a more comprehensive understanding of the Board of Health Manual Policy on Conflict of Interest see C-I-16.

### *Duties and Obligations*

In signing the Code of Conduct declaration form Board of Health members have duties and obligations of which to uphold. To that end, all Board members shall:

- Accurately communicate the decisions of the Board of Health, even if they disagree with BOH decisions, such that respect for the decision-making processes of the BOH is fostered;
- Be familiar with the *Health Protection and Promotion Act* and its regulations, the Ontario Public Health Standards, the Board of Health Bylaws, and Board policies so that any decision of the Board of Health is made in an efficient, knowledgeable, and expeditious manner;
- Attend and actively participate at Board meetings, and contribute to discussion of issues in a positive, dignified, and mutually respectful manner, and in the best

interest of the Board, with the degree of care, diligence, and skill that a reasonably prudent person would exercise in comparable circumstances;

- Not attempt to exercise individual authority over the organization except as explicitly set forth in Board policies or by resolution of the Board;
  - Board members' interaction with the Medical Officer of Health/Chief Executive Officer or with staff must recognize the lack of authority any individual Board member or group of Board members except under the explicit direction of the full Board;
  - Board members' interaction with the public, press or other entities must recognize the same limitation and the similar inability of any Board member or group of Board members to speak for the Board unless so delegated by the Chair;
- Be encouraged to disable the audible signals on their cell phones during any Committee or Regional Council meetings.

### *Protection of Privacy*

Board Members shall not release information in contravention of the provisions of the Municipal Freedom of Information and Protection of Privacy Act and the Personal Health Information Protection Act.

Board Members have a duty to hold in strict confidence all information concerning matters dealt with at meetings closed to the public.

Board Members shall not, either directly or indirectly, release, make public or in any way divulge any such information or any aspect of the meeting closed to the public deliberations to anyone, unless expressly authorized.

A breach of confidentiality may result in requiring resignation from the Board of Health.

### *Avenues for Resolution*

Board members shall support one another and the Medical Officer of Health. If a Board member has a performance concern regarding a fellow Board member or the Medical Officer of Health, that concern shall be brought forward to the Chair. In the event of a conflict not resolvable between Board members or between the Medical Officer of Health and Board members, mediation is available through the Board Chair.

Board members are encouraged to first speak directly and respectfully to the person when the behavior is inappropriate. If a Board Member is unable to or uncomfortable speaking directly to the person because of the nature of the violation; or unable to resolve the situation; or the behavior persists, they can request assistance from the Chair to help resolve the situation.

# **Board of Health Manual Public Health Sudbury & Districts Information Sheet**

## **Category**

Board of Health Structure & Function

## **Section**

Board of Health

## **Subject**

Code of Conduct

## **Number**

C-I-15

## **Approved By**

Board of Health

## **Original Date**

January 25, 1991

## **Revised Date**

June 21, 2018

## **Review Date**

June 21, 2018

## **Information**

1. A code of conduct contributes to the creation and maintenance of a culture of integrity. It outlines behaviours that are expected of Board of Health members.
  - There must be no self-dealings or any conduct of private business or personal services between any Board member and Public Health Sudbury & Districts except as procedurally controlled to assure openness, competitive opportunity and equal access to “inside” information.
  - Board members must not use their positions to obtain employment within the organization for themselves, family members or close associates.
  - Should a Board member be considered for employment he/she must advise the Chair of their interest and withdraw from Board deliberation, voting and access to applicable Board information.
  - Board members must remain neutral by referring all requests for organizational services either on a personal nature or on behalf of others to the Medical Officer of Health/Chief Executive Officer, who will be responsible

- for initiating a course of action appropriate to the circumstances, and will advise the Board member of the outcome.
2. Board members must not attempt to exercise individual authority over the organization except as explicitly set forth in Board policies or by resolution of the Board.
    - Board members' interaction with the Medical Officer of Health/Chief Executive Officer or with staff must recognize the lack of authority any individual Board member or group of Board members except under the explicit direction of the full Board.
    - Board members' interaction with the public, press or other entities must recognize the same limitation and the similar inability of any Board member or group of Board members to speak for the Board unless so delegated by the Chair.
    - Board members shall support one another and the Medical Officer of Health/Chief Executive Officer. If a Board member has a performance concern regarding a fellow Board member or the Medical Officer of Health/Chief Executive Officer, that concern shall be brought to the Board through the Chair.
  3. Board members must treat staff in a fair, prudent and ethical manner.
  4. In the event of a conflict not resolvable between Board members or between the Medical Officer of Health/Chief Executive Officer and Board members, mediation is available through the Board Chair.

# Board of Health Manual Public Health Sudbury & Districts Policy

## Category

Board of Health Structure & Function

## Section

~~Code of Ethics~~ Ethical Practice

## Subject

~~Sudbury & District Board of Health Code of Ethics~~ Ethical Practice of Public Health

## Number

C-IV-10

## Approved By

Board of Health

## Original Date

January 16, 2003

## Revised Date

## Review Date

June 21, 2018

## Purpose

### Principles of the Ethical Practice of Public Health

- 1) Public health should address principally the fundamental causes of disease and requirements for health, aiming to prevent adverse health outcomes.
- 2) Public health should achieve community health in a way that respects the rights of individuals in the community.
- 3) Public health policies, programs, and priorities should be developed and evaluated through processes that ensure an opportunity for input from community members.
- 4) Public health should advocate and work for the empowerment of disenfranchised community members, aiming to ensure that the basic resources and conditions necessary for health are accessible to all.
- 5) Public health should seek the information needed to implement effective policies and programs that protect and promote health.



- 6) Public health institutions should provide communities with the information they have that is needed for decisions on policies or programs and should obtain the community's consent for their implementation.
- 7) Public health institutions should act in a timely manner on the information they have within the resources and the mandate given to them by the public.
- 8) Public health programs and policies should incorporate a variety of approaches that anticipate and respect diverse values, beliefs, and cultures in the community.
- 9) Public health programs and policies should be implemented in a manner that most enhances the physical and social environment.
- 10) Public health institutions should protect the confidentiality of information that can bring harm to an individual or community if made public. Exceptions must be justified on the basis of the high likelihood of significant harm to the individual or others.
- 11) Public health institutions should ensure the professional competence of their employees.
- 12) Public health institutions and their employees should engage in collaborations and affiliations in ways that build the public's trust and the institution's effectiveness.

Approved by the Sudbury & District Board of Health on June 20, 2002 (57-02)

# Board of Health Manual Public Health Sudbury & Districts Information Sheet

## Category

Board of Health Structure & Function

## Section

~~Code of Ethics~~ Ethical Practice

## Subject

~~Sudbury & District Board of Health Code of Ethics~~ Ethical Practice of Public Health

## Number

C-IV-10

## Approved By

Board of Health

## Original Date

January 16, 2003

## Revised Date

June 16, 2016

## Review Date

June 21, 2018

## Information

Most professional and many special interest associations have codes of ethics or conduct to which their members must adhere. The purpose of these codes is to ensure, on behalf of the public who deal with the association's members, that the association is safeguarding the standard of services being offered.

Likewise, local health agencies wishing to adopt or maintain a code of ethics should take certain steps to ensure their efficacy.

- The code must be adopted, or accepted, by the Board at a meeting of the Board.
- The code must be well and widely published and known by both Board and staff.
- There must be enforcement procedures and a system of natural justice for those accused of violations. This would include:
  - written complaints
  - notification to the accused

- the opportunity to be heard, together with counsel, before a tribunal of peers
- an appeals process.

## **Preamble**

This code of ethics states key principles of the ethical practice of public health. An accompanying statement lists the key values and beliefs inherent to a public health perspective upon which the ethical principles are based. Public health is understood within this code as what we, as a society, do collectively to assure the conditions for people to be healthy. We affirm the World Health Organization's understanding of health as a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity.

The code is neither a new nor an exhaustive system of health ethics. Rather, it highlights the ethical principles that follow from the distinctive characteristics of public health. A key belief worth highlighting, and which underlies several of the ethical principles, is the interdependence of people. This interdependence is the essence of community. Public health not only seeks the health of whole communities but also recognizes that the health of individuals is tied to their life in the community.

**Board of Health Manual  
PUBLIC HEALTH SUDBURY & DISTRICTS  
CODE OF CONDUCT (Code) DECLARATION FORM**

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I confirm that I have read and understand the Board of Health's Code of Conduct, Policy C-IV-10, in its entirety and I hereby declare that I will comply with the Code.

Dated this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

In the city / town of \_\_\_\_\_ in the Province of Ontario.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Signature

**BOARD OF HEALTH CODE OF CONDUCT**

**MOTION:**

**THAT the Board of Health approve the revised Code of Conduct and consequential revisions to C-IV-10 Code of Ethics Policy and Information Sheet.**

## **NORTH EAST PUBLIC HEALTH TRANSFORMATION INITIATIVE**

### **MOTION:**

**WHEREAS** since November 2017, the boards of health in Northeastern Ontario, namely the Boards for Algoma Public Health, Public Health Sudbury & Districts, Porcupine Health Unit, North Bay Parry Sound District Health Unit, and Timiskaming Health Unit, have proactively and strategically engaged in the Northeast Public Health Collaboration Project to identify opportunities for collaboration and potential shared services; and

**WHEREAS** the Northeast Public Health Collaboration Project work to date has been supported by two one-time funding grants from the Ministry of Health and Long-Term Care (MOHLTC); and

**WHEREAS** subsequent to the proposed transformation of public health announced in the April 11, 2019, provincial budget, the work of the Collaboration has been accelerated and reoriented as the Northeast Public Health Transformation Initiative with the vision of a healthy northeastern Ontario enabled by a coordinated, efficient, effective, and collaborative public health entity; and

**WHEREAS** the Board understands there will be opportunities for consultation with the MOHLTC on the regional implementation of public health transformation;

**THEREFORE** be it resolved that the Board of Health for Public Health Sudbury & Districts is committed to the continued collaboration of the boards of health in Northeastern Ontario and looks forward to ongoing MOHLTC support for this work;

**AND FURTHER** that the Board, having engaged in this work since 2017, anticipates sharing with the MOHLTC its experiences so that other regions may benefit and further anticipates providing to the Ministry its expert advice on public health functions and structures for the North East;

**AND FURTHER** that this motion be shared with the Premier of Ontario, Minister of Health and Long-Term Care, Chief Medical Officer of Health, the Association of Local Public Health Agenda, Ontario Boards of Health, AMO, FONOM, and constituent municipalities.

**ADDENDUM**

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

**IN CAMERA**

**MOTION:** THAT this Board of Health goes in camera to deal with labour relations or employee negotiations. Time: \_\_\_\_



**RISE AND REPORT**

**MOTION:     THAT this Board of Health rises and reports. Time: \_\_\_\_\_**

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

**ADJOURNMENT**

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