



Board of Health Meeting 06-19

Public Health Sudbury & Districts

Thursday, October 17, 2019

1:30 p.m.

Boardroom

1300 Paris Street

AGENDA – SIXTH MEETING
BOARD OF HEALTH
PUBLIC HEALTH SUDBURY & DISTRICTS
BOARDROOM, SECOND FLOOR
THURSDAY, OCTOBER 17, 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) Vision Screening Program 2018 – 2019 Results**
 - Nicole Gauthier, Health Promoter, Clinical Services Division
 - Charlene Plexman, Manager, Oral and Vision Health, Clinical Services Division
- 5. CONSENT AGENDA**
 - i) Minutes of Previous Meeting**
 - a. Fifth Meeting – September 19, 2019
 - ii) Business Arising From Minutes**
 - iii) Report of Standing Committees**
 - iv) Report of the Medical Officer of Health / Chief Executive Officer**
 - a. MOH/CEO Report, October 2019
 - v) Correspondence**
 - a. Addressing the Opioid Emergency in Ontario – Recommendations from the Association of Municipalities of Ontario
 - Letter from the Board of Health Chair, Peterborough Public Health, to the Minister of Health dated October 1, 2019
 - b. Council of Ontario Medical Officers of Health – Alcohol Choice & Convenience
 - Letter from the Board of Health Chair and the Chief Executive Officer, Windsor-Essex County Health Unit, to the Minister of Finance dated September 27, 2019

- c. Provincial Autism Supports
 - Letter from the Board of Health Chair and the Chief Executive Officer, Windsor-Essex County Health Unit, to the Minister of Children, Community and Social Services dated September 27, 2019
- d. Public Mental Health - Parity of Esteem Position Statement
 - Letter from the Board of Health Chair and the Chief Executive Officer, Windsor-Essex County Health Unit, to the Minister of Health dated September 27, 2019, supporting the Board of Health for Sudbury & Districts public health's [motion 15-19](#)
- e. Leave the Pack Behind
 - Letter from the Board of Health Chair and the Chief Executive Officer, Windsor-Essex County Health Unit, to the Minister of Health dated September 27, 2019
- f. Completion of Consumption and Treatment Services Application and Site Location
 - Letter from the Board of Health Chair and the Chief Executive Officer, Windsor-Essex County Health Unit, to the Minister of Health dated September 27, 2019
- g. Removal of Regulation 268, Smoke-Free Ontario Act, 2017
 - Letter from the Board of Health Chair, Kingston, Frontenac and Lennox & Addington Public Health, to the Minister of Health dated September 27, 2019
- h. Immunization for School Children – Seamless Immunization Registry
 - Letter from the Board of Health Chair, Haliburton, Kawartha, Pine Ridge District Health Unit, to the Deputy Premier and Minister of Health dated September 19, 2019
- i. Promotion of Vaping Products and Ban of Flavoured E-Cigarettes
 - Letter from the Board of Health Chair, Simcoe Muskoka District Health Unit, to the Minister of Health of Canada and the Minister of Health dated September 18, 2019
- j. 2019 Ontario Budget and Modernizing Public Health
 - Letter from the Board of Health Chair, County of Lambton Public Health, to the Deputy Premier and Minister of Health and the Chief Medical Officer of Health dated September 18, 2019
 - Letter from the Board of Health Chair, County of Lambton Public Health, to the Premier of Ontario and the Deputy Premier and Minister of Health dated September 18, 2019

vi) Items of Information

- a. Modernization of Public Health
 - Ministry of Health News Release *Ontario Names Advisor on Public Health and Emergency Health Services Consultations* October 10, 2019
 - Memo from Deputy Minister of Health *Update on Public Health and Emergency Health Services Modernization* October 10, 2019
- b. Association of Local Public Health Agencies (alPHA) Information Break Newsletter October 10, 2019
- c. Canadian Public Health Association Member Update *Vote for action on climate change and health* October 4, 2019
- d. Federal election primer *Health matters*

APPROVAL OF CONSENT AGENDA

MOTION:

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

6. NEW BUSINESS

i) 2018 – 2022 Accountability Monitoring Plan

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

ANNUAL MONITORING PLAN

MOTION:

WHEREAS the Board of Health approved the Public Health Sudbury & Districts Accountability Monitoring Plan 2018-2022 in June 2018 ([motion # 25-18](#)); and

WHEREAS Public Health Sudbury & Districts has received further direction from the Ministry of Health regarding reporting requirements; and

WHEREAS the Accountability Monitoring Plan 2018-2022 has been updated to incorporate this Ministry of Health direction;

THEREFORE BE IT RESOLVED that the Board of Health for Public Health Sudbury & Districts approve the revised Accountability Monitoring Plan 2018-2022.

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 October Board of Health meeting evaluation in BoardEffect following the Board meeting.

11. ADJOURNMENT

ADJOURNMENT

MOTION:

THAT we do now adjourn. Time: _____

MINUTES – FIFTH MEETING
BOARD OF HEALTH
PUBLIC HEALTH SUDBURY & DISTRICTS
BOARDROOM, SECOND FLOOR
THURSDAY, SEPTEMBER 19, 2019 – 1:30 P.M.

BOARD MEMBERS PRESENT

Janet Bradley	René Lapierre	Mark Signoretti
James Crispo	Glenda Massicotte	Nicole Sykes
Randy Hazlett	Paul Myre	Carolyn Thain
Jeffery Huska (arrived at 2:10 p.m.)	Rita Pilon	

BOARD MEMBERS REGRETS

Robert Kirwan	Bill Leduc	Ken Noland
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STAFF MEMBERS PRESENT

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

R. LAPIERRE PRESIDING

1. CALL TO ORDER AND TERRITORIAL ACKNOWLEDGMENT

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) Nutritious food: an important public health issue

— Bridget King, Public Health Nutritionist, Health Promotion Division

B. King was introduced and invited to speak about the importance of healthy eating and evidence-based food and nutrition strategies that support healthy eating behaviours.

Statistics shown relating to inadequate vegetable and fruit consumption are indicators of overall diet quality for which poor diet quality can contribute to chronic diseases and have financial impacts on the healthcare system. Healthy eating behaviours play a crucial role in healthy growth and development and chronic disease prevention.

To support healthy eating behaviours, public health nutrition programming at Public Health Sudbury & Districts strives to:

- reduce health inequities;
- promote health, wellbeing, and healthy growth and development; and
- prevent nutrition-related chronic diseases.

The roles of public health dietitians and nutritionists were outlined as well as the key areas of the Public Health Sudbury & Districts healthy eating program:

1. healthy food access;
2. food literacy; and
3. healthy sustainable food systems.

Questions were entertained and B. King was thanked.

5. CONSENT AGENDA

i) Minutes of Previous Meeting

- a. Fourth Meeting – June 20, 2019

ii) Business Arising From Minutes

iii) Report of Standing Committees

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

- a. MOH/CEO Report, September 2019

v) Correspondence

- a. 2019 Ontario Budget and Modernizing Public Health
 - Email from the Association of Local Public Health Agencies (alPHA) Executive Director Re Ministry of Health announcement dated September 12, 2019
 - Letter from the alPHA Board President to alPHA Members dated September 11, 2019
 - Email from the alPHA Executive Director to all Health Units Re: Premier's Announcement at the Association of Municipalities of Ontario Annual Conference dated August 19, 2019
 - Letter from the Board of Health Chair, Kingston, Frontenac and Lennox & Addington Public Health, to the Minister of Health dated August 6, 2019

- Email from the alPHa Executive Director to all Health Units dated July 25, 2019
- Resolution from the Niagara Region, to All Ontario Boards of Health dated July 19, 2019
- Letter from the Middlesex-London Board of Health to the Minister of Health dated July 19, 2019
- Letter from the Medical Officer of Health and Executive Officer, North Bay Parry Sound District Health Unit, to the Premier of Ontario and the Deputy Premier and Minister of Health and Long-Term Care dated July 5, 2019
- Letter from the Board of Health Chair, Simcoe Muskoka District Health Unit, to the Deputy Premier and the Minister of Health and Long-Term Care dated June 27, 2019
- Letter from the Board of Health Chair, Peterborough Public Health, to the alPHa Board President dated June 24, 2019
- Letter from the Clerk, The Corporation of the Municipality of Wawa, to the Algoma Public Health dated June 24, 2019
- Letter from the Clerk, York Region Board of Health, to the Board of Health Chair, Public Health Sudbury & Districts dated June 21, 2019
- b. Smoke-Free Multi-Unit Dwellings
 - Letter from the Board of Health Chair, Grey Bruce Health Unit, to the Prime Minister of Canada dated August 27, 2019
- c. Immunization for School Children – Seamless Immunization Registry
 - Letter from the Board of Health Chair, Grey Bruce Health Unit, to the Minister of Health dated August 27, 2019
 - Letter from the Board of Health Chair and Chief Executive Officer, Windsor-Essex County Health Unit, to the Minister of Health and Long-Term Care dated July 2, 2019
- d. Smoke-Free - Smoke/Vape Free Outdoor Spaces
 - Letter from the Board of Health Chair, Grey Bruce Health Unit, to the Minister of Health dated August 27, 2019
 - Letter from the Board of Health Chair and Chief Executive Officer, Windsor-Essex County Health Unit, to the Minister of Health and Long-Term Care dated July 2, 2019
- e. 2019 Ministry of Health Grant
 - Letter from the Minister of Health to the Board of Health Chair, Public Health Sudbury & Districts dated August 20, 2019
- f. Support for a National School Food Program
 - Letter from the Board of Health Chair, Peterborough Public Health, to the Prime Minister of Canada and to the Leaders of the People's Party of Canada, Bloc

Québécois, Green Party of Canada, Conservative Party of Canada and the New Democratic Party of Canada dated July 19, 2019

- g. Leave the Pack Behind Funding
 - Letter from the Board of Health Chair, Peterborough Public Health, to the Minister of Health dated July 17, 2019
 - h. Health Promotion as a Core Function of Public Health
 - Letter from the Board of Health Chair, Southwestern Public Health, to the Minister of Health dated July 8, 2019
 - Letter from the Board of Health Chair and Chief Executive Officer, Windsor-Essex County Health Unit, to the Minister of Health and Long-Term Care dated July 2, 2019
 - Letter from the Board of Health Chair, Haliburton, Kawartha, Pine Ridge District Health, to the Minister of Health and Long-Care and Deputy Premier of Ontario dated June 20, 2019
 - i. Low Income Dental Program for Seniors
 - Letter from the Board of Health Chair, Leeds, Grenville & Lanark District Health Unit, to the Deputy Minister and Minister of Health dated July 4, 2019
 - j. Children Count Task Force Recommendations
 - Letter from the Board of Health Chair, Peterborough Public Health, to the Minister of Children, Community and Social Services, Minister of Education and the Minister of Health and Long-Term Care dated June 25, 2019
 - k. Thank You Letter to Northern Ontario School of Medicine
 - Letter from Dr. Sutcliffe to the outgoing Dean and CEO, Northern Ontario School of Medicine dated June 24, 2019
 - l. Return on Investment – Early Childhood Development
 - Letter from the Board of Health Chair the Medical Officer of Health, Middlesex-London Health Unit, to the Co-Chairs, Public Health Early Years Group dated June 24, 2019
- vi) Items of Information**
- a. alPHa Information Break
 - July 3, 2019
 - August 6, 2019
 - b. Ministry of Municipal Affairs and Housing
 - News Release *Ontario Government Working in Partnership with Municipalities*
 - August 20, 2019
 - c. Canadian Heritage News Release Supporting Multi-Culturalism Initiatives Across Ontario
 - September 7, 2019

- d. alPHa Fall Symposium 2019
 - Save the date flyer
 - Draft program
 - Board of Health Section meeting draft agenda

A question was entertained regarding Public Health Sudbury & Districts protocol and comparative numbers relating to exceedances in drinking water lead levels at local schools. It was also clarified that follow-up work is underway as it relates to the Code of Conduct motion passed with friendly amendments at the June 2019 Board meeting.

30-19 APPROVAL OF CONSENT AGENDA

MOVED BY MASSICOTTE – BRADLEY: THAT the board of health approve the consent agenda as distributed.

CARRIED

6. NEW BUSINESS

i) Public Health Heroes – Recognition Awards Program

- Briefing Note from the Medical Officer of Health and Chief Executive Officer dated September 12, 2019

Per Board motion 36-14, a Public Health Champion Award was launched in 2015 to recognize community organizations and individuals whose work fosters and promotes the health of our communities. The Award has since been presented on three separate occasions.

The Public Health Champion Award program was recently reviewed and a new Public Health Heroes – Recognition Awards program is proposed with the goal of:

- recognizing community members for their everyday contributions to the health of our communities and, ultimately,
- increasing the profile of public health as recommended by the Board during the 2017 and 2018 Strategic Plan engagement sessions.

There will be no pre-selection of themes or topics. A call out for nominations will be issued internally twice yearly, and nominations will be reviewed, and recipients selected, by the Senior Management Executive Committee. Recipients will be recognized for their everyday contributions to public health in the spring and fall of each year beginning in November 2019.

The Public Health Heroes will be profiled at Board of Health meetings in the spring and fall each year and will also be profiled via media release and/or social media throughout the year. All Public Health Heroes will receive a certificate of recognition.

The new format of the award will allow for more individuals, or organizations, to be recognized for the big and small things they do to help make our communities healthy. It will also empower program staff to recognize community members and partners for the work that they do.

It was noted that there are low costs for the program and profiling would be at Board meetings and through social media. The program could be reassessed over time. It was concluded that Board of Health members will also be provided the opportunity to submit nominations.

31-19 PUBLIC HEALTH HEROES – RECOGNITION AWARDS PROGRAM

MOVED BY HAZLETT – CRISPO: THAT the board of health for Public Health Sudbury & Districts rescind motion #36-14; and

FURTHER THAT the Board of Health approve the Public Health Heroes – Recognition Awards program to recognize the individuals and organizations whose everyday contributions help make our communities healthy; and

FURTHER THAT the Board of Health direct the Medical Officer of Health to operationalize the Awards program.

CARRIED

ii) Racial Equity Action Framework

- Briefing Note from the Medical Officer of Health and Chief Executive Officer dated September 12, 2019
- Racial Equity Action Framework

Board of Health motion #23-18: Addressing Anti-Racism for Improved Health Equity, directed the Medical Officer of Health to engage in a collaborative process to develop an Anti-Racism Action Plan informed by the provincial strategic plan, for the Board's approval. Today's motion recommends the Board of Health's endorsement of the Racial Equity Action Framework that will guide efforts of Public Health Sudbury & Districts to address racism for improved health equity. Dr. Sutcliffe recognized staff for their inclusiveness and extensive work.

Questions and comments were entertained. The Board Chair commended staff for the briefing notes that come forward to the Board as they are brief, informative, and explicitly link to the strategic priorities.

32-19 RACIAL EQUITY ACTION FRAMEWORK FOR IMPROVED HEALTH EQUITY

MOVED BY HAZLETT – CRISPO: WHEREAS the Board of Health is committed to ensuring all people in Sudbury and Manitoulin districts have equal opportunities for health;

WHEREAS systemic racism is a significant, modifiable and unjust barrier to health opportunities; and

WHEREAS in 2018 the Board of Health declared its commitment to anti-racism by directing the Medical Officer of Health to engage in a collaborative process to develop a framework informed by the provincial Anti-Racism Strategic Plan to guide the organization's efforts; and

WHEREAS a collaborative process has been undertaken to develop an action framework to guide the organization's efforts to decrease racial health inequities;

THEREFORE BE IT RESOLVED THAT the Board of Health for Public Health Sudbury & Districts endorse the Racial Equity Action Framework, September, 2019.

CARRIED

iii) Annual Board of Health Self-Evaluation

– 2019 Board Self-Evaluation Questionnaire

The annual Board of Health self-evaluation survey is to be completed by October 22 and anonymous results will be shared with the Board at the November Board meeting. Board members were given the opportunity to complete the annual survey; however, the electronic survey through BoardEffect was currently not working properly. The Board Secretary will follow-up and advise Board members once the survey App is working properly.

7. ADDENDUM

33-19 ADDENDUM

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

CARRIED

DECLARATIONS OF CONFLICT OF INTEREST

There were no declarations of conflict of interest.

i) Ministry of Health News Release re vaping dated September 18, 2019

The Deputy Premier and Minister of Health has announced that, under the Health Protection and Promotion Act, Ontario public hospitals are now required to provide the Chief Medical Officer of Health with statistical, non-identifying information related to incidences of vaping-related severe pulmonary disease to identify evidence-based solutions that protect youth from the potential dangers of vaping. The impact of this provincial level reporting on local public health follow up are not yet known.

ii) Letter from alPHa Board President to the Executive Lead, Public Health Modernization, Alison Blair, dated September 16, 2019

The Ministry of Health has appointed Allison Blair, Assistant Deputy Minister of Emergency Health Services, as the Executive Lead for the Public Health Modernization. The Ministry of Health has not yet appointed the Public Health Modernization Special Advisor as first announced by the Minister of Health at the August AMO meeting and the anticipated consultation process is still pending.

iii) alPHa Information Break dated September 13, 2019

The newsletter outlines the latest public health news across the province.

i) Letter from the Deputy Minister, Ministry of Health to the Health Sector Partners dated September 12, 2019

The Ministry of Health's organizational restructuring was shared. It is expected that the Executive Lead for the Public Health Modernization would provide support to the Special Advisor once appointed.

8. IN CAMERA

34-19 IN CAMERA

**MOVED BY PILON – THAIN: THAT this Board of Health goes in camera to deal with personal matters involving one or more identifiable individuals, including employees or prospective employees and to deal with labour relations or employee negotiations.
Time: 2:11 p.m.**

CARRIED

9. RISE AND REPORT

35-19 RISE AND REPORT

**MOVED BY SIGNORETTI – BRADLEY: THAT this Board of Health rises and reports.
Time: 3:16 p.m.**

CARRIED

It was reported that two agenda items relating to personal matters involving one or more identifiable individuals, including employees or prospective employees and to deal with labour relations or employee negotiations were discussed for which the following motion emanated:

36-19 APPROVAL OF MEETING NOTES

MOVED BY SIGNORETTI – BRADLEY: THAT this Board of Health approve the meeting notes of the June 20, 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

10. ANNOUNCEMENTS / ENQUIRIES

A risk management workshop is scheduled for Board of Health members on Thursday, October 17, 2019, from 9:30 a.m. until noon in the Ramsey Room.

Board members who have not completed the yearly mandatory Baby Friendly Initiative and emergency training are asked to contact R. Quesnel.

Board members will be advised via email once the BoardEffect survey App is fixed in order to complete the annual Board of Health self-evaluation survey and today's meeting survey.

Board members were informed that, with the upcoming federal election on October 21, Public Health Sudbury & Districts is developing material to inform the public and election candidates about key issues of public health importance. The Health Matters campaign is planned to launch the week of September 30 and will feature website content, social media messaging, and an election primer that will be distributed to all Federal Electoral candidates representing communities in our service area.

11. ADJOURNMENT

37-19 ADJOURNMENT

MOVED BY THAIN – BRADLEY: THAT we do now adjourn. Time: 3:20 p.m.

CARRIED

(Chair)

(Secretary)

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

Words for thought



URBAN PUBLIC HEALTH NETWORK
RÉSEAU POUR LA SANTÉ PUBLIQUE URBAIN

CANADIAN
NURSES
ASSOCIATION



ASSOCIATION DES
INFIRMIÈRES ET
INFIRMIERS DU CANADA ®

Call to Action on Climate Change and Health: From Canada's Health Professionals to Canada's Federal Political Parties

February 5, 2019

This Call to Action comes from doctors, nurses, medical officers of health and public health professionals across Canada.

We are calling on all federal political parties in Canada to see climate change as we, and the [World Health Organization](#), see it, “as the greatest health threat of the 21st century.” We are asking you to see **climate solutions** as we, and the [Lancet Commission](#) see them, “as the greatest global health opportunity of the 21st century.” Many of the policies needed to fight climate change will produce immediate health benefits, reduce healthcare costs, and improve social cohesion and equity in our communities.

We are calling on each of you to make meaningful and effective action on climate change a central theme of your party's platform as you prepare for this year's federal election.

City council unanimously declares climate emergency



Mary Katherine Keown The Sudbury Star

Published on: May 29, 2019 | Last Updated: May 29, 2019 3:22 AM EDT

September 18, 2019 4:29 PM

CLIMATE ACTION - STANDING WITH STUDENTS SEPTEMBER 26

I am reaching out to and asking NOSM & HSN and their affiliated health professionals to unite with CAPE (Canadian Association of Physicians for the Environment) and CFMS (Canadian Federation of Medical Students) in showing solidarity with the Fridays For Future (#FFF) movement.

The next Climate Action is scheduled for Thursday, September 26th. The student rally will be taking place in Bell Park between 11:00 am - 1:30 pm

Health professionals should show up at the Grace Hartman Amphitheatre at 1130. Identifying dress such as white coat and stethoscope is appropriate.

Source: Gary W Bota MD, FRCPC, Co-Chair, CAPE Ontario

Chair and Members of the Board of Health,

Above is cited but a small sample of initiatives demonstrating our growing collective consciousness about the importance of climate action. The Board of Health will be aware that action supporting [healthy environments and climate change](#) is required under the Ontario Public Health Standards and further, that our recently released federal election primer urges collective action to mitigate the health effects of climate change. Public health joins all other sectors and individuals in asking ourselves critical questions about the additional contributions we can make in support of climate awareness and prevention and mitigation of harms. A future board meeting will include a more fulsome report of our work related to climate change – including individual, organizational and systems actions.

General Report

1. In the Queue for Board of Health Members

Board of Health evaluations

Annual Board of Health self-evaluation

Board of Health members are reminded to complete the self-evaluation questionnaire in BoardEffect under the Board of Health Workroom – Collaborate – Surveys by Tuesday, October 22, 2019.

September 19, 2019, Board of Health meeting evaluation

BoardEffect has fixed the survey application. For those who did not have a chance to complete the Board of Health meeting evaluation, the survey is still open.

Public Health Heroes

The call for nominations for the Public Health Heroes Recognition Awards has been released and nominations are being accepted by Public Health Sudbury & Districts staff and Board of Health members until Friday, October 18.

Risk management

A risk management training workshop will be held the morning of the October Board of Health meeting on Thursday, October 17 from 9:30 a.m. until noon in the Ramsey Room at Public Health Sudbury & Districts.

Cultural humility

A cultural humility training workshop will be held the morning of the November 21, 2019, Board of Health meeting from 9 a.m. until noon in the Ramsey Room at Public Health Sudbury & Districts.

Fall 2019 alPHa Symposium & Section Meetings

Please let R. Quesnel if you are interested in attending alPHa's upcoming Fall 2019 Symposium and Section Meetings on November 6 and 7. The Symposium on November 6 will be held at the Dalla Lana School of Public Health at the University of Toronto. Section meetings for board of health members and members of Council of Ontario Medical Officers of Health (COMOH) will be held the next day on November 7 at the Chestnut Conference Centre.

The Board Secretary would look after Board registration as well as booking the most economical travel and accommodation. Registration deadline is November 1, 2019.

Roll Up Your Sleeve

Board members are welcome to have their flu shot on November 21, between 12:30 and 1 p.m. Please announce your arrival at the main reception and staff will accompany you to the

meeting location for your flu shot. Staff will also be available to administer flu shots immediately following the Board of Health meeting if you don't have time prior to the meeting.

Board of Health Mandatory Training – 2019

All Board members are asked to review these two mandatory annual Board of Health training materials and to confirm completion with the Board Secretary:

Baby Friendly Initiative (BFI)

The presentation and accompanying Policies and Procedures (x4) have been saved in BoardEffect and can be found under Libraries – Board of Health – Annual Mandatory Training: Baby Friendly Initiative (BFI).

Emergency preparedness

The 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.

2. Local and Provincial Meetings

Sandra Laclé and I, along with managers from the Health Promotion division attended a population health, safety and well-being panel hosted by the City of Greater Sudbury on September 23.

A COMOH teleconference was held on September 25.

I continue to Chair the NorthEast Public Health Transformation Initiative (NEPHTI) Steering Committee which is currently meeting every two weeks.

3. Code of Conduct

Further to Board motion [23-19](#), a Board of Health Manual Information Sheet is being developed to accompany the Code of Conduct Policy.

4. United Way

Public Health Sudbury & Districts will launch its 2019 United Way Campaign on October 21, 2019. The United Way Interim Executive Director will speak to our staff about the positive impact United Way has on our community by providing much needed funding to support essential programs and services to improve community well being. Last year, our organization raised \$12,930 for the United Way. We have set a goal of \$10,000 for this year.

5. Financial Report

The August 2019 year-to-date mandatory cost-shared financial statements report a positive variance of \$1,118,954 for the period ending August 31, 2019. Gapped salaries and benefits

account for \$841,494 or 75%, with operating expenses and other revenue accounting for \$277,461 or 25% of the variance. A significant portion of the variance can be attributed to the implementation of a hiring freeze and suspension of non-essential expenditures following the ministry's budget announcement.

6. 2020 Budget and Program-Based Grant

Work on preparing the 2020 cost-shared operating budget is proceeding. The Senior Management Executive Committee is working on drafting the 2020 budget. The draft recommended cost-shared operating budget will be discussed at the Finance Standing Committee on October 30, 2019, in preparation for the November Board meeting.

7. Health Matters: Federal Election Primer

On October 21, Canadians across the country will be heading to the polls to vote for our next federal government. The federal government plays a significant role in supporting the health of Canadian citizens. In efforts to assist the public and federal candidates to understand key health issues and associated actions, a campaign and associated resource (*Health Matters: Federal Election Primer*) have been developed. Topics include tobacco, opioids, alcohol, climate change, poverty, food policy, affordable housing, indigenous health, mental health, and racism. The campaign launched in early October via letters to local candidates and social media messaging.

Following are the divisional program highlights.

Clinical Services

1. Control of Infectious Diseases (CID)

Influenza and respiratory outbreaks

The CID team is preparing for influenza vaccination clinics to begin in late October for high-risk individuals and in early November for the general population.

In September there was one respiratory outbreak declared. The causative organism was not identified. Long-term care facilities and hospitals have reconvened their quarterly infection prevention and control meetings. CID staff attend these meetings to provide support and consultation on a variety of infection prevention and control issues, with the focus in the fall being outbreak preparedness.

School immunizations

Public health nurses are back in schools with the implementation of the 2019/20 school vaccination program. Hepatitis B, human papilloma virus and meningococcal vaccines are offered to all eligible Grade 7 students and those Grade 8 students who missed vaccination clinics the previous school year.

New in September is the School Immunization Coverage page on the agency's website. The page provides a snapshot of the estimated vaccine coverage data for local schools for the 2018/19 school year. The public can browse through the list of schools and see the estimated vaccine coverage and non-medical exemption rates for the selected school for certain vaccines that are required for school attendance as outlined in the *Immunization of School Pupils Act* (diphtheria, tetanus, polio, measles, mumps and rubella). Overall immunization coverage rates are high for schools in our jurisdiction, which helps to keep students safe by preventing outbreaks. Providing this data is an important step in increasing transparency of coverage data which aligns with the Immunization 2020 actions.

2. Sexual Health/Sexually Transmitted Infections (STI) including HIV and other Blood Borne Infections

Sexual health promotion

In September, a total of 145 participants attended four community presentations on the topic of sexual health. The sexual health clinic was promoted at an evening hosted by Cambrian College attended by 110 participants, mainly students.

Sexual health clinic

In August, there were 267 drop-in visits to the Rainbow Office site related to STIs, blood-borne infections and/or pregnancy counselling.

In September, the agency collaborated with Laurentian University's Students' General Association to host an STI testing event. Public health nurses from the sexual health clinic provided on-site testing for chlamydia and gonorrhea. This event was promoted through social media and 35 students were tested.

Needle exchange program

In August, harm reduction supplies were distributed and services received through 2 389 client visits across the Public Health Sudbury & Districts' region.

Environmental Health

1. Control of Infectious Diseases

During the month of September, 14 sporadic enteric cases and two infection control complaints were investigated. Two enteric outbreaks were declared in licensed child care centres.

2. Food Safety

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

Staff issued 61 special event food service permits to various organizations.

Through Food Handler Training and Certification Program sessions offered in September, 101 individuals were certified as food handlers.

3. Health Hazard

In September, 48 health hazard complaints were received and investigated. Two of these complaints involved marginalized populations.

4. Ontario Building Code

During the month of September, 29 sewage system permits, 15 renovation applications, and four consent applications were received. Two orders to comply were issued.

5. Rabies Prevention and Control

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

Four individuals received rabies post-exposure prophylaxis following exposure to wild or stray animals.

6. Safe Water

On September 3, 2019, the Moonlight Beach swimming advisory issued due to blue-green algae on July 25, 2019, was lifted.

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

During September, 59 residents were contacted regarding adverse private drinking water samples. Public health inspectors investigated three regulated adverse water sample results, as well as drinking water lead exceedances at one local school.

Four boil water orders, were issued. Furthermore four boil water orders were rescinded.

7. Smoke-Free Ontario Act, 2017 Enforcement

In September, *Smoke-Free Ontario Act* inspectors charged two individuals for smoking in an enclosed workplace, three individuals for using an electronic cigarette on school property, one

individual for smoking within nine meters of a public building, and five retail employees for selling e-cigarettes to a person who is less than 19 years of age.

8. Vector Borne Diseases

Routine mosquito surveillance for the 2019 season ended in September. From June 25, 2019, to September 12, 2019, a total of 13 783 mosquitoes were collected in 121 traps and sent for analysis. During this time, a total of 156 mosquito pools were tested, all of which tested negative for West Nile virus and Eastern Equine Encephalitis.

In response to reports of two local horses becoming infected with Eastern Equine Encephalitis (EEE), targeted mosquito trapping for EEE was conducted from September 10 through September 30, 2019, in the location of the two farms. The need for targeted surveillance in the 2020 season will be determined in consultation with Public Health Ontario.

Health Promotion

1. Chronic Disease Prevention and Well-Being

Healthy eating behaviours

On September 13, a public health dietitian met with the new Executive Director of the Sudbury Meals on Wheels program to discuss support for menu development and review.

Mental health promotion

Our agency's Public Mental Health Action Framework was presented via videoconference to over 15 delegates at the International Initiative for Mental Health Leadership in Toronto. Delegates from Sweden, England, New Zealand, Ireland, Austria, as well as Toronto were each provided a copy of the framework and encouraged to be in touch should they want further information.

Physical activity and sedentary behaviour

In September, the Active Chapleau Committee initiated a community-wide walking program called Walk to Hawaii. Members of the community are encouraged to register and track their steps. The initiative will be implemented in the community until December 3. So far, approximately 60 community members are participating.

Diabetes prevention program

On September 30, members of Public Health Sudbury & Districts lead a self-reflection exercise in a World Café format with members from the Sudbury and Manitoulin Indigenous Diabetes Prevention Program Advisory Committee. The session was held at the Atikameksheng Anishnawbek Community Centre. The group discussed four overarching themes during the exercise including: (1) member satisfaction with the committee; (2) collaboration as a committee; (3) outcomes the committee wishes to achieve; and (4) successes, challenges and

ideas for improving diabetes prevention programming. A total of 17 committee members participated in the exercise.

2. Healthy Growth and Development

Healthy pregnancies

On September 9, a public health nurse from the Family Health team partnered with Laurentian University to host an educational event on Fetal Alcohol Spectrum Disorder (FASD). In total, 200 students, faculty and staff were in attendance to learn about how to prevent FASD as well as enhance understanding of people with lived experience, to decrease stigma and raise awareness of the need for services.

In September, 16 pregnant mothers and partners attended the full-day in-person prenatal class. Topics included comfort measures during labour and delivery, the stages of labour, breastfeeding, infant care and safety.

Also, throughout the month of September, approximately 30 pregnant women registered for our new online prenatal education course.

Positive parenting

On September 25, the new Triple P website was launched across the Sudbury and Manitoulin districts. The website has been enhanced so it is easier for parents to register for the services they need, as well as discover other parenting services throughout the community. What's more, Triple P practitioners will now receive automated updates regarding new client registrations and events.

During the month of September, the first of ten Bounce Back and Thrive positive parenting sessions were provided. The sessions are being held weekly at the Public Library in Capreol. The 10-week program is designed to help parents build skills that increase their capacity to role model and promote resilience in their children from birth to the age of eight years. This is a strengths-based approach to promote caring relationships, and it enhances how we regulate our emotions, control our impulses and reflect on our reactions to life's stressful situations.

Healthy Babies Healthy Children

In September, the Healthy Babies Healthy Children public health nurses provided 77 breastfeeding clinic appointments to new mothers and their infants.

Health Information Line

In September, the Health Information Line received a total of 106 calls. The large majority of these calls (46%) were breastfeeding related while the other calls were related to pregnancy, family life, car seat safety as well as contagious, infectious and parasitic diseases and general information about resources.

3. School Health

Concussions and injury prevention

On Rowan's Law Day, September 25, the School Health Promotion team strengthened public awareness related to concussion safety among school-aged children and youth. Health messages were disseminated on social media, including credible resources for concussion management protocols, recognition of the signs and symptoms of a concussion, and steps to safely return-to-learn and return-to-sport.

Mental health promotion

The School Health Promotion team has been planning collaboratively with school board administrators, educators and mental health leads to implement comprehensive school-based health promotion programming and professional development initiatives for the 2019–2020 school year. Public health programming in local schools and school boards involves priority health topics that are listed on the Ontario Public Health Standards. Public health also supports educators and schools with resources and tools to instill students' healthy behaviours, and build healthy school environments.

The School Health Promotion team facilitated a two-day "Reach In Reach Out" training workshop at a local Indigenous community agency. Fourteen Indigenous service providers used this learning opportunity to expand knowledge and skills as caring adult role models to build life-long resiliency to young children. Group discussions included the identification of major stressors among children, strategies to strengthen adult-child relationships, understanding of emotions, and ways to support healthy coping strategies among children when they face life's challenges.

At a local Mental Health Summit, public health nurses collaborated with other community services in providing a learning opportunity for 150 students from all local school boards. Interactive public health information activities covered topics on mental health and substance misuse. All students also learned about health services and resources that are offered by our agency.

Substance use and harm reduction

Public health nurses provided a professional development and capacity building session to 20 principals, social workers, and teachers from a local school board. This session provided insights on the health risks of vaping, cannabis, and opioid-use, and its health impacts on school-aged children and youth, especially on brain development and other health outcomes. The attendees were also informed about their roles as adult influencers to promote student health and well-being.

4. Substance Use and Injury Prevention

Comprehensive tobacco control

From mid-August to mid-September, public health nurses responded to 13 calls on the tobacco information line, and 35 visits at the Quit Smoking Clinic in Sudbury and four visits at the Sudbury East office. Free nicotine replacement therapy products such as patches, gum, lozenges, and mist continued to be dispensed for eligible clients.

Public health staff continued to support Collège Boréal in their efforts to establish a smoke-free campus. On September 3, a public health nurse hosted an information booth with interactive games to teach students about the risks associated with tobacco, vaping, alcohol and cannabis. Two additional staff facilitated conversations and distributed a smoke-free campus survey to students, faculty, and visitors to the campus. A total of 54 individuals completed the survey which will be used to inform next steps for implementing a campus-wide smoke-free policy.

Additional smoking cessation resources were distributed during a community event held at the Canada Revenue Agency on September 19. Nearly 750 employees engaged in conversations with public health staff and participated in interactive games to learn the risks associated with tobacco use and vaping, and how to reduce harms.

In light of the emerging news on vaping, public health staff responded to four media requests in the month of September. Public Health Sudbury & Districts also supported stronger regulations for vaping products and submitted a response to Health Canada's open consultation on Canada's Proposed Vaping Products Labelling and Packaging Regulations.

At the regional level, the North East Tobacco Control Area Network continued to lead and participate in regular meetings for cessation, youth engagement, and enforcement. A quarterly inventory of North East region municipal bylaws was also updated to include vaping and cannabis use. In the north-east region, there were three new/updated municipal bylaws and three municipalities in progress during the third quarter. Inventory information was provided to Public Health Ontario for a provincial repository.

Falls

Throughout the month of August and September, public health staff in partnership with our local Stay on Your Feet (SOYF) Sudbury-Manitoulin Falls Prevention Coalition supported two Assistive Device Program (ADP) clinics hosted by Parkside Center for Older Adults. A total of 16 older adults were assessed and screened for an assistive device. A Stand-Up facilitator refresher training was also organized, and fourteen facilitators from various agencies attended this training.

Life promotion, suicide risk and prevention

In early September, Public Health Sudbury & Districts presented on the topic of life promotion and suicide prevention at the N'Swakamok Native Friendship Centre's Spirit of Youth Workshop. The workshop had five participants, as well as staff members.

For World Suicide Prevention Day, the Suicide Safer Network organized a community event to release butterflies to honour and remember those who have died of suicide and the survivors of suicide. The Greater Sudbury Police Service, N'Swakamok Native Friendship Centre, Canadian Mental Health Association Sudbury-Manitoulin, and École secondaire Macdonald-Cartier held butterfly releases with staff, family and friends. In Espanola, ribbons were distributed to members of the community to raise awareness of stigma surrounding suicide. Throughout the week, two safeTALK workshops were offered by partners in Sudbury, one in French and the other in English, to educate members of our community around how they can help someone who is thinking about suicide.

Mental health promotion

In September, public health staff delivered a presentation on mental health and the workplace to 35 representatives from the Northeast, at the Ontario Municipal Water Association Conference. The public health nurse had the opportunity to connect with the audience on different perspectives of employers and employee's roles related to mental health, addressing stigma and promoting discussions around psychosocial risk factors. At the end of the event, workplace health resources and useful website links were shared among the participants.

Road safety

In September, public health staff continued their efforts to support community agencies in building capacity to host car seat safety inspection clinics. In partnership with Our Children Our Future, a car seat inspection clinic was held at the Lionel E. Lalonde Center and a total of 12 car seats were inspected.

Substance use

Alcohol and cannabis

Throughout the month of September, public health staff continued to distribute social media messaging to reduce harms associated with alcohol and cannabis use.

Additional information was shared with students in residence at Cambrian College and Laurentian University. Public health nurses hosted an interactive booth at Cambrian College where 42 individuals stopped to learn about how to reduce risks associated with alcohol, cannabis, and vaping use. At Laurentian University, public health nurses also hosted a booth with the trivia game and a pour challenge where students could build their skills on recognizing standard drink sizes and measuring before pouring. A total of 110 students participated in Laurentian University's event. Throughout both events, resources were shared on Canada's

Lower-Risk Cannabis Use Guidelines and Canada's Low-risk Alcohol Drinking Guidelines. Additional resources were distributed at another community event at the Canada Revenue Agency where interactive games were also used to inform nearly 750 employees of vaping, alcohol and cannabis use as well as how to reduce risks.

As part of the ongoing Be Cannabis Wise campaign, public health staff continued to facilitate community conversations to inform program planning and future campaign directions. To date, over 60 individuals from the Public Health Sudbury & Districts area have participated in conversations about the Be Cannabis Wise campaign. Participants shared insights on what they felt were important messages or what they would like to learn more about. Community consultations will continue in the coming weeks and feedback will be used to inform the development of additional messaging and programs to meet local needs.

Harm reduction – naloxone

The naloxone program continues to grow; one additional agency received training this month to distribute naloxone to their clients. A presentation to the LaCloche Foothills Municipal Association resulted in one municipality requesting a copy of the naloxone partnership agreement and fire fighter training.

Community Drug Strategy

The Community Drug Strategy for the City of Greater Sudbury was presented to the uptown Community Action Network. Thirty community members were in attendance.

Knowledge and Strategic Services

1. Health Equity and Indigenous Engagement

A two-day interactive workshop on Black history and anti-racism was held for staff, community partners, and members of the project team for the Department of Canadian Heritage-funded project on anti-Black racism on October 6 and 7. This workshop is in support of our agency's recently launched Racial Equity Action Framework and the anti-Black racism project, which is being carried out in partnership with Laurentian University students.

The Circles initiative held a summer picnic for leaders (participants), allies (volunteers), staff, and interested community members in Bell Park in August. Circles fall programming resumed in September after a break from regularly scheduled group meetings. Sessions have included allyship training for allies and a needs assessment for leaders. The Montessori School of Sudbury has agreed to be the host site for the 2019–2020 programming year. An eighth Leader Training offering will begin in mid-October, co-facilitated and hosted by St. Albert Adult Learning Centre.

2. Population Health Assessment and Surveillance

Four new internal Population Health Assessment team Indicator Reports (PHASSt-IR) were produced using 2018 data from the Rapid Risk Factor Surveillance System (RRFSS). Topics include sexual education for children, sexual education for youth, social media use, and active transport.

3. Staff Development

There are several training opportunities that will be offered to Public Health Sudbury & Districts managers and staff over the fall and early winter. These trainings will support some key organizational directions such as mental health, Indigenous engagement, public health competencies, and continuous quality improvement as well as practical skills for staff such as writing for various audiences, media interviewing, dealing with conflict and trauma, and retirement and financial planning.

On September 26, in recognition of Franco-Ontarian Day (which was September 25), the Francophone Advisory Committee hosted a Knowledge Exchange Symposium for staff. The Symposium was an opportunity to showcase and share amongst colleagues the ways in which we offer services to our communities in French. It was also an opportunity to learn from one another about the challenges and facilitators to active offer of services in French. In addition to staff presentations, we received a presentation from the Réseau du Mieux-être francophone du Nord de l'Ontario on their services and supports to francophone service providers.

4. Student Placement

This fall there are 17 student placements beginning, totaling approximately 3 800 preceptorship hours. Most of the students are studying either medicine or nursing. We have also actively promoted preceptor training offered by the Consortium national de formation en santé in both English and French. These workshops cover topics such as building trust, conflict management, integrating learning styles, and more. A series of advanced workshops, are also offered in French and cover topics such as the models of supervision, supervising in remote/rural areas, and cultural skills.

5. Presentations

On September 16, Public Health Sudbury & Districts' staff, as representatives of the Ontario Association of Public Health Nursing Leaders, presented to the Chief Medical Officer of Health, Dr. David Williams, his staff, and the Chief Nursing Officer for Ontario, a report entitled Public Health Modernization: Recommendations from the Ontario Association of Public Health Nursing Leaders and Public Health Chief Nursing Officers. On September 23, staff presented an

overview of the same report as part of a webinar series hosted by the Registered Nurses Association of Ontario.

Respectfully submitted,

Original signed by

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

Public Health Sudbury & Districts
STATEMENT OF REVENUE & EXPENDITURES
For The 8 Periods Ending August 31, 2019

Cost Shared Programs

	Annual Budget	Budget YTD	Current Expenditures YTD	Variance YTD (over)/under	Balance Available
Revenue:					
MOHLTC - General Program	15,127,700	10,085,133	10,085,133	0	5,042,567
MOHLTC - Unorganized Territory	826,000	550,667	550,667	(0)	275,333
MOHLTC - VBD Education & Surveillance	65,000	43,333	43,333	0	21,667
MOHLTC - SDWS	106,000	70,667	70,667	(0)	35,333
Municipal Levies	7,276,750	4,851,173	4,851,173	0	2,425,577
Municipal Levies - Small Drinking Water Syst	47,222	31,481	31,481	0	15,741
Municipal Levies - VBD Education & Surveill	21,646	14,431	14,431	(0)	7,215
Interest Earned	105,000	105,000	164,017	(59,017)	(59,017)
Total Revenues:	\$23,575,318	\$15,751,885	\$15,810,902	\$(59,017)	\$7,764,416
Expenditures:					
Corporate Services:					
Corporate Services	4,108,894	2,839,137	2,851,916	(12,779)	1,256,978
Print Shop	120,102	67,801	56,947	10,854	63,155
Espanola	114,957	75,991	73,152	2,839	41,805
Manitoulin	123,702	81,753	72,987	8,766	50,715
Chapleau	101,791	67,032	64,910	2,123	36,882
Sudbury East	16,808	11,205	11,873	(668)	4,935
Intake	328,471	219,659	218,833	826	109,637
Facilities Management	509,759	322,318	341,181	(18,863)	168,577
Volunteer Services	4,850	1,784	499	1,286	4,351
Total Corporate Services:	\$5,429,333	\$3,686,682	\$3,692,298	\$(5,616)	\$1,737,035
Clinical Services:					
General	1,113,441	734,552	654,005	80,546	459,436
Clinical Services	1,324,291	917,434	836,413	81,021	487,878
Branches	219,267	144,775	137,684	7,091	81,583
Family	372,662	372,662	372,663	(1)	(1)
Risk Reduction	98,842	38,148	34,481	3,667	64,361
Sexual Health	1,109,034	729,180	667,364	61,816	441,670
Influenza	0	0	0	(0)	(0)
Meningitis	0	0	1	(1)	(1)
Dental - Clinic	451,537	294,299	220,687	73,612	230,850
Vision Health	69,518	37,533	9,436	28,097	60,082
Total Clinical Services:	\$4,758,593	\$3,268,584	\$2,932,735	\$335,849	\$1,825,859
Environmental Health:					
General	812,719	513,479	493,638	19,841	319,081
Environmental	2,392,985	1,538,995	1,431,302	107,693	961,683
Vector Borne Disease (VBD)	86,907	46,695	17,132	29,562	69,775
Small Drinking Water System	163,130	106,602	105,812	790	57,318
Total Environmental Health:	\$3,455,742	\$2,205,770	\$2,047,885	\$157,886	\$1,407,857
Health Promotion:					
General	1,222,526	764,328	725,145	39,183	497,380
School	1,400,506	885,939	834,571	51,367	565,934
Healthy Communities & Workplaces	146,826	90,182	84,850	5,331	61,976
Branches - Espanola / Manitoulin	324,077	210,171	189,486	20,685	134,591
Nutrition & Physical Activity	1,081,014	701,649	627,837	73,812	453,177
Branches - Chapleau / Sudbury East	388,476	255,116	246,695	8,421	141,781
Injury Prevention	375,538	232,646	209,034	23,611	166,504
Tobacco By-Law	275,848	177,255	160,400	16,855	115,448
Family Health	261,089	45,064	34,594	10,470	226,495
Healthy Growth and Development	1,108,398	709,968	590,806	119,163	517,592
Substance Misuse Prevention	125,242	74,195	69,431	4,764	55,811
Mental Health and Addictions	394,783	229,283	177,176	52,107	217,607
Alcohol Misuse	239,533	145,096	127,244	17,852	112,289
Total Health Promotion:	\$7,343,856	\$4,520,891	\$4,077,271	\$443,621	\$3,266,585
Knowledge and Strategic Services:					
General	1,908,716	1,191,395	1,113,499	77,896	795,217
Workplace Capacity Development	23,507	1,140	300	840	23,207
Health Equity Office	42,243	37,585	47,678	(10,093)	(5,435)
Indigenous Engagement	25,000	3,970	323	3,647	24,677
Strategic Engagement	588,327	342,189	286,280	55,910	302,047
Total Knowledge and Strategic Services:	\$2,587,793	\$1,576,279	\$1,448,080	\$128,199	\$1,139,713
Total Expenditures:	\$23,575,318	\$15,258,206	\$14,198,268	\$1,059,938	\$9,377,049
Net Surplus/(Deficit)	\$0	\$493,679	\$1,612,633	\$1,118,954	

Public Health Sudbury & Districts

Cost Shared Programs

STATEMENT OF REVENUE & EXPENDITURES

Summary By Expenditure Category

For The 8 Periods Ending August 31, 2019

	BOH Annual Budget	Budget YTD	Current Expenditures YTD	Variance YTD (over) /under	Budget Available
Revenues & Expenditure Recoveries:					
Funding	23,848,475	15,990,609	16,049,624	(59,015)	7,798,851
Other Revenue/Transfers	783,798	483,415	528,169	(44,754)	255,630
Total Revenues & Expenditure Recoveries:	24,632,273	16,474,024	16,577,793	(103,769)	8,054,481
Expenditures:					
Salaries	16,174,157	10,460,027	9,699,504	760,523	6,474,653
Benefits	4,473,174	2,942,299	2,861,328	80,971	1,611,846
Travel	262,983	141,415	122,658	18,757	140,325
Program Expenses	904,883	515,046	408,766	106,281	496,117
Office Supplies	67,787	38,204	24,226	13,977	43,561
Postage & Courier Services	69,322	45,365	38,101	7,264	31,221
Photocopy Expenses	33,807	21,803	16,908	4,896	16,899
Telephone Expenses	61,632	40,824	34,804	6,020	26,828
Building Maintenance	365,128	261,820	313,591	(51,770)	51,538
Utilities	214,325	125,883	137,850	(11,966)	76,475
Rent	259,105	176,856	175,984	872	83,121
Insurance	115,636	109,903	109,903	0	5,733
Employee Assistance Program (EAP)	34,969	26,227	29,176	(2,949)	5,793
Memberships	33,089	23,588	21,246	2,342	11,843
Staff Development	205,332	80,872	62,753	18,118	142,579
Books & Subscriptions	11,815	4,558	1,579	2,979	10,236
Media & Advertising	148,785	68,368	36,857	31,511	111,928
Professional Fees	360,514	240,386	237,894	2,492	122,620
Translation	60,777	40,439	36,018	4,421	24,759
Furniture & Equipment	46,041	31,638	48,268	(16,630)	(2,227)
Information Technology	729,013	584,824	547,746	37,078	181,267
Total Expenditures	24,632,273	15,980,345	14,965,159	1,015,186	9,667,114
Net Surplus (Deficit)	0	493,679	1,612,633	1,118,954	

Sudbury & District Health Unit
SUMMARY OF REVENUE & EXPENDITURES
For the Period Ended August 31, 2019

100% Funded Programs

Program	FTE	Annual Budget	Current YTD	Balance Available	% YTD	Program Year End	Expected % YTD
Pre/Postnatal Nurse Practitioner	704	139,000	90,237	48,763	64.9%	Dec 31	66.7%
OTF - Getting Ahead and Circles	706	115,179	32,177	83,002	27.9%	Mar 31/2020	37.5%
CGS - Local Poverty Reduction Evaluation	707	70,326	13,812	56,514	19.6%	Mar 31/2021	37.5%
SFO - Electronic Cigarette Act	722	36,700	15,088	21,612	41.1%	Dec 31	66.7%
SFO -TCAN - Prevention	724	97,200	16,693	80,507	17.2%	Dec 31	66.7%
SFO - Tobacco Control Area Network - TCAN	725	285,800	178,240	107,560	62.4%	Dec 31	66.7%
SFO - Local Capacity Building: Prevention & Protection	726	259,800	124,759	135,041	48.0%	Dec 31	66.7%
SFO - Tobacco Control Coordination	730	100,000	65,888	34,112	65.9%	Dec 31	66.7%
SFO - Youth Engagement	732	80,000	48,102	31,898	60.1%	Dec 31	66.7%
Infectious Disease Control	735	479,100	302,795	176,305	63.2%	Dec 31	66.7%
LHIN - Falls Prevention Project & LHIN Screen	736	100,000	25,869	74,131	25.9%	Mar 31/20	41.7%
MOHLTC - Special Nursing Initiative	738	180,500	123,449	57,051	68.4%	Dec 31	66.7%
MOHLTC - Northern Fruit and Vegetable Funding	743	176,100	115,696	60,404	65.7%	Dec 31	66.7%
Food Safety - Haines Funding	750	36,500	14,437	22,063	39.6%	Dec 31	66.7%
NE HU Collaborations/Shared Services Exploration	755	-	45,723	(45,723)	#DIV/0!	Mar 31/20	41.7%
Triple P Co-Ordination	766	34,494	34,493	1	100.0%	Dec 31	66.7%
Supervised Consumption Study	770	80,000	30,486	49,514	38.1%	Dec 31	66.7%
MOHTLC - Harm Reduction Program	771	150,000	61,989	88,011	41.3%	Dec 31	66.7%
Healthy Babies Healthy Children	778	1,476,897	938,806	538,091	63.6%	Dec 31	66.7%
Healthy Smiles Ontario (HSO)	787	612,200	354,514	257,686	57.9%	Dec 31	66.7%
Anonymous Testing	788	61,193	25,495	35,698	41.7%	Mar 31/20	41.7%
MHPS- Diabetes Prevention Program	792	175,000	83,490	91,510	47.7%	Dec 31	66.7%
Total		4,745,989	2,742,238	2,003,751			

October 1, 2019

The Honourable Christine Elliott
Minister of Health
10th Floor, Hepburn Block
80 Grosvenor Street
Toronto, ON M7A 2C4
Sent via e-mail: christine.elliott@pc.ola.org

Dear Minister Elliott,

Re: Addressing the Opioid Emergency in Ontario - Recommendations from the Association of Municipalities of Ontario

As Ontario develops its Mental Health and Addiction strategy, Peterborough's board of health hopes that there will be specific attention paid to the opioid crisis that has emerged over the years, fueled by increased rates of opioid prescribing and only made worse by the contamination of the illicit drug supply by fentanyl.

We believe that the recent submission, in September, of recommendations from the Association of Municipalities of Ontario¹ (AMO) presents your government with a comprehensive and carefully considered set of actions that we hope will be seriously considered. These were reviewed at the board's September meeting, with the subsequent decision that its support and endorsement for these recommendations be expressed to you.

The AMO recommendations contain four foundation actions for your government to consider:

- **That the opioid crisis be recognized as a priority**, with the appropriate attention and resourcing required to address it in a comprehensive and effective manner;
- That an **"all of government approach"** be used to ensure that upstream prevention of substance use and other components of the crisis are addressed;
- That, in order to ensure success, a **provincial coordinator** be identified who can focus solely on this one issue and broker the right relationships and partnerships required to achieve the needed results; and
- **Formal means** be established to allow for transparent, accountable and two-way communications.

In addition, the AMO recommendations outline specific strategies that a provincial coordinator would undertake as components of this comprehensive, all of government approach. Taken as a whole, they provide solid advice that has been gleaned from the front lines, from the evidence, and from provincial expertise. We hope that you will find the recommendations to provide helpful guidance as you further develop your response.

As Minister of Health, we look to you for your leadership during these challenging times. Peterborough's population has been hit hard, with opioid poisonings and deaths occurring at an alarming rate. In the first quarter of 2019, we experienced a confirmed death rate of 6.2 per 100,000, a rate much higher than the

provincial rate of 2.7 deaths per 100,000. We are concerned that more needs to be done but with the dissolution of the Central East LHIN board, we no longer have a common meeting place for the planning, coordination and prioritization of health sector services like these.

The strategy that we contributed to developing, through the Central East LHIN, will require updating and adaptation to ensure that we do not lose ground, but instead, continue to build on our successes to date. For example, more people are receiving timely and effective access to treatment for addictions, through our RAAM clinic. Since opening, the Peterborough RAAM clinic has seen over 400 new patients.² Of these, 35% were seeking help for opioid use.

Our board of health supports the need for enhanced treatment options for those who fail to respond to oral agonists and we hope that Ontario will provide our community with funded access to injectable opioid agonist treatment options. The recent publication of clinical and operational guidelines³ now make this a stronger possibility. We hope, too, that harm reduction efforts will be expanded to include supervised consumption as an opportunity to provide life-saving response and prevent deaths from poisonings. We hope that more people with addictions and mental illness will be diverted away from the criminal justice system and into treatment and harm reduction services. And we hope that people with lived experience of substance use will be included in the planning, delivery and evaluation of a comprehensive strategy to ensure that we can capitalize on their insights and build a response that is inclusive, barrier-free and life affirming.

Municipalities and local public health agencies are working together to ensure that communities are responsive to their local opioid emergencies, and that Naloxone is available to assist with reversing the deadly effects of acute poisonings. But we do not act in a vacuum and we will be unable to make a difference unless we can be part of a bigger, comprehensive, complex yet coordinated strategy. That is what the AMO recommendations address, and we wish to emphasize their utility and timeliness as you progress toward a provincial Mental Health and Addictions strategy. We congratulate AMO for convening a working group to prepare and present these recommendations to you, Minister Elliott. And we hope that they will provide you with the guidance you seek in order to ensure Ontario is meeting its obligation to protect the health of its residents.

Sincerely,

Original signed by

Councillor Kathryn Wilson
Chair, Board of Health

cc: Hon. Doug Ford, Premier of Ontario
Monika Turner, Director of Policy, Association of Municipalities of Ontario
Local MPPs
Local Municipal and First Nation Councils
Peterborough Drug Strategy
Association of Local Public Health Agencies
Ontario Boards of Health

¹ Addressing the Opioid Emergency in Ontario: Municipal Recommendations for a Municipal Response, AMO, September 4, 2019, accessed at <https://www.amo.on.ca/AMO-PDFs/Reports/2019/Addressing-the-Opioid-Overdose-Emergency-in-Ontari.aspx>

² Communications, September 30, 2019

³ Fairbairn N et al. Injectable opioid agonist treatment for opioid use disorder: a national clinical guideline. CMAJ 2019 September 23,191:E1049-56.doi: 10.1503/cmaj.190344

September 27, 2019

The Honorable Rod Phillips
Minister of Finance
Frost Building South
7th Floor
7 Queen's Park Cres.
Toronto, ON M7A 1Y7

Dear Minister Phillips:

Council of Ontario Medical Officers of Health – Alcohol Choice & Convenience

On behalf of the Windsor-Essex County Board of Health we are writing to you in support of a letter we received from Dr. Chris Mackie, Chair, Council of Ontario Medical Officers of Health (COMOH) opposing **expanding alcohol retail sales in Ontario**.

Dr. Mackie refers to the Governments release of *The Case for Change: Increasing Choice and Expanding Opportunity in Ontario's Alcohol Sector* Report, and, in particular to Recommendation 8 of the Report stating, "the government should work with retailers, beverage alcohol manufacturers and public health experts to ensure increasing convenience does no lead to increased social costs related to alcohol".

The Windsor-Essex County Health Unit fully supports the above recommendation, and thanks you for your consideration.

Sincerely,



Gary McNamara, Chair
Chair, Board of Health



Theresa Marentette
Chief Executive Officer

c: Premier Doug Ford
Ontario Boards of Health
Dr. David Williams, Chief Medical Officer of Health, MOHLTC
Council of Medical Officers of Health (COMOH)
Local MPP's – Percy Hatfield, Lisa Gretzky, Taras Natyshak, Rick Nicholls

Hon. Christine Elliott
Loretta Ryan, Association of Local Public Health Units
WECHU Board of Health
Local MP's – Brian Masse, Cheryl Hardcastle, Tracy Ramsey

September 27, 2019

The Honorable Todd Smith
Minister of Children, Community and Social Services
Hepburn Block
6th Floor, 80 Grosvenor St.
Toronto, ON M7A 1E9

Dear Minister Smith:

Changes to Provincial Autism Supports

On behalf of the Windsor-Essex County Board of Health we are writing to you in support of a letter from Peterborough Public Health where they received a delegation at their June 12, 2019 Board of Health meeting who provided a detailed presentation of the planned changes to the Ontario Autism Program.

The Windsor-Essex County Board of Health supports the province's plan to address long waiting lists and to expand Ontario's five autism diagnostic hubs.

Children on the waitlist will transition to Childhood Budgets with direct funding that will include behavioural services, including assessments and consultations, speech language pathology, occupational therapy and physiotherapy as well as family/caregiver capacity building and training, respite services, technology aids and travel.

We also share Peterborough Public Health's concern that through these changes funding will be provided directly to families rather than towards a provision of evidence-based programs. We also believe that amounts should be based on a child's need and not their age. Children with autism benefit from appropriate interventions from qualified practitioners (i.e. needs-based supports).

The Windsor-Essex County Health Unit supports the above recommendation, and thanks you for your consideration.

Sincerely,



Gary McNamara, Chair
Chair, Board of Health



Theresa Marentette
Chief Executive Officer

c: Premier Doug Ford
Hon. Steven Lecce, Minister of Education
Loretta Ryan, Association of Local Public Health Units
WECHU Board of Health
Margaret Spoelstra, Co-Chair, Ontario Autism Advisory Panel
Corporation of the City of Windsor – Clerk's office
Local MP's – Brian Masse, Cheryl Hardcastle, Tracy Ramsey

Hon. Christine Elliott, Minister of Health
Ontario Boards of Health
Dr. David Williams, Chief Medical Officer of Health, MOHLTC
Council of Medical Officers of Health (COMOH)
Dr. Marie Bountrogianni, Co-Chair, Ontario Autism Advisory Panel
Corporation of the County of Essex – Clerk's office
Local MPP's – Percy Hatfield, Lisa Gretzky, Taras Natyshak, Rick Nicholls

September 27, 2019

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

Dear Minister Elliott:

Public Mental Health – Parity of Esteem Position Statement

On behalf of the Windsor-Essex County Board of Health we are writing to you in support of a letter we received from Public Health Sudbury and Districts formally adopting the **Parity of Esteem Position Statement**. This Position Statement asserts that public health equally values mental and physical health.

At its meeting on May 16, 2019, the Sudbury and Districts Board of Health carried the following resolution #15-19:

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 & District endorse the Public Mental Health – Parity of Esteem Position Statement, May 16, 2019.

The Windsor-Essex County Health Unit fully supports the above recommendation, and thanks you for your consideration.

Sincerely,



Gary McNamara, Chair
Chair, Board of Health



Theresa Marentette
Chief Executive Officer

c: Premier Doug Ford
Loretta Ryan, Association of Local Public Health Units
WECHU Board of Health
Council of Medical Officers of Health (COMOH)
Local MPP's – Percy Hatfield, Lisa Gretzky, Taras Natyshak, Rick Nicholls

Ontario Boards of Health
Dr. David Williams, Chief Medical Officer of Health, MOHLTC
Ms. Pageen Walsh, Executive Director, Ontario Public Health Agencies
Local MP's – Brian Masse, Cheryl Hardcastle, Tracy Ramsey

September 27, 2019

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

Dear Minister Elliott:

Funding Cancelled for Leave the Pack Behind

On behalf of the Windsor-Essex County Board of Health we are writing to you in support of a letter we received from Peterborough Public Health where they expressed concern at their June 12, 2019 Board of Health meeting over the provincial government's decision to cease funding for *Leave the Pack Behind*.

After 19 years, since the year 2000, of helping young adults quit smoking at campuses across Ontario, *Leave The Pack Behind* learned in a phone call that its funding had actually ended weeks ago — a casualty of Ontario Premier Doug Ford's quest to reduce the province's \$348-billion debt.

Leave The Pack Behind has expanded to 44 post-secondary institutions, worked with 35 public-health units and helped 40,600 people quit smoking, according to Kelli-an Lawrance, the group's director and Associate Professor of Health Sciences at Brock University. She credited the group's success to working with young people to design campaigns that appeal to their peers, as well as the fact *Leave the Pack Behind* offers support via social media campaigns, counselling, phone apps and online tips.

Leave The Pack Behind created an environment that supported and inspired all young adults to live their best life, tobacco-free by fulfilling their mission in 4 ways:

1. Help young adults access free quitting methods that work
2. Advocate for healthy, smoke-free spaces
3. Disrupt the social acceptance of cigarettes and alternative tobacco products
4. Build and share knowledge about how to help young adults avoid and quit smoking

The group was one of the lead authors of Make our Campus Smoke-Free, a manual for students aimed at helping them organize anti-smoking campaigns tailored to the circumstances of their school and student body. The guide has also been adopted by students in other provinces.

The Windsor-Essex County Health Unit supports the above recommendation, and thanks you for your consideration.

Sincerely,



Gary McNamara, Chair
Chair, Board of Health



Theresa Marentette
Chief Executive Officer

c: Premier Doug Ford
Loretta Ryan, Association of Local Public Health Units
WECHU Board of Health
Corporation of the City of Windsor – Clerk's office
Council of Medical Officers of Health (COMOH)
Local MPP's – Percy Hatfield, Lisa Gretzky, Taras Natyshak, Rick Nicholls

Ontario Boards of Health
Dr. David Williams, Chief Medical Officer of Health, MOHLTC
AMO – Association of Municipalities of Ontario
Corporation of the County of Essex – Clerk's office
Local MP's – Brian Masse, Cheryl Hardcastle, Tracy Ramsey

September 27, 2019

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

Dear Minister Elliott:

On September 19, 2019, the Windsor-Essex County Board of Health passed the following Resolution regarding the **Completion of Consumption and Treatment Services Application and Site Location** to address rising rates of opioid use in Windsor and Essex County.

PROPOSED MOTION

Whereas the Government of Ontario announced its funding commitment and endorsement of Consumption and Treatment Services in October 2018, and

Whereas Windsor and Essex County is experiencing significant public health concerns related to the use of opioids and other substance use, including illnesses, deaths, blood borne infections, and public discarding of used needles, and

Whereas Consumption and Treatment Services have the potential to address such public health issues, in addition to reducing health care costs, and

Whereas the Windsor-Essex County Health Unit's (WECHU) lead role in the Windsor-Essex Community Opioid Strategy and understanding of harm-reduction services in the community, creates an opportunity for the WECHU to lead the successful completion of a comprehensive and collaborative application for Consumption and Treatment Services in our community, and

Whereas the results of the WECHU-led *Supervised Injection Services Community Consultations Report* demonstrate support and openness among the general public, key stakeholders, and people who inject drugs for an SIS in WEC, and

Whereas the final submission of a CTS application as well as the application for an exemption to the federal *Controlled Drugs and Substances Act* requires community consultation and the selection of a proposed location in which to operate.

Now therefore be it resolved that the Windsor-Essex County Board of Health supports the submission of a *Consumption and Treatment Services Application* for the City of Windsor to the Ministry of Health, including the submission of an *Exemption for Medical Purposes under the Controlled Drugs and Substances Act for Activities at a Supervised Consumption Site Application* required by Health Canada, and

FURTHER THAT an additional comprehensive community consultation be conducted by the Windsor-Essex County Health Unit to determine a suitable and accessible location for a CTS in the City of Windsor.

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
Chris Harold, Ministry of Health, Manager, Addiction and Substances Policy and Programs
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

September 27, 2019

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

Dear Minister Elliott:

Recent reports of severe pulmonary illness associated with vaping in the United States and Ontario give rise to concerns about the use of these products, especially among youth. As such, at the September 25, 2019 meeting of the KFL&A Board of Health, the following motion was passed:

THAT the KFL&A Board of Health urge the Provincial Government to immediately remove Regulation 268 of the Smoke-Free Ontario Act, 2017, so that retailers of vaping products will not be allowed to promote them and so that the promotion and display of vape products are subject to the same prohibition as tobacco products.

Vaping rates among youth have been rising in Canada. In 2017, almost one in four Canadian youth (aged 15-19) reported having tried an e-cigarette. Rising youth use of e-cigarettes is especially concerning given the impact of nicotine on the developing brain.

Youth and young adults in Ontario are frequently exposed to vaping advertising on the internet, in convenience stores and gas stations, as well as on television, magazines, billboards, and public transit. Exposure to e-cigarette marketing and advertising has been associated with lower harm perceptions and increased odds of trying e-cigarettes.

Immediate action is needed to curb the impacts of vaping given the increasing vaping rates among youth, widespread promotion of vaping products, and emerging concerns about vaping-related pulmonary illness. Display and promotion of vaping products should align with current restrictions on tobacco products.

Provincially, section 4.1 of the Smoke Free Ontario Act, 2017, prohibits both the display and promotion of vapour products in any place where vapour products are sold or offered for sale (2018, c. 12, Sched 4, s.3). However, regulation 268 outlines exemptions which allow for promotion of vapour products in speciality vape stores and in retail locations that sell vapour products (O. Reg 439/18, s.4).

Kingston, Frontenac and Lennox & Addington Public Health

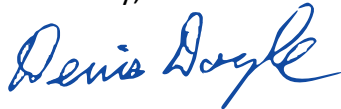
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	Napanee	613-354-3357	Fax: 613-409-6267
	Sharbot Lake	613-279-2151	Fax: 613-279-3997

The KFL&A Board of Health strongly urges the provincial government to remove Regulation 268 of the Smoke-Free Ontario Act, 2017 to restrict the marketing of vapour products to align with the advertisement of tobacco products. Such urgent action is needed to protect the health of youth in Ontario.

Sincerely,



Denis Doyle, Chair
KFL&A Board of Health

*Copy to: Ian Arthur, MPP Kingston and the Islands
 Randy Hillier, MPP Lanark-Frontenac-Kingston
 Daryl Kramp, MPP Hastings-Lennox and Addington
 Mark Gerretsen, MP Kingston and the Islands
 Scott Reid, MP Lanark-Frontenac-Kingston
 Mike Bossio, MP Hastings-Lennox and Addington
 Ginette Petitpas Taylor, Minister, Health Canada
 Dr. David Williams, Chief Medical Officer of Health, Ministry of Health
 Dr. Theresa Tam, The Chief Public Health Officer
 Loretta Ryan, Association of Local Public Health Agencies
 Ontario Boards of Health*

September 19, 2019

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

Dear Minister Elliott

RE: Immunization for School Children – Seamless Immunization Registry

At its meeting held on September 19, 2019, the Board of Health for the Haliburton, Kawartha, Pine Ridge District Health Unit discussed correspondence received from York Region with regard to protecting school-age children through immunization.

York Region's Regional Council adopted the following recommendations on May 16, 2019.

- 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.

Immunizing children is one of the safest and most effective ways to prevent illness and death from many serious contagious diseases. Vaccines are one of the most cost-effective health interventions in modern medicine.

An electronic system of immunization registry is of critical importance for centralizing data records. Accessing immunization data through Electronic Medical Records (EMR) and the Digital Health Immunization Repository (DHIR) Integration Project will allow for safe, reliable and seamless access for health care providers to report immunizations directly to public health. This will not only save health care dollars in the long term but will provide an integrated system that will be more efficient and effective.

.../2

PROTECTION · PROMOTION · PREVENTION



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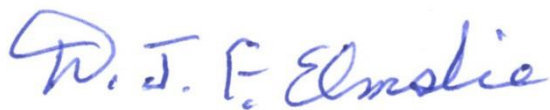
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LINDSAY OFFICE
108 Angeline Street South
Lindsay, Ontario K9V 3L5
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We appreciate your support for this important public health initiative.

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



Doug Elmslie, Chair, Board of Health

DE/aa

Cc (via email): The Hon. Doug Ford, Premier
 Jamie Schmale, MP, Haliburton-Kawartha Lakes-Brock,
 Kim Rudd, MP, Northumberland-Peterborough South
 The Hon. Laurie Scott, MPP Haliburton-Kawartha Lakes-Brock
 David Piccini, MPP Northumberland-Peterborough South
 Dr. David Williams, Ontario Chief Medical Officer of Health
 Dr. Paul Roumeliotis, Chair, Council of Medical Officers of Health
 Ontario Boards of Health
 Loretta Ryan, Association of Local Public Health Agencies

Attachment

September 18, 2019

Honourable Ginette Petitpas Taylor
Minister of Health of Canada
House of Commons
Ottawa, ON K1A 0A6

Honourable Christine Elliott
Minister of Health 10th Floor, Hepburn Block
80 Grosvenor Street
Toronto, Ontario M7A 2C4

Dear Ministers:

On September 18, 2019 the Board of Health for the Simcoe Muskoka District Health Unit approved a motion to write to the Ontario and the federal Ministers of Health calling for stringent restrictions on the display and promotion of vaping products and to ban flavoured e-cigarettes to help prevent the further uptake of vaping (and with it, the potential risk of smoking commencement) by youth.

Vaping has been rapidly increasing in our youth. A 74% increase in vaping among youth aged 16-19 in Canada was reported from 2017 to 2018 (jumping to 14.6% from 8.4%).¹ Cigarette smoking in the same period increased 45% to reach 15.5% of youth in this age group from 10.7% a year earlier. This is a concerning given that surveys initiated prior to 2018 had reported an ongoing decline in youth smoking; a finding which is consistent with the conclusions of research suggesting that vaping increases the risk of smoking in youth.² Research has also demonstrated that marketing of vaping products at retail stores is associated with youth and young adult initiation of vaping.³

Although vaping is likely to be less harmful than smoking, vaping is not harm free. Vaping can cause ear, eye, and throat irritation. The fine particles and chemicals that are inhaled into the lungs can aggravate existing lung conditions making it harder to breathe.⁴ The risk of heart attack increases with vape use and using both cigarettes and e-cigarettes increases this risk further.⁵ Nicotine addiction is a significant concern associated with youth vaping. Nicotine can change how the teenage brain develops

¹ Hammond, D., Reid, J.L., Rynard, V.L., Fong, G.T., Gummings, K.M., McNeill, A., & O'Conner, R. (2019). Prevalence of vaping and smoking among adolescents in Canada, England, and the United States: repeat national cross sectional surveys. *Bjm*, 365, I2219.

² <http://nationalacademies.org/hmd/Reports/2018/public-health-consequences-of-e-cigarettes.aspx>

³ Loukas, A, Paddock, M., Li, S., Harrell, M., Pasch, E., Perry, C (2019) Electronic Nicotine Delivery Systems Marketing and Initiation Among Youth and Young Adults

⁴ Health Canada. (2019-02-04). Vaping: Get the Facts.

⁵ Hess, CA., Olmedo, P., Navas-Acien, A., Goessier, W., Cohen, JE., & Rule, AM. E-cigarettes as a source of toxic and potentially carcinogenic metals. *Environmental Research*, 2017; 152:221 DOI: 10. 1016/j.envres.2016.09.026

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705-526-9324
FAX: 705-526-1513

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

affecting cognitive functions like memory and concentration as well as impulse control and can cause behavioural problems⁶.

A number of serious lung issues associated with vaping occurring in the United States with an unknown etiology has also recently been reported. Health Canada warned in a recent safety alert that vaping products can carry a risk of pulmonary illness. This follows five recent deaths in the U.S. that have been linked to vaping. Health Canada reported that no similar pulmonary illness incidents have been reported in Canada, but the agency is in communication with the Centre for Disease Control (CDC) who is investigating 450 cases in 33 states which involve e-cigarettes or other vaping product use.⁷

Complicating matters further in lieu of regulation and restriction are flavoured vapour products. There are over 7000 flavours of e-juice available including candy and fruit flavoured varieties with names that appeal to youth.⁸ There is a strong body of evidence to support that flavours attract youth to e-cigarette use where research concludes that flavour influences youth to try and buy e-cigarettes and the appeal of ads promoting flavours is linked to uptake of vaping by youth.⁹

Presently, there are limited federal restrictions associated with the marketing and promotion of e-cigarettes. Unlike cigarettes, vaping advertising is currently permitted on main stream media including television, radio, newspapers, outdoor signs, print and billboards. There are some regulations to protect youth related to the sale, promotion and flavour of vaping products; however, these regulations are clearly not adequate to stem the increasing uptake of vaping by youth.

Provincially, the Smoke-Free Ontario Act, 2017 (SFOA, 2017) originally put comprehensive restrictions on the display and promotion of vaping products similar to tobacco. However, those restrictions were not implemented by the Ontario provincial government before the SFOA, 2017 was enacted. As a result, point of sale display and promotion of vapour products at corner convenience stores, gas stations and grocery chains is widespread and promotional materials from posters to three-dimensional cutouts and packaging displays.

In order to prevent a further increase of vaping among youth and non-smokers in Simcoe Muskoka and to prevent the associated possible risk of cigarette smoking uptake, bans on the display and promotion of vapour products at both the Federal and Provincial level are required immediately. Provincially, the Smoke-Free Ontario Act regulations need to be strengthened to include a ban on flavoured vape products, as well on the display and promotion of vapour products mirroring the ban on tobacco products. Federally, the Tobacco and Vaping Products Act (TVPA) should also be revised to ban display, promotion and advertising, also mirroring the restrictions on tobacco in the TVPA.

⁶ England, L.J., Bunnell, R.E., Pechacek, T.F., Tong, V.T. and McAfee, T.A., 2015. Nicotine and the developing human: a neglected element in the electronic cigarette debate. *American journal of preventive medicine*, 49(2), pp.286-293.

⁷ https://www.cdc.gov/tobacco/basic_information/e-cigarettes/severe-lung-disease.html

⁸ Zhu SH, Sun JY, Bonnevie E, Cummins SE, Gamst A, Yin L, Lee M. Four hundred and sixty brands of e-cigarettes and counting: implications for product regulation. *Tobacco Control*, 2014 Jul 1;23(suppl 3):e113-9

⁹ Vasiljevic M, Petrescu DC, Marteau TM. Impact of advertisements promoting candy-like flavoured e-cigarettes on appeal of tobacco smoking among children: An experimental study, *Tobacco Control*, 2016;25(e2):e107-e112.

Thank you for your attention to this very important matter for the protection of the health of our youth.

Sincerely,

ORIGINAL Signed By:

Anita Dubeau
Board of Health Chair

Cc: Ontario Boards of Health
Association of Local Public Health Agencies
Ontario Public Health Association
Ontario Tobacco Research Unit
Ontario Campaign for Action on Tobacco
Municipal Councils of Simcoe Muskoka
Members of Parliament in Simcoe Muskoka
Members of Provincial Parliament in Simcoe Muskoka
Central Local Health Integration Network
North Simcoe Muskoka Local Health Integration Network



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789 Broadway Street, Box 3000
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Fax: 519-845-3160

September 18, 2019

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

Dr. David Williams
Chief Medical Officer of Health
Ministry of Health and Long-Term Care
21st Floor, 393 University Avenue
Toronto, ON M7A 2S1

Attention: The Honourable Minister Elliott and Dr. David Williams, Chief Medical Officer of Health

Dear Minister Elliott and Dr. Williams:

Re: Provincial Plans for the Modernization of Public Health Service Delivery

During its meeting on September 4, 2019, the County of Lambton Board of Health received a staff report dated August 22, 2019 regarding *Provincial Plans for Modernization of Public Health Service Delivery*. As a result of those discussions, the Board of Health passed the following motion:

#7: Marriott/Stark:

- b) *That the Warden, as Chair of the Board of Health, write a letter to the Minister of Health, Chief Medical Officer of Health, all Ontario Boards of Health, and the Association of Local Public Health Agencies, to request the following:*
- a. *That the geographic area of the restructured public health entity include only the geographic area of Lambton County;*
 - b. *That any changes in the cost-shared formula for public health be phased in over five years commencing in fiscal 2021-22; and highlight opposition to the cost-sharing changes which are estimated to increase the tax levy contributions to Lambton Public Health in the range of \$1.1 million;*

- c. That the governance and operating model of the restructured public health entity maintain the integrated service model which currently exists for Lambton Public Health, to continue leveraging all of the municipal activities towards addressing the social determinants of health;*
- d. That the Province delay the implementation of any organizational and financial changes to local public health until no earlier than April 1, 2021, with a commitment to engage in meaningful consultation with Lambton County Council over the next 18 months; and*
- e. That the core functions of public health, including population health assessment and surveillance, promotion of health and wellness, disease prevention, health protection and emergency management be protected.*

Carried

Public Health as a Department of the County has proved that it is a good manager of services, and a valuable partner with the Province, capable of living within its means. Because Lambton County has for two decades been sharing of administrative resources and internal support services such as: payroll, human resources, IT, legal, purchasing, etc., many of the cost savings the Province expects to realize here have already been achieved.

In closing, we believe strongly that Lambton County's service model is nimble and effective and that the Provincial government's plan to regionalize local public health units will have significant impacts. The Province's plan will significantly reduce and dilute the ability of Lambton County to have a say and input towards local health planning and service delivery. The strength of public health lies in its local connectedness. Public health needs to remain local to continue the positive work it does in contributing to strong and healthy communities.

Sincerely,



Warden Bill Weber
Chair, County of Lambton Board of Health

cc: Bob Bailey, MPP, Sarnia-Lambton
Monte McNaughton, MPP, Lambton-Kent-Middlesex
Linda Stewart, Executive Director, Association of Local Public Health Agencies
Ontario Boards of Health
Dr. Ranade, Medical Officer of Health
Andrew Taylor, General Manager



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789 Broadway Street, Box 3000
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Toll-free: 1-866-324-6912
Fax: 519-845-3160

September 18, 2019

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

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

Attention: The Honourable Doug Ford and The Honourable Minister Elliott

Dear Premier Ford and Minister Elliott:

Re: Provincial Plans for the Modernization of Public Health Service Delivery

I am very pleased to write to you on behalf of the County of Lambton Board of Health to express our gratitude in relation to the Ontario Governments decision to delay the 2019-2020 in-year funding changes regarding public health.

During its meeting on September 4, 2019, the County of Lambton Board of Health received a staff report dated August 22, 2019 regarding *Provincial Plans for Modernization of Public Health Service Delivery*. As a result of those discussions, the Board of Health passed the following motion:

#7: *Marriott/Stark:*

- a) *That Lambton County Council thank the Premier and the Minister of Health for listening and responding to feedback by municipalities to delay the in-year 2019-20 funding changes to public health and other municipally operated health and social services.*

Carried

Thank you for listening to the concerns of public health stakeholders throughout the province. The County of Lambton looks forward to being included in the government's public health consultation process over the coming months.

Sincerely,

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

Warden Bill Weber
Chair, County of Lambton Board of Health

cc: Bob Bailey, MPP, Sarnia-Lambton
Monte McNaughton, MPP, Lambton-Kent-Middlesex
Linda Stewart, Executive Director, Association of Local Public Health Agencies
Ontario Boards of Health
Dr. Ranade, Medical Officer of Health
Andrew Taylor, General Manager

Ontario Names Advisor on Public Health and Emergency Health Services Consultations

October 10, 2019 9:30 A.M.

Today, Ontario announced that Jim Pine, Chief Administrative Officer of the County of Hastings and former member of the Board of Directors of the Association of Municipalities of Ontario, will serve as advisor for renewed consultations on strengthening and modernizing public health and emergency health services. Pine will play a key role in facilitating productive discussions between the Ministry of Health and public health, emergency health and municipal stakeholders.

"Our government remains committed to working with our partners on modernizing public health and emergency health services," said Christine Elliott, Deputy Premier and Minister of Health. "Jim will play a key role in the consultation process to determine the best way to deliver these critical services so that we can continue to meet the evolving needs and priorities of Ontario's families. Strengthening both public health and emergency health services is part of our plan to end hallway health care and build a modern, integrated and sustainable health care system."

In his role as advisor to the ministry, Pine will lead consultations that will help inform the design and implementation of the government's reforms to public health and emergency health services. This work will include soliciting input from partners on designing a public health system that is nimble, resilient, efficient and responsive to emerging issues, including ensuring the following:

- Better consistency and equity of service delivery across the province;
- Improved clarity and alignment of roles and responsibilities between the province, Public Health Ontario and local public health;
- Better and deeper relationships with primary care and the broader health care system to support the goal of ending hallway health care through improved health promotion and prevention;
- Unlocking and promoting leading innovative practices and key strengths from across the province; and
- Improved public health delivery and the sustainability of the system.

"I'm looking forward to hearing directly from different communities across Ontario and giving my best advice on how to improve public health and emergency health services," said Pine. "I am confident that, together, we can identify and implement innovative and modern solutions to long-standing challenges."

Through this process, Ontario will continue to engage with the Association of Municipalities of Ontario, boards of health, public health experts, Central Ambulance Communications Centres, associations, as well as affected unions and other partners. The consultations will start in the fall 2019 and is expected to conclude in 2020.

QUICK FACTS

- The government has been working with the Association of Municipalities of Ontario, the City of Toronto, and with the Association of Local Public Health Agencies at technical tables since May 2019 to discuss public health modernization.
- The government has maintained current cost-sharing arrangements for public health and emergency health services this year. In addition, the government has increased funding by an average of nearly four per cent for land ambulance services for 2019.
- Jim Pine has been in municipal affairs for 39 years, working as a chief administrative officer in small municipalities, as a city administrator and most recently as the CAO for the County of Hastings.

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October 10, 2019

MEMORANDUM TO: Public Health and Emergency Health Services Stakeholders

FROM: **Helen Angus**
Deputy Minister
Ministry of Health

RE: Update on Public Health and Emergency Health Services
Modernization

Dear colleagues,

As you know, our health system is in need of transformational change. Over the past year, the ministry has made great progress to building a connected, integrated, and coordinated system of care – centred around the patient. This includes the creation of Ontario Health, the province's new central health agency, and the work that's been accomplished toward establishing the first wave of local Ontario Health Teams to serve our communities.

As part of this plan, we must also consider how best to deliver public health – a central component of community health – in a way that is resilient, nimble, and meets the evolving health needs and priorities of Ontario's families. Within the context of this broader health transformation, we have an opportunity to modernize and strengthen the role of public health, and to consider how it is connected to our communities.

Another part of transforming the health system is to modernize the way emergency health services are delivered in the province. In addition to our plans to upgrade the ambulance dispatch system and support new models of care for 911 patients, we are looking for ways to improve emergency health services and ensure that dispatch centres and paramedic services work well together.


Today, I am pleased to introduce Mr. Jim Pine, who will play a key role in facilitating discussions between the Ministry of Health, municipal elected officials and administrative leadership. Mr. Pine started his career with the Ministry of Municipal Affairs and Housing and served in various positions in his nine years with the ministry including as regional director for eastern Ontario. He is well respected across the province and has been in municipal affairs for 39 years, working as a city administrator, and as a chief administrative officer in small municipalities, most recently for the County of Hastings. He has also served in a number of roles with Association of Municipalities of Ontario (AMO), including as secretary-treasurer and as a member of the Board of Directors. Mr.

.../2

Pine is also the co-lead of the Eastern Ontario Regional Network, and chairs the ONWARD Initiative which is a network of all the major municipal staff organizations in Ontario dedicated to staff training and improvement.

Building upon the work of the technical tables established with the AMO, Association of Local Public Health Agencies (aLPHa), and the City of Toronto, the ministry has begun work with Mr. Pine on launching a renewed consultation with municipalities and our partners in public health and emergency health services. Through this consultation process, we will ensure that sufficient time is provided for thoughtful dialogue and implementation planning. This next phase of engagement will also include the release of a discussion paper.

If you have any feedback that you would like to share prior to the beginning the consultation period, please email us at ehsphmodernization@ontario.ca. Thank you all for your continued support and collaboration.

A handwritten signature in black ink, appearing to read 'H. Angus', with a horizontal line underneath.

Helen Angus
Deputy Minister, Ministry of Health

c: Alison Blair, ADM Emergency Health Services & Executive Lead, Public Health Modernization
Dr. David Williams, Chief Medical Officer of Health



Information Break

October 10, 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.

Update on Public Health Modernization

Today, the Ontario government announced Jim Pine as Special Advisor on Public Health and Emergency Services Consultations. Mr. Pine is the Chief Administrator Officer of the County of Hastings and a former member of the board of directors of the Association of Municipalities of Ontario. He is expected to "play a key role in facilitating productive discussions between the Ministry of Health and public health, emergency health and municipal stakeholders." See a message from Jim Pine in the latest [Connected Care Update](#). Deputy Minister Helen Angus has also sent a [letter to stakeholders](#) regarding his appointment and the upcoming consultations. [Read Ontario's news release on the Special Advisor here](#)
[Sign up to receive Connected Care Updates here](#)

In other news, the Chief Medical Officer of Health, Dr. David Williams; Alison Blair, Executive Lead, Public Health Modernization, Assistant Deputy Minister, Emergency Health Services; and Directors Liz Walker and Colleen Kiel, Ministry of Health, attended the September 27th alPHa Board meeting. alPHa was pleased to have Dr. Williams and his staff at the Board meeting and appreciated the opportunity to welcome Alison Blair to her new role. It was noted during the meeting that consultations with public health partners and municipalities on public health modernization are expected to commence in the near future and will include working with a municipal advisor and the release of a discussion paper. alPHa will share any updates, as soon as these are available, with the membership.

alPHA Joins Minister's Roundtable Discussion on Youth and Vaping

Following reports of hospital admissions due to vape-related respiratory illness, the Ontario government has expressed concerns about the prevalence and health consequences of youth vaping. On October 8, the Minister of Health convened a round table to seek feedback from leading experts on the challenges are related to youth vaping and advice on practical solutions. alPHA's Executive Director attended this meeting to reiterate alPHA's position on marketing, display and promotion. Speaking notes are available [here](#).

Fall 2019 Symposium & Section Meetings

Meet with colleagues at alPHA's events next month to engage in public health modernization. The Fall Symposium (November 6 at Dalla Lana School of Public Health) will feature a range of high profile speakers, including Minister of Health Christine Elliott. New AMO president Jamie McGarvey will also be on hand to update members on his association's activities. On the following morning, board of health members and COMOH members can attend Section business meetings at the Chestnut Conference Centre to discuss the latest issues in public health. For more information regarding the Symposium and Section meetings and to register, please click the links below.

[View Nov. 6 Symposium program here](#)

[View the Nov. 7 BOH Section meeting agenda here](#)

[Register for Fall 2019 Symposium & Section Meetings](#)

[Go to the Symposium event page](#)

ODPH Launches Revised No Money for Food is Cent\$less Campaign

The Ontario Dietitians in Public Health (ODPH) has launched the updated *No money for food is...Cent\$less* campaign. The goal of the campaign is for all Ontarians (and Canadians) to have adequate income for food without compromising their ability to pay for other basic necessities. The aim is to make food insecurity an issue for the upcoming federal election and put food insecurity on the policy agenda for the next federal government.

[Learn more about Cent\\$less here](#)

News Roundup

[Ontario Names Special Advisor on Public Health Consultations](#) - 2019/10/10

[Minister Elliott orders hospitals to provide information on vaping-related severe respiratory illness to CMOH](#) - 2019/09/18

[WHO's Global Preparedness Monitoring Board releases first annual report calling for action on global health emergencies](#) - 2019/09/18

[Ontario Attorney General makes statement on opioid crisis](#) - 2019/09/17

[Cancer survival rates for blood cancers show biggest increase over 20-year period](#) - 2019/09/04

alPHA Resolutions

To stay updated on alPHA's resolutions and the actions taken on them, visit our webpage below. Here you will find correspondence to government and key officials on member-endorsed resolutions as well as their responses and developments on the resolution. If you are attending stakeholder meetings, check this resource to learn whether alPHA has a position on the issues you will be discussing.

[Go to alPHA's Resolutions web page here](#)

Upcoming Events - Mark your calendars!

Fall 2019 Symposium - November 6, 2019; Dalla Lana School of Public Health, University of Toronto, 155 College Street, Toronto. View program details [here](#). Register [here](#).

Section Meetings for BOH and COMO Members - November 7, 2019; Chestnut Conference Centre, 89 Chestnut St., Toronto. Register [here](#).

Winter 2019 Symposium/Section Meetings - TBD

The Ontario Public Health Convention (TOPHC) 2020 - March 25-27, 2020; Beanfield Centre, 105 Princes' Blvd., Toronto. www.tophc.ca

June 2020 Annual General Meeting & Conference - June 10-12, 2020; Dalla Lana School of Public Health, University of Toronto, 155 College Street, Toronto.

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

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CANADIAN
PUBLIC HEALTH
ASSOCIATION

The Voice of Public Health

MEMBER UPDATE

Vote for action on climate change and health

In its [position statement](#) released today, the Association calls on the federal government to work with provinces, territories, municipalities, communities, Indigenous Peoples, and industries to take action on climate change and health. Many of the policies needed to fight climate change could also produce health benefits, reduce health care costs, and improve social cohesion and equity in our communities.

Legislation

Develop and implement a Pan-Canadian Climate Change Act to strengthen, support, integrate and enforce existing national and federal frameworks and commitments, and better coordinate provincial/territorial, municipal, and industry plans.

Regulations

Renew, develop new, and implement effective, evidence-based climate action plans that describe how Canada will achieve the emission reductions needed to do its fair share to keep global warming below 1.5°C based on our commitments in the Paris Accord and the Pan-Canadian Framework.

Greenhouse Gas Emissions

Reduce emissions from the oil and gas sector, by phasing out fossil fuel subsidies, regulating methane emissions, phasing out carbon extraction and undertaking other actions as necessary.

Health of Canadians

Undertake local and regional climate change impact assessments, develop adaptation plans, undertake emergency response planning and training, prepare health equity impact assessments,

develop and implement sustainable practices, and support best practice information-sharing among provinces, territories, municipalities, and Indigenous Peoples.

The United Kingdom reduced its climate emissions by 41% between 1990 and 2016 as a result of the *Climate Change Act*, which led to long-term, legislated targets with policies subject to continuous evaluation by an independent scientific body. In Canada, during the same period, emissions increased from 603 MT to 704 MT. A target-based, policy-driven plan with broad support should provide a similar response in Canada.

We are in the midst of a climate crisis and our health is at stake. Climate change requires an immediate response. **Are the political parties committed to doing everything they can to address climate change?** We have the opportunity and responsibility to vote for action.

Ask your candidates where they stand on climate change:

1. Do you accept the scientific evidence that climate change is caused by human behaviour and is having a negative impact on the health of Canadians?
2. Does your party have an effective, evidence-based climate action plan that demonstrates a national approach to how Canada will achieve the emission reductions needed to keep global warming below 1.5°C, based on our commitments in the Paris Accord and the Pan-Canadian Framework?
3. If it forms the next government, will your party develop and properly fund policies and programs to support an equitable transition for farmers, workers, and their communities who will be affected by the transition to a low carbon economy?

For almost 30 years, CPHA has warned that global warming is the greatest challenge public health has ever faced and today, we are experiencing the physical and mental health consequences in every corner of our country:

- Cardiorespiratory effects from worsening air pollution due to wildfires left many Canadians ill in recent summers.
- Emergency evacuations and population displacement from wildfires and floods have been associated with trauma and post-traumatic stress disorder.
- In the Canadian Arctic, where temperatures have increased by 2.3°C since 1948, health risks associated with food insecurity are increasing due to decreased access to traditional food sources.
- Lyme disease has spread into new regions in Canada, and more intense and prolonged pollen seasons have the potential to exacerbate hay fever and asthma.

We are running out of time. Climate change must be treated like the public health emergency that it is.

Campaign Resources

- [CPHA's 2019 Election Playbook](#)

Webinar Series

[Registration is open](#) for the October webinar on Career Readiness: Connect with Public Health Employers taking place Thursday 24 October at 13:30 EDT.


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CPHA's office is located on the original, unceded territory of the Algonquin Anishinaabeg people. They have been the guardians of this land for millennia and CPHA is grateful for the example their stewardship provides.

Les bureaux de l'ACSP sont situés sur le territoire original non cédé du peuple algonquin-anichinabé. Ce peuple est le gardien de cette terre depuis des millénaires, et l'Association leur est reconnaissante de l'exemple qu'il donne par son intendance.

**GET INFORMED
GET INVOLVED
GO  VOTE!**

Health Matters

FEDERAL ELECTION PRIMER

#vote4publichealth



Public Health
Santé publique
SUDBURY & DISTRICTS

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PUBLIC HEALTH MATTERS

Members of federal government play an important role in shaping policies that impact all aspects of our lives, including our health. Public Health Sudbury & Districts looks to elected officials as leaders to improve opportunities for health now and in the future.

Access to a sustainable health care system is a top priority issue in determining how people will vote. Did you know that investing in health promotion and preventive measures is critical to a sustainable health care system? Health promotion and disease prevention investments are less costly and keep us out of hospitals and clinics in the first place. Outlined in this document are key public health issues that are important to address to support health for all.

Learn more about the issues and the actions federal leaders can take to protect and promote the health of communities locally and across the country.

Get informed. Get involved. Go vote!

CLIMATE CHANGE

Get informed.

Climate change is one of the biggest health threats of the 21st century.

- Climate change is the biggest health threat of the 21st century affecting the social and environmental determinants of health¹. It is expected to result in increases in respiratory, heat-related injuries, vector-borne disease, and UV-related skin cancers.
- Factors such as age, gender, health status, and access to resources make some people more vulnerable to climate change effects².
- Mitigation and adaptation actions can collectively impact climate change. Effective implementation depends on cooperation between all levels of government, industry, and individuals.



KEY ACTIONS. Get involved:

1. The Canadian Public Health Association has identified actions to fight climate change and will produce immediate health benefits, reduce healthcare costs, and improve social cohesion and equity in our communities:
 - a. develop effective and evidence-based climate action plans that demonstrate a national approach to achieving emission reductions needed to do its fair share to keep global warming below 1.5°C
 - b. develop and properly fund transition policies and programs to support an equitable transition for individuals and their communities who may be impacted by the transition to a low carbon economy
 - c. make strong commitments to minimize the impact of climate change on the health of Canadians³

OPIOIDS

Get informed.

Everyone can reduce harms.

- Canada continues to be affected by opioids with devastating effects on families and communities.
- In Canada, more than 11 500 opioid-related deaths occurred between January 2016 and December 2018. 4460 opioid-related deaths occurred in 2018, a 48% increase from 2016⁴.
- Fentanyl and fentanyl-related substances continue to be a major concern. In 2018, 73% of accidental apparent opioid-related deaths involved fentanyl or fentanyl analogues⁴.
- In 2017, Health Canada's Drug Analysis Service found fentanyl or its analogues 2,469 times in drugs seized by Ontario police services, a 178% increase from 2016⁶.
- In June 2019, the Chief Medical Officer of Health in Ontario confirmed an increase in the presence of carfentanil in our communities⁵.
- The Chief Coroner for Ontario indicated that preliminary mortality data show an increase in carfentanil-related deaths in Ontario in the first four months of 2019. Carfentanil contributed to 142 deaths between January 1 and April 29, 2019⁵.



KEY ACTIONS. Get involved:

1. Support a proactive, comprehensive national drug strategy that includes opioids and focuses on education, harm reduction, treatment, and enforcement.
2. Support access to a wide range of options to meet the diverse needs of people who consume drugs.

ALCOHOL

Get informed.

In Canada last year, there were more hospital admissions related to alcohol than to heart attacks.

- In 2014, the annual economic costs of alcohol use in Canada were an estimated \$14.6 billion, largely due to the impact on health services, law enforcement, and workplace productivity⁷.
- In 2014, there were 14 800 alcohol-attributable deaths, 87 900 hospital admissions, and 139,000 years of productive-life lost in Canada. A large body of research is available on the effectiveness of different policies to reduce these harms and costs⁷.
- Alcohol is the most commonly used drug among Ontarians. It is one of the leading causes of death, disease, and disability in Ontario. In 2018, there were more hospital admissions in Canada that were alcohol-related than for heart attacks.
- Broad social implications of harmful alcohol use include injuries, violence, motor vehicle collisions, family disruption, unemployment, and workplace accidents.



KEY ACTIONS. Get involved:

1. Support the development, planning, and implementation of alcohol-related interventions and other policy levers to reduce risks and harms from alcohol.
2. Support the creation of a comprehensive national alcohol strategy to address the harms of increasing access to alcohol.

POVERTY

Get informed.

In 2017, 3.4 million Canadians lived in poverty.

- In 2017, 3.4 million Canadians, or 9.5% of the population, lived in poverty⁸.
- Basic income is a support program that provides a basic minimum income for everyone. It is a cash transfer from government to citizens, not tied to labour market participation. A basic income ensures that everyone can meet basic needs and live with dignity, regardless of their work status. A basic income protects households against volatility in income until stability returns⁹. It has the potential to ease or even end poverty¹⁰.
- Food insecurity is the inability of individuals and households to access adequate food because of financial constraints. It is a strong predictor of poorer physical and mental health and it is a highly sensitive measure of material deprivation.
- Seniors' benefits are a targeted form of a basic income. Studies examining the effect of seniors' benefits on food insecurity, including Old Age Security and the Guaranteed Income Supplement, demonstrate a drop in the incidence of food insecurity when individuals begin receiving these benefits¹¹.



KEY ACTIONS. Get involved:

1. Introduce a basic income for all Canadians by enhancing current federal programs, such as the Canada Child Benefit, Old Age Security, and the Guaranteed Income Supplement, to ensure a minimum income for all Canadians.
2. Fully enact **Opportunity for All – Canada's First Poverty Reduction Strategy**.

TOBACCO & VAPING

Get informed.

In Ontario, tobacco use is responsible for 44 deaths per day.

- In Canada, nearly 100 people die because of a smoking-caused illness per day¹⁷.
- In Ontario, tobacco use is responsible 44 deaths per day³⁴.
- In addition to the devastating human health costs of diseases from tobacco use, the economic costs in Ontario are an estimated \$2.2 billion in direct health care costs and \$5.3 billion in indirect costs, for a total of \$7.5 billion each year¹⁷.
- Electronic cigarettes have also become popular in Canada, especially among youth and smokers¹². According to the **2017 Canadian Tobacco, Alcohol and Drugs Survey**, 15% of all Canadians 15 years of age and older reported having ever tried an electronic cigarette, an increase from 13% in 2015¹³.
- Vaping products have harmful effects on one's health. Health Canada has recently issued an alert warning of potential risk of pulmonary illness associated with vaping products. Within the alert they noted recent cases of acute pulmonary illness and several deaths in the United States, reportedly linked with the use of vaping products¹⁸. Flavouring chemicals can also be added to vaping products and when flavouring chemicals are heated and aerosolized they result in increased health harms including: irritation of the eyes, throat, and nose, respiratory issues, and potentially pulmonary obstruction¹⁴. There is also limited evidence available on the potential long-term health implications of vaping and on the safety and efficacy of using electronic nicotine devices as a smoking cessation aid¹⁵.

- Research suggests that young people who vape are more likely to start smoking tobacco cigarettes¹⁶, compounding the already devastating impacts smoking has on the health of our society.
- By reducing access and appeal of tobacco and vaping products, through strengthened regulatory measures such as those described below, the negative health impacts associated with these products can be mitigated.

KEY ACTIONS. Get involved:

1. Align the regulation and enforcement of vaping, tobacco products, and the industry.
2. Prohibit the manufacture and sale of all flavoured vaping products.
3. Prohibit promotion targeting youth.
4. Apply restrictions to the concentration and/or delivery of nicotine in vaping products.
5. Regulate design features of tobacco and vaping products and adopt plain, standardized packaging of these products. Additionally, require labelling to warn against the dangers of, and modification to, these products.
6. Restrict online retail access and align with online sales of alcohol or cannabis.
7. Increase regulatory transparency and openness, inform the public of the regulations of vaping and tobacco products, dispel myths related to vaping, and share facts on the harms associated with the use of vaping products.
8. Increase tobacco taxes and taxes on vaping products, considering automatic adjustments to inflation, while increasing enforcement of anti-contraband efforts.

AFFORDABLE HOUSING

Get informed.

Better housing, better health.

- Affordable, safe, and adequate housing has a direct and significant impact on people's health¹⁹.
- Good housing means having a home that is secure, safe, in good repair, and free from infestation and mould²⁰.
- Affordable housing means having enough money to go towards other necessities like healthy food, transportation, child care, and other basic needs²².
- Housing costs are considered affordable when they are less than 30% of your household income²¹.
- In 2016, approximately 1.7 million Canadian households were in core housing need, meaning they were spending more than 30% of their before-tax income on housing²³.

KEY ACTIONS. Get involved:

1. Fully implement **Canada's National Housing Strategy - A Place to Call Home** focussing on the following commitments:
 - a. committing to the announced 10-year, \$55+ billion plan
 - b. work with provincial and municipal governments to increase new housing supply
 - c. addressing housing needs for priority populations
2. Initiate the development of the National Housing Council and Federal Housing Advocate roles to support continued advice to the federal government on improving housing outcomes and monitoring of the **National Housing Strategy**.

FOOD POLICY

Get informed.

Healthy, tasty, affordable meals for all Canadians.

- Food systems include all processes involved in ensuring a nourished society and includes growing, harvesting, processing, packaging, transporting, marketing, consuming, and disposing of food. Social, political, economic, and natural environments influence food systems.
- Healthy, sustainable food systems promote the health of individuals, communities, and the environment.
- In June 2019, Canada released the first-ever **Food Policy for Canada** to help build a healthier and more sustainable food system.
- The **Food Policy for Canada** aims to ensure all people in Canada are able to access a sufficient amount of safe, nutritious, and culturally diverse food. It also envisions a food system that is resilient and innovative, sustains our environment, and supports our economy.
- The **Food Policy for Canada** includes investments in areas such as local food infrastructure and reducing food waste. It also calls for action on a National School Food program and the development of a Canadian Food Policy Advisory Council²⁵.



KEY ACTIONS. Get involved:

1. Fully enact the vision of the Food Policy for Canada by addressing priority outcomes and action areas. In particular:
 - a. include nutrition and health as key policy drivers to ensure a sustainable food system that promotes the health of individuals, communities, and the environment
 - b. address the urgent challenges and unique food systems in northern and remote communities and of Indigenous Peoples²⁴
 - c. continue to support and work with the Canadian Food Policy Advisory Council
 - d. ensure the cross-government reporting framework for measuring and tracking progress towards priority outcomes is in place

INDIGENOUS HEALING, HEALTH, AND WELL-BEING

Get informed.

**We must work to create equal opportunities
for Indigenous Peoples in our communities.**

- Colonization and settlement of and around Indigenous communities in Northern Ontario have resulted in significant health inequities for Indigenous people²⁶.
- Systemic racism and discrimination has resulted in marginalization in all areas of public life including inadequate access to health care and unequal distribution of resources, including income, education, employment, and housing²⁶.
- The social, economic, cultural, and political inequities affecting Indigenous populations results in a disproportionate burden of ill health and social suffering²⁷. For example, an alarming 53% of First Nations on the North Shore of Lake Huron die before they reach the age of 65 (compared to 22% for Ontario overall)²⁸.
- Health issues that affect Indigenous people at rates much higher than non-Indigenous people include high infant mortality, high maternal morbidity and mortality, heavy infectious disease burdens, malnutrition, obesity, diabetes, and cardiovascular disease²⁷.



KEY ACTIONS. Get involved:

1. Work across jurisdictions to provide equitable health care services to all Indigenous people. [Jordan's Principle](#) must be upheld for children and expanded to all First Nations people.
2. Move forward the [Truth and Reconciliation Commission of Canada Calls to Action](#), and support the efforts of Indigenous people in achieving self-determination, all while being transparent about the processes and progress in meeting these objectives.
3. Work with providers and leverage opportunities to facilitate the provision of safe living conditions that allow residents to thrive in all First Nation communities. For example, access to clean drinking water and proper sanitation infrastructure.
4. Support Indigenous culture as a determinant of Indigenous health. For example, spirituality, food, and connection to the land. When Indigenous culture can flourish, it can positively transform all aspects of life, including health.

MENTAL HEALTH

Get informed.

There is no health without mental health.

- One in five Canadians are affected by mental illness annually³⁰.
- The impact of poor mental health and mental illness and addictions in Ontario on life expectancy, quality of life, and health care utilization is more than 1.5 times that of all cancers and more than 7 times that of all infectious diseases²⁹.
- In 2011, the estimated economic impact on our system related to mental illness was \$50 billion. Health care, social services, and income support costs make up the biggest proportion of these costs. It also cost businesses more than \$6 billion in lost productivity from absenteeism and turnover³⁰.
- We need to equally value mental health as we do physical health, as there is no health without mental health. The mental health and well-being of Canadians is heavily influenced by the social, economic, and physical environments where people live, learn, work, and play.



- According to the Mental Health Commission of Canada, 2016³¹, “more emphasis on holistic prevention strategies, promotion of mental wellness, increased awareness and education about positive mental health across the lifespan, and a more refined focus on the social determinants of health in culturally competent and safe manners” is required.
- A collaborative approach, involving stakeholders across various sectors is essential to uphold human rights, improve social inclusion, and eliminate stigma and discrimination. It is paramount to the mental health and well-being of Canadians.

KEY ACTIONS. Get involved:

1. Prioritize healthy public policies to develop and sustain positive mental health for all. Privilege investments impacting the social determinants of health such as social inclusion, freedom from stigma, violence and discrimination, and access to economic resources.

RACISM

Get informed.

Health is more than health care.

- In Canada, health, social, and economic inequities exist in part due to one's colour, religion, culture, or ethnic origin³².
- Racism is insidious and affects the mental and physical health of people through many mechanisms such as, racially motivated individual, structural, and state-sanctioned violence; psychosocial trauma and psychological changes from chronic stress; exposure to toxic physical, environmental, and social environments; reduced access to employment, housing and education; and inadequate or unsuitable care in social and health systems³³.
- The barriers imposed by government and non-governmental systems impacting the health of racialized groups must be eliminated if we are to address these inequities in our society.

KEY ACTIONS. Get involved:

1. Fully enact **Building a Foundation for Change: Canada's Anti-Racism Strategy 2019-2020** with immediate efforts to:
 - a. work with federal departments, agencies, and programs that the federal government funds to address the effects of discrimination, including but not limited to, the review of their systems, regulations, policies, processes, and practices to identify and remove racist approaches
 - b. engaging racialized communities in a meaningful way to involve them in government decisions that will impact them
 - c. expedite the efforts related to the Anti-Racism Action Program particularly those efforts in key areas of employment and justice
 - d. continue efforts to work with the digital industry to better address violent extremist and terrorist use of the internet and online hate, in addition to other federal government efforts to address online harm
 - e. develop and implement continuous accounting and monitoring mechanisms to demonstrate steps taken to respond to these recommendations
2. In addition to the planned **National Public Education and Awareness Campaign**, ensure sustainable funding to support ongoing cultural humility training and other training to address racism.

REFERENCES

- ¹ World Health Organization (WHO). (2016, March 3). *WHO Director-General Keynote address at the Human Rights council panel discussion on climate change and the right to health*. Geneva, Switzerland. Retrieved from <https://www.who.int/dg/speeches/2016/human-rights-council/en/>
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APPROVAL OF CONSENT AGENDA

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

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

Strategic Priorities: Narrative Report
October 2019



**Public Health
Santé publique**
SUDBURY & DISTRICTS

Introduction

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

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

Strategic Priorities



Equitable Opportunities

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



Meaningful Relationships

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



Practice Excellence

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



Organizational Commitment

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

Baby Café breastfeeding support group: Our community likes it a-latté!

Through our partnership with EarlyON centres and local school boards in Sudbury, Public Health Sudbury & Districts' *Baby Café* breastfeeding support group aims to promote the normalization of breastfeeding and breastfeeding in public. Since November 2012, this program continues to offer mothers a chance to talk to each other about their experiences, regardless of their financial or social status. Breastfeeding or pregnant mothers attend the Café to socialize and share tips, ask questions, and receive information from public health staff. One of the fundamental features of the group is that it provides a supportive, safe, and non-judgmental environment. Positive mental health is promoted by creating a sense of belonging, lessening the feelings of isolation that often accompany motherhood and elevating the understanding of other mothers' breastfeeding journeys.

The frequency of the *Baby Café* recently increased from a bi-weekly to weekly basis, as it has been so well received by our community.

For more information, please visit our website at www.phsd.ca.



Equitable Opportunities

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



Fostering relationships to improve access to oral health care

A Community Dental Advisory committee was established in 2019 to address local inequities in oral health. The committee is led by Public Health Sudbury & Districts, and members include representation from the Sudbury & District Dental Society, Cambrian College's dental hygiene program, and the Sudbury District Nurse Practitioner Clinics.

The committee held its first meeting in the spring of 2019 to discuss issues impacting equitable access to dental treatment and barriers to care for low-income adults. At this meeting, members reviewed local data that identified populations who face the greatest barriers in accessing dental treatment. Committee members also learned about the roles of each partner agency at the table. The committee agreed to focus efforts on increasing access to dental treatment for low-income adults and committed to leveraging current infrastructure to improve access to oral health care.

To date, the committee has served in an advisory capacity for the creation of a dental clinic at the new Sudbury Nurse Practitioner Clinics. The committee has also been a resource for Public Health Sudbury & Districts in the development of our strategy to provide dental care to low-income seniors. Next steps for the committee include identifying opportunities to obtain grants and finding other funding sources to support the provision of dental treatment for low-income adults in our communities.

2

Meaningful Relationships

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



Best practices with bathing beach water testing

In early 2019, the Environmental Health division, in collaboration with the Knowledge and Strategic Services division, analyzed five years of bathing beach water testing data for all Public Health Sudbury & Districts inventoried beaches. A continuous quality improvement approach was used to find efficiencies in the delivery of the water testing program, while meeting ministry regulations and ensuring recreational water safety. Historically, water samples from 34 beaches were inspected on a weekly basis. The water sampling schedule was reduced to once a month for 20 beaches located in Chapleau, Gogama, Sable-Spanish, Manitoulin Island, Killarney, and Sudbury following the review of past test results and assessing potential future risk.

Based on the review, inclusive of risk assessment to the health and safety of the public, and through consultation with public beach owners, two beaches were removed from the inventory and one new public beach was added for monitoring. Along with beach water testing, our agency conducts annual preseason beach assessments on all public beaches to determine the safety of the bathing area before the swimming season begins. Mitigation strategies are ready for implementation in the event of an adverse water sample result, if hazardous conditions are found on the beach, or if there is a blue-green algal bloom sighting.

3

Practice Excellence

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



First Aid Emergency & Opioid Overdose Response Policy

As part of Public Health Sudbury & Districts commitment to opioid overdose prevention, recognition and response, we recently updated our First Aid Emergency Response Policy to expand the definition of a first aid emergency to include emergency response for an opioid overdose. This policy outlines the training and supply requirements for the 17 designated first aid responders who work in offices across the Sudbury and Manitoulin districts.

In addition to emergency first aid certification, these staff are being trained in the administration of naloxone and their skills and competencies will be continually updated through annual refreshers.

This revised policy direction demonstrates Public Health Sudbury & Districts commitment to strengthen our accountability and build a skilled, diverse and responsive workforce for our clients and communities.



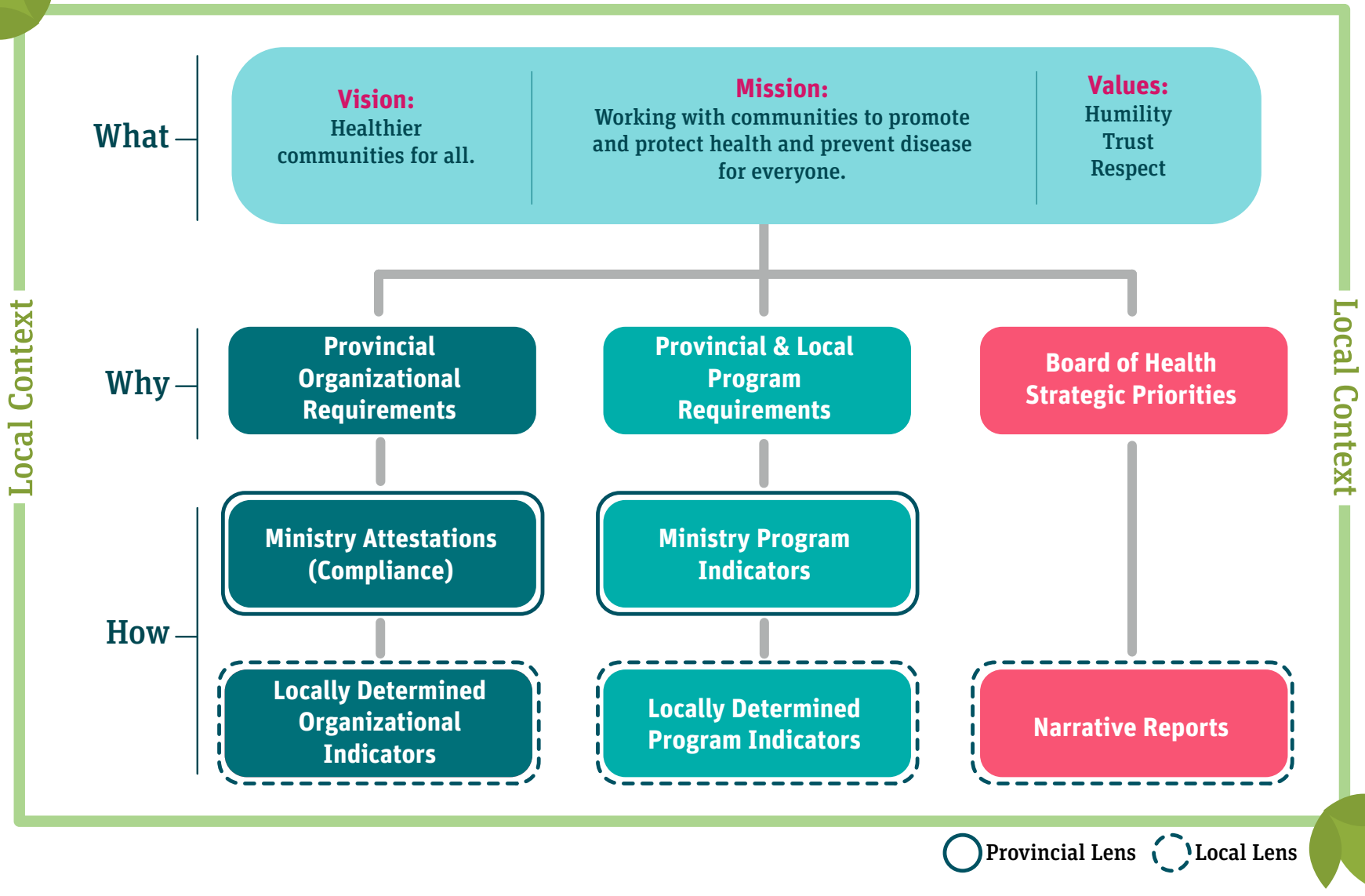
4

Organizational Commitment

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



Public Health Sudbury & Districts Accountability Monitoring Framework





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Public Health Sudbury & Districts Accountability Monitoring Plan 2018-2022

DRAFT

Public Health Sudbury & Districts
June 2018
rev. September 2019



Public Health
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This report is available online at www.phsd.ca. Ce rapport est disponible en français.

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Introduction and Context

In January 2018, the Board of Health for the Sudbury & District Health Unit, operating as Public Health Sudbury & Districts (the Board) endorsed the 2018–2022 Strategic Plan and a refreshed visual identity for Public Health Sudbury & Districts. At this time, the Board also directed the Medical Officer of Health (MOH) to operationalize the Strategic Plan and develop a monitoring process for the Board’s approval.

The 2018-2022 Accountability Monitoring Plan (the Plan) is an evolution of the 2013-2017 Performance Monitoring Plan and serves as an overarching framework for organizational accountability and monitoring. The Accountability Monitoring Plan is so named to reflect the Board’s commitment to quality and transparency and to better align with the 2018 Ontario Public Health Standards: Requirements for Programs, Services, and Accountability (OPHS).

The Accountability Monitoring Plan is an essential framework for Public Health Sudbury & Districts:

- > It is a focal point for our commitments to transparency, accountability, and public reporting.
- > It aligns with the reporting requirements as outlined in the Public Health Accountability Framework of the OPHS.
- > It is an overarching framework for comprehensive performance measurement and continuous quality improvement.

The Plan provides a framework for monitoring and reporting on provincial requirements and local priorities including the Public Health Sudbury & Districts 2018-2022 Strategic Plan. The Plan includes three main categories of reporting: organizational requirements, program requirements, and strategic planning. It contributes to the Board’s commitment to transparency with all stakeholders in creating healthier communities for all. As per the Strategic Plan, the values of humility, trust, and respect guide the implementation and reporting mechanisms of this plan.

Monitoring Framework

Overview

The Accountability Monitoring Plan helps to demonstrate how we are working to achieve our vision, mission, and values, as part of our day to day work and contributes to the Board's commitment to transparency with all stakeholders. The Accountability Monitoring Plan includes three main reporting categories that collectively demonstrate accountability for provincial mandates and local commitments:

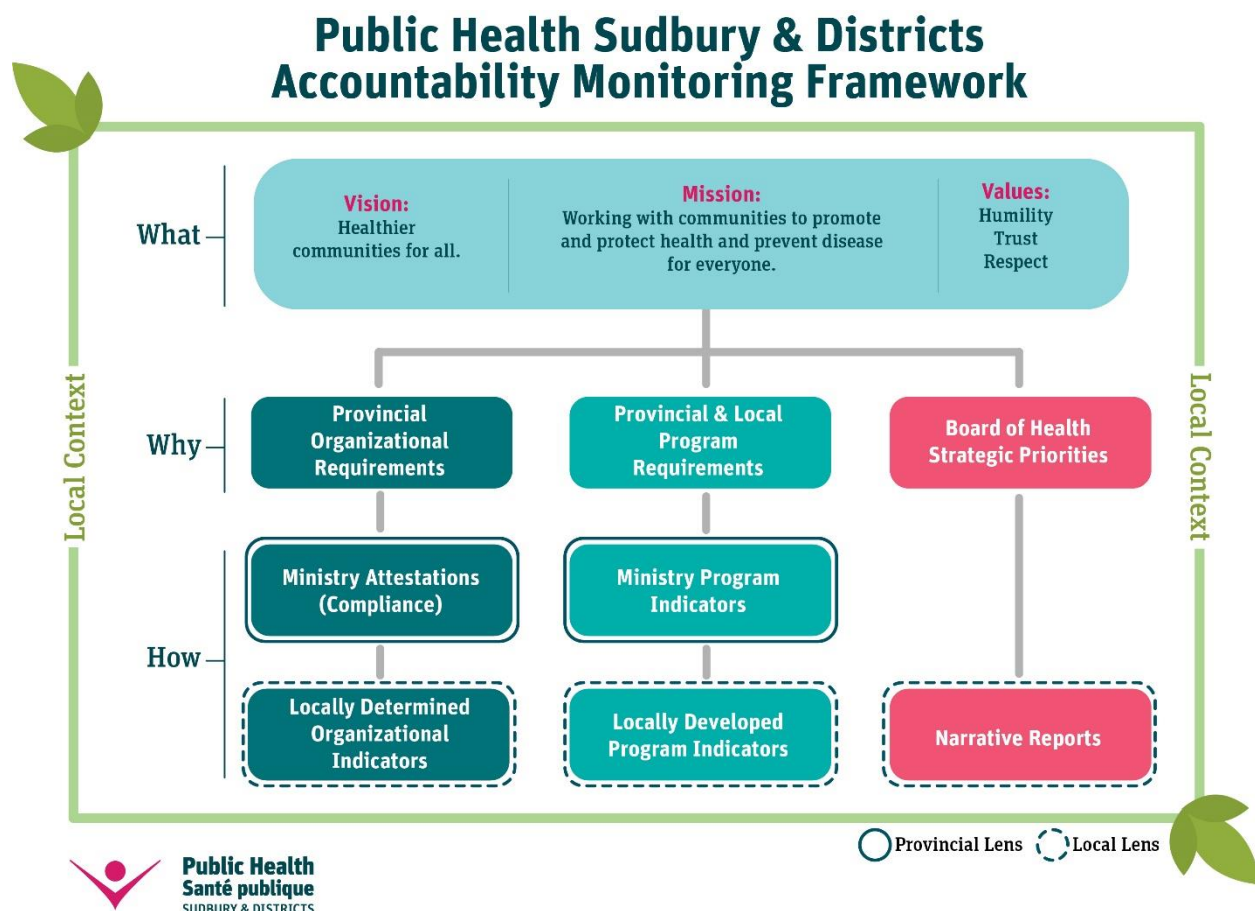
1. Provincial organizational requirements
2. Provincial and local program requirements
3. Board of Health strategic priorities

Provincial organizational requirements: Within the **organizational requirements** category, we report on four domains of accountability per the OPHS: delivery of programs and services, fiduciary requirements, good governance and management practices, and public health practice. Reporting is on compliance with the Ministry of Health organizational requirements (as outlined in the 2018 OPHS), and compliance with Public Health Sudbury & Districts locally-determined organizational indicators that reflect the local context.

Provincial and local program requirements: Within the **program requirements** category, we monitor progress and measure success with both provincial and local reporting mechanisms relating to the foundational and program standards of the 2018 OPHS. We report on the Ministry of Health public health indicators for program outcomes and contributions to population health outcomes, as well as on additional Public Health Sudbury & Districts locally-determined indicators in accordance with our program planning.

Board of health strategic priorities: Finally, we measure performance and progress as it relates to the 2018–2022 Strategic Plan and the implementation of our strategic priorities: equitable opportunities, meaningful relationships, practice excellence, and organizational commitment. Qualitative reporting provides an account of each strategic priority in action.

These three reporting categories collectively form the 2018–2022 Accountability Monitoring Framework. The diagram on the next page illustrates the relationship between each category and how together, they provide an overview of the organizational performance to which we hold ourselves accountable. The sections following the diagram explain each category in further detail.



Provincial Organizational Requirements

The Ministry of Health outlines parameters and requirements to hold boards of health accountable for the work they do, how they do it, and the results they achieve, as indicated in the OPHS.

Organizational requirements are those requirements where reporting and monitoring allows for boards of health to demonstrate accountability in effective governance of boards of health and effective management of public health.

The OPHS Public Health Accountability Framework categorizes these organizational requirements into four domains of accountability:

1. Delivery of programs and services;
2. Fiduciary requirements;
3. Good governance and management practices; and
4. Public health practice.

Using the four domains as a lens for organizational accountability, boards of health can demonstrate their achievements relating to all accountability domains in both the provincial and local context. This is done through:

- A. Ministry of Health organizational requirements; and
- B. Public Health Sudbury & Districts locally-determined organizational indicators.

A. Ministry of Health Organizational Requirements

Ministry-directed organizational requirements outline monitoring and reporting areas for boards of health to show accountability to the Ministry.

The Ministry Attestation requirements are categorized within the four domains with an additional six requirements that are common to all domains. The complete list of organizational requirements (by domain), as per the 2018 Ministry Annual Report template, can be found in Appendix A.

Reporting mechanism

Reporting to the Ministry on these attestation requirements occurs through the Annual Report and Attestations. Board reporting on compliance with these requirements will be done through the annual Accountability Monitoring Report using a visual depiction of the compliance status of each requirement. Interpretive comments may also be provided in narrative format for additional detail.

Data collection

Data collection will require a coordinated effort by all divisions to capture information from all parts of the organization. A centralized data collection tool will be developed to streamline tracking and avoid duplication.

Reporting on the organizational requirements grouped by the four domains of accountability will reflect data collected from the reporting year (January to December) and is therefore retrospective in nature.

Reporting timeline

The annual Accountability Monitoring Report will include data on the agency's compliance with the Ministry of Health organizational requirements. A mid-year report will be shared with the Senior Management Executive Committee in July of each year (data from January to June) and an annual report will be shared with the Board of Health subsequent to the joint Board of

Health/Staff Accountability Working Group review. The Board will receive this annual report each April following the reporting year (e.g. January to December 2019 reporting will be shared in April 2020).

B. Public Health Sudbury & Districts Locally-determined Organizational Indicators

In addition to the Ministry of Health's organizational requirements, locally determined organizational indicators have been developed to monitor local areas of focus that align with these organizational requirements. Each indicator is grounded within one of the four domains of the Public Health Accountability Framework of the OPHS as noted above. All selected indicators further demonstrate our commitment to excellence and accountability at the organizational level.

The locally determined organizational indicators were established in consultation with the Senior Management Executive Committee. This process included: reviewing 2013–2017 Sudbury & District Health Unit performance monitoring indicators, scanning an indicator inventory (collated from varying internal and external sources), aligning potential indicators with the 2018 OPHS Public Health Accountability Framework, and meeting with topic leads for potential indicators to ensure measures were relevant. Throughout this process, discussions were centered on choosing indicators that would measure Public Health Sudbury & Districts performance as it relates to the four domains of the OPHS Accountability Framework.

Reporting mechanism

The annual Accountability Monitoring Report will include reporting on the locally-determined organizational indicators. The information will be presented in a summary table format and may include additional narrative details as relevant.

Data collection

The locally determined organizational indicators include information from across the organization and will require a coordinated effort by all divisions to collect data. A centralized tracking tool for Accountability Monitoring data will be shared with representatives from each division for data collection purposes.

Reporting timeline

A mid-year report of the locally determined organizational indicators will be shared with the Senior Management Executive Committee in July of each year (data from January to June) and an annual report will be shared with the Board of Health subsequent to the joint Board of

Health/Staff Accountability Working Group review. The Board will receive this annual report each April following the reporting year (e.g. January to December 2019 reporting will be shared in April 2020).

Indicators

The following table presents each indicator organized by the domains of accountability per the OPHS. A detailed technical document outlines the calculation or measurement method for each indicator.

Indicator	Description
Delivery of Programs and Services	
1. Number of inclusive partnerships	<p>Using formalized committee memberships and terms of reference, this indicator will measure the number of partnerships where we work with stakeholders who are directly impacted by the planning, implementation, delivery of programs and service.</p> <p>Stakeholder engagement not only contributes to the development of meaningful relationships with our partners but helps to inform public health initiatives across all standards.</p>

<p>2. Social media engagement</p> <ul style="list-style-type: none"> a) Facebook: post engagement b) Twitter: engagement 	<p>This indicator includes two sub-indicators designed to show engagement with our different social media platforms. In keeping with the organization's social media strategy, sub-indicators help to measure whether we are increasing engagement.</p> <p>To monitor engagement with Facebook, we will examine post engagement which is a total of the number of clicks and/or reactions/comments/shares of a post.</p> <p>To monitor engagement with Twitter, we will collect data on engagement which includes number of link clicks, retweets, likes, and replies.</p>
<p>3. Number of externally peer-reviewed products</p>	<p>This indicator captures the number of new internally-developed products that are reviewed by an external peer-review process in a given year. Knowledge exchange is essential to public health practice so this indicator will allow for reporting on components of the Effective Public Health Practice Foundational Standard in a way that is meaningful to all teams.</p> <p>In addition to new peer reviewed products, existing products that have been significantly altered or changed may also be included if they have been submitted for peer review again.</p> <p>These peer reviewed products require knowledgeable interpretation by an informed audience, such as health practitioners, researchers, and/or decision-makers, and may include conference presentations, abstracts, research articles, publications, academic detailing courses, etc.</p>
<p>4. Number of collaborative partnerships with Indigenous communities and groups</p>	<p>This indicator demonstrates the number of collaborative relationships between Public Health Sudbury & Districts and Indigenous partners in both urban settings and in First Nations communities.</p> <p>These partnerships are for the purpose of planning, education, service provision, or research. The scope of programming is broad and ranges from child health to chronic disease and injury prevention to safe water and the provision of vaccines.</p>

<p>5. Emergency preparedness</p> <ul style="list-style-type: none"> a) Basic emergency management training- all managers are trained b) Basic emergency management training- all PHIs are trained c) Mandatory emergency training (internal) - all Board members are trained/up to date d) Mandatory emergency training (internal) - all staff are trained/up to date 	<p>This indicator demonstrates our ongoing preparedness for public health emergencies. Effective emergency preparedness and management ensures that we are ready to respond and recover from emergencies with public health impacts.</p> <p>In addition to complying with policies and procedures, the four sub-indicators serve as a reminder to ensure effective preparedness and response capabilities.</p>
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Fiduciary Requirements

<p>6. Board of Health Finance Committee business agenda items reflect committee responsibilities per the terms of reference.</p>	<p>This indicator demonstrates our commitment to ensuring accountability for efficient and intended use of Ministry funding.</p> <p>This indicator allows for the review of Board of Health Finance Committee agenda items to ensure that all business items considered by the committee reflect committee responsibilities per the FC terms of reference.</p>
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Good Governance and Management Practices

<p>7. Completion rate of Board of Health evaluations</p> <ul style="list-style-type: none"> a) Monthly evaluations b) Annual evaluation 	<p>This indicator collects information on the completion of monthly and annual meeting evaluations by the members of the Board of Health for Public Health Sudbury & Districts.</p> <p>This indicator demonstrates the level of commitment and engagement of the members of the Board of Health and shows accountability to good governance practices.</p>
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<p>8. Participation at The Ontario Public Health Convention (TOPHC)</p>	<p>This indicator is designed to measure participation in The Ontario Public Health Convention, a provincial convention that provides opportunities to connect with health professionals and share knowledge and develop skills related to public health.</p> <p>This indicator demonstrates our organization's commitment to being leaders in the public health sector.</p> <p>For the purposes of this indicator, participation will include those who are participating for the purposes of knowledge exchange or knowledge translation. This includes those who have poster presentations, are leading panel discussions, facilitating workshops, etc. Those who are attending the conference without presenting will not be included in this indicator calculation.</p>
<p>9. Implementation status of the National Standard of Canada for Psychological Health and Safety in the Workplace</p>	<p>Given that the National Standard of Canada for Psychological Health and Safety in the Workplace is set of voluntary guidelines, tools and resources developed by the Mental Health Commission of Canada, this indicator demonstrates the organization's commitment to employee safety and well-being.</p> <p>The Standard is intended to guide organizations in applying the principles of mental health promotion and preventing psychological harm in the workplace. There are key steps required in the voluntary implementation of the standard to ensure leadership commitment, employee engagement, and effective and continuous communication.</p> <p>This is a progression indicator to show commitment to implementation over time. This indicator measures what stage the organization is at in the implementation process by reporting on progress for each of the key steps.</p>
<p>10. Workforce development</p> <ul style="list-style-type: none"> a) Number of hours of preceptorship b) % of salary expenditures used for staff development 	<p>This indicator measures our commitment to workforce development through the number of hours of preceptorship and percentage of salary spent on staff development, two factors that contribute to strengthening our current and future workforce.</p> <p>For the purposes of this indicator, preceptorship is defined as staff time dedicated to mentoring a student on placement. While percentage of salary expenditures will look at the percentage of staffing salaries spent on staff development.</p>

Public Health Practice

11. Number of Louise Picard Public Health Research Grants funded annually

This indicator demonstrates our commitment to generating new evidence and ensuring evidence-informed public health practice.

Louise Picard Public Health Research Grants are awarded annually to co-investigators from public health and academic agencies who are seeking to implement a project that will inform public health practice.

The number of Louise Picard grants funded annually allows for reporting on our collaborations with academic partners that contribute to the evidence base.

This indicator captures the number of new Louise Picard Public Health Research Grants awarded on an annual basis and monitors how we foster relationships with academic partners and community researchers to ensure effective public health practice.

12. Quality improvement maturity

With the Board of Health required to ensure a culture of quality and organizational self-improvement (as per Effective Public Health Practice Foundational Standard and the Good Governance and Management Practices Domain), this indicator will help hold the agency accountable for continuous quality improvement work.

The Quality Improvement Maturity Tool is a validated survey that is used to assess the state of quality improvement in public health units. It includes 23 questions to evaluate quality improvement maturity across three dimensions: organizational culture; capacity and competency; and perceived value.

The overall quality maturity score will be reported as will sub scores for culture, capacity and competency, and perceived value.

Provincial and Local Program Requirements

Boards of health are not only responsible for demonstrating accountability related to organizational requirements, they are also tasked with demonstrating the value that Ontarians receive from investment in public health programs and public health interventions.

Per the *Public Health Indicator Framework for Program Outcomes and Contributions to Population Health Outcomes* in the 2018 OPHS, boards of health are required to monitor progress, measure success, and assess public health's contribution to population health. Program requirements allow for reporting on performance of programs and services and well as contributions to population health outcomes.

Program outcome indicators have been developed by the Ministry of Health to provide an evidence-informed basis for monitoring and measuring success in achieving program outcomes, and understanding the contribution of boards of health to population health outcomes. The OPHS also requires boards to develop locally-determined program outcome indicators to monitor locally-determined programs of public health interventions.

Guided by provincial and local requirements outlined in the 2018 Ontario Public Health Standards, Public Health Sudbury & Districts will report on program progress and outcomes through:

- A. Ministry of Health provincial indicators; and
- B. Public Health Sudbury & Districts locally developed program indicators.

These indicators, which are further discussed below, are reflective of program requirements relating to the Foundational Standards (population health assessment, health equity, effective public health practice, and emergency management) and the Program Standards (chronic disease prevention and well-being, food safety, healthy environments, healthy growth and development, immunization, infectious and communicable disease prevention and control, safe water, school health, and substance use and injury prevention) as outlined in the 2018 OPHS.

A. Ministry of Health Provincial Indicators

The Ministry of Health uses indicators to monitor progress and measure success of boards of health. *The Public Health Indicator Framework for Program Outcomes and Contributions to Population Health Outcomes* (OPHS, 2018) describes the indicators that are established by the Ministry of Health to monitor progress in the delivery of public health programs and services, measure achievement of program outcomes, and assess public health's contributions to population health outcomes.

Indicators that measure achievement of outcomes at the provincial level are being established by the Ministry of Health. Thus, the provincially-mandated section of the annual Accountability Monitoring Report will include all ministry-directed provincial indicators as outlined in the 2018 OPHS.

Reporting mechanism

The reporting mechanism in the annual Accountability and Monitoring report for the Ministry of Health Provincially Directed Indicators (see Appendix B) will consist of visually depicting the compliance status of each indicator in table format. Interpretive comments may also be provided in narrative format for further detail. Reporting will also be done following the Ministry of Health's reporting requirements, which include the Annual Service Plan.

Data collection

Data pertaining to these provincial indicators represent information from program areas, and collection requires a coordinated effort. A centralized data collection tool will be developed to streamline tracking (same tool for all Accountability Monitoring Plan data).

This provincial compliance component will reflect data collected from the reporting year. Reporting periods will be for the full year based on Ministry of Health requirements and submission timelines for the Annual Service Plan (which has been set as April 30 of the subsequent year). A Technical Document and visual of the reporting structure to accompany the Accountability Monitoring Plan will outline further information on the reporting periods of each Ministry of Health Indicator.

Reporting timeline

The annual Accountability Monitoring Report will include data on the agency's compliance with all current Ministry-directed Provincial Indicators. A mid-year report will be shared with the Senior Management Executive Committee in July of each year (data from January to June) and an annual report will be shared with the Board of Health subsequent to the joint Board of Health/Staff Accountability Working Group review. The Board will receive this annual report

each April following the reporting year (e.g. January to December 2019 reporting will be shared in April 2020). Additional reporting will follow timelines as outlined by the Ministry of Health.

Note: Reporting to other Ministries will follow their reporting requirements and timelines as needed.

B. Public Health Sudbury & Districts Locally Developed Program Indicators

Per the 2018 OPHS, additional program indicators have been developed locally in order to monitor progress and measure success in achieving program outcomes. These indicators reflect the work carried out under both program and foundational standards.

Reporting mechanism

Reporting mechanisms for locally developed program indicators will consist of visually depicting the compliance status of a select number of indicators in table format. Only a portion of all indicators will be selected to showcase; criteria will be developed to guide the selection of indicators to report on. Interpretive comments may also be provided in narrative format for further detail. Reporting will also be done following the Ministry of Health's reporting requirements, which include the Annual Service Plan and/or Annual Report.

Data collection

Data pertaining to these locally developed indicators represent information from all parts of the organization and collection requires a coordinated effort by all divisions. A centralized data collection tool will be developed to streamline tracking and avoid duplication (same tool for all Accountability Monitoring Plan data).

Reporting timeline

The mid-year Accountability Monitoring Report will be shared with Senior Management Executive Committee in July of each year (data from January to June) and an annual report will be shared with the Board of Health subsequent to the joint Board of Health/Staff Accountability Working Group review. The Board will receive this annual report each April following the reporting year (e.g. January to December 2019 reporting will be shared in April 2020). Highlights from the locally developed indicators will be included in these reports as relevant. Additional reporting timelines will be determined following direction from the Ministry of Health or alternate Ministries providing program funding.

Board of Health Strategic Priorities

As per the 2018 Ontario Public Health Standards, boards of health are required to develop a Strategic Plan and operationalize strategic directions over three to five years. Qualitative reporting on each of the Board's strategic priorities will be used to monitor implementation of the 2018-2022 Strategic Plan.

A. Narrative Reporting

The 2018–2022 Strategic Plan includes four Strategic Priorities that build on our past successes and direct our future actions to create optimal conditions for health for all. The Strategic Priorities are:

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

Ongoing monitoring of the integration of the strategic priorities within programs and services provides an opportunity to gauge progress on these key areas. The priorities guide our work and qualitative narratives paint a rich picture of the diversity of our practice in implementing these priorities.

Reporting mechanism

Each strategic priority will be reported on using a narrative format. The reporting document will compile one significant narrative relevant to each of the strategic priorities to showcase Public Health Sudbury & Districts' programs and services and the way in which the Strategic Plan is being put into action.

Data collection

Divisional Directors will be responsible for seeking out program and/or service examples that highlight our strategic priorities in action. Program staff will then be responsible for crafting the narrative as it relates to their program and one of the strategic priorities. Selected stories will be tracked in the centralized data tracking tool.

Reporting timeline

Selected narratives will be reported to the Board of Health for Public Health Sudbury & Districts twice per year (spring and fall). The joint Board of Health/Staff Accountability Working Group will review narratives and provide input prior to sharing with the full Board. A “roll-up” of all reported program narratives from the previous year will be included in the annual Accountability Monitoring Report. The Board will receive this annual report each April following the reporting year (e.g. January to December 2019 reporting will be shared in February 2020).

Board of Health Role

The 2018 Public Health Accountability Framework of the OPHS outlines what and how boards of health are held accountable for the work they do, how they do it and the results they got. This framework identifies what the Ministry expects from the boards of health to promote transparency and accountability with them. This increased accountability is designed to ensure boards of health have the necessary foundations to deliver programs and services, financial management, governance and public health practice ultimately supporting a strong public health sector and leading to better health for our communities.

Per the 2018 Public Health Accountability Framework of the OPHS, boards of health are required to provide to the ministry with regular performance reports on program achievements, finances, and local challenges/issues in meeting outcomes. The Accountability Monitoring Plan and related reports include these components in addition to reporting on the Board's Strategic Plan.

A joint Board of Health/Staff Accountability Working Group is established to assist the Board in meeting its reporting requirements. The Working Group reviews draft reports for content and format, provides interpretive comments where appropriate, and presents reports to the full Board of Health for approval as appropriate.

Conclusion

Public Health Sudbury & Districts' 2018–2022 Accountability Monitoring Plan is an organizing framework that provides an overview of performance as it relates to our provincial mandate and the Board of Health's 2018–2022 Strategic Plan. Provincial and local monitoring components help to “tell the story” of our performance and contribute to our commitment to transparency to all stakeholders.

The Accountability Monitoring Plan is depicted using the Accountability Monitoring Framework which incorporates our vision, mission, values, and strategic priorities, along with key categories of accountability. This Plan serves as a tool to report on organizational requirements, program requirement, and strategic priorities. Further details are in the Accountability Monitoring Plan Technical Specification document which guides the data collection for all components.

Given the changing landscape of public health and the transformation of the health system, this Plan has been developed to allow for some flexibility and future adaptations as more information is provided from the Ministry of Health, other funding ministries, and our local communities.

Appendix A: Provincial Organizational Requirements

Ministry Attestations

Organizational Requirement Reporting - 2018–2022

The requirements listed below are based on Ministry requirements for the 2018 Annual Report and Attestations. These are subject to change based on annual Ministry requirements.

Domain	Requirement
1. Delivery of Programs and Services	1. The board of health delivered programs and services in accordance with the Ontario Public Health Standards.
1. Delivery of Programs and Services	2. The board of health complied with programs provided in the <i>Health Protection and Promotion Act</i> .
1. Delivery of Programs and Services	3. The board of health undertook population health assessments that included the identification of priority populations, social determinants of health and health inequities, and measure and report on them.
1. Delivery of Programs and Services	4. The board of health publicly disclosed results of all inspections or other required information in accordance with the <i>Ontario Public Health Standards</i> .
1. Delivery of Programs and Services	5. The board of health prepared for emergencies to ensure 24/7 timely, integrated, safe, and effective response to, and recovery from, emergencies with public health impacts, in accordance with ministry policy and guidelines.
1. Delivery of Programs and Services	6. The board of health collected and analyzed relevant data to monitor trends over time, emerging trends, priorities, and health inequities, and reported and disseminated the data and information in accordance with the <i>Ontario Public Health Standards</i> .
1. Delivery of Programs and Services	7. The board of health had a strategic plan that established strategic priorities over 3 to 5 years. The plan included input from staff, clients, and community partners, and there is a process in place to review the plan at least every other year.

Domain	Requirement
1. Delivery of Programs and Services	8. The board of health developed and implemented a program of public health interventions in accordance with the <i>Chronic Disease Prevention and Well-Being Program Standard</i> , using a comprehensive health promotion approach as outlined in the <i>Chronic Disease Prevention Guideline, 2018</i> (or as current), that addressed chronic disease risk and protective factors to reduce the burden of illness from chronic diseases in the public health unit population.
1. Delivery of Programs and Services	9. The board of health enforced the <i>Skin Cancer Prevention Act (Tanning Beds), 2013</i> in accordance with the <i>Tanning Beds Protocol, 2019</i> (or as current).
1. Delivery of Programs and Services	10. The board of health conducted routine inspections of all high and moderate risk fixed food premises as per the <i>Food Safety Protocol, 2019</i> (or as current).
1. Delivery of Programs and Services	11. The board of health developed and implemented a program of public health interventions that promoted healthy built and natural environments in accordance with the <i>Healthy Environments Program Standard</i> .
1. Delivery of Programs and Services	12. The board of health developed and implemented a program of public health interventions in accordance with the <i>Healthy Growth and Development Program Standard</i> , using a comprehensive health promotion approach as outlined in the <i>Healthy Growth and Development Guideline, 2018</i> (or as current), that supported healthy growth and development in the public health unit population.
1. Delivery of Programs and Services	13. The board of health completed inventory counts as specified in the <i>Vaccine Storage and Handling Protocol, 2018</i> (or as current).
1. Delivery of Programs and Services	14. The board of health conducted routine inspections of small drinking water systems and recreational water facilities as per the <i>Recreational Water Protocol, 2019</i> (or as current) and <i>Safe Drinking Water and Fluoride Monitoring Protocol, 2019</i> (or as current).

Domain	Requirement
1. Delivery of Programs and Services	15. The board of health developed and implemented a program of public health interventions in accordance with the <i>School Health Program Standard</i> , using a comprehensive health promotion approach as outlined in the <i>School Health Guideline, 2018</i> (or as current) to improve the health of school-aged children and youth.
1. Delivery of Programs and Services	16. The board of health developed and implemented a program of public health interventions using a comprehensive health promotion approach, as outlined in the <i>Substance Use Prevention and Harm Reduction Guideline, 2018</i> (or as current) and the <i>Tobacco, Vapour and Smoke Guideline, 2018</i> (or as current), that addresses risk and protective factors to reduce the burden of substance use in the public health unit population.
1. Delivery of Programs and Services	17. The board of health developed and implemented a program of public health interventions using a comprehensive health promotion approach, as outlined in the <i>Injury Prevention Guideline, 2018</i> (or as current), that addressed risk and protective factors to reduce the burden of preventable injuries in the public health unit population.
2. Fiduciary Requirements	1. The board of health complied with the terms and conditions of the <i>Public Health Funding and Accountability Agreement</i> .
2. Fiduciary Requirements	2. The board of health placed the grant provided by the ministry in an interest bearing account at a Canadian financial institution and report interest earned to the ministry.
2. Fiduciary Requirements	3. The board of health reported all revenues it collected for programs or services in accordance with the direction provided in writing by the ministry.
2. Fiduciary Requirements	4. The board of health reported any part of the grant that was not used or accounted for in a manner requested by the ministry.
2. Fiduciary Requirements	5. The board of health repaid ministry funding as requested by the ministry.
2. Fiduciary Requirements	6. The board of health ensured that expenditure forecasts were as accurate as possible.
2. Fiduciary Requirements	7. The board of health kept a record of financial affairs, invoices, receipts and other documents, and prepare annual statements of their financial affairs.

Domain	Requirement
2. Fiduciary Requirements	8. The board of health complied with the financial requirements of the <i>Health Protection and Promotion Act</i> (e.g., remuneration, informing municipalities of financial obligations, passing by-laws, etc.), and all other applicable legislation and regulations.
2. Fiduciary Requirements	9. The board of health used the grant only for the purposes of the <i>Health Protection and Promotion Act</i> and provided or ensured the provision of programs and services in accordance with the <i>Health Protection and Promotion Act</i> , <i>Ontario Public Health Standards</i> , and the <i>Public Health Funding and Accountability Agreement</i> .
2. Fiduciary Requirements	10. The board of health spent the grant only on admissible expenditures.
2. Fiduciary Requirements	11. The board of health complied with the <i>Municipal Act, 2001</i> , and ensured that the administration adopted policies with respect to its procurement of goods and services.
2. Fiduciary Requirements	12. The board of health conducted an open and competitive process to procure goods and services.
2. Fiduciary Requirements	<p>13. The board of health ensured that the administration implemented appropriate financial management and oversight to ensure the following were in place:</p> <ul style="list-style-type: none"> a) A plan for the management of physical and financial resources; b) A process for internal financial controls based on generally accepted accounting principles; c) A process to ensure that areas of variance were addressed and corrected; d) A procedure to ensure that the procurement policy was followed across all programs/services areas; e) A process to ensure the regular evaluation of the quality of service provided by contracted services in accordance with contract standards; and, f) A process to inform the board of health regarding resource allocation plans and decisions, both financial and workforce related, that are required to address shifts in need and capacity.

Domain	Requirement
2. Fiduciary Requirements	14. The board of health had financial controls in place that met the specified attributes and objectives as per <i>Schedule D</i> of the <i>Public Health Funding and Accountability Agreement</i> .
2. Fiduciary Requirements	15. The board of health negotiated and had in place service level agreements for corporately provided services.
2. Fiduciary Requirements	16. The board of health had and maintained insurance.
2. Fiduciary Requirements	17. The board of health maintained an inventory of all tangible capital assets developed or acquired with a value exceeding \$5,000 or a value determined locally that is appropriate under the circumstances.
2. Fiduciary Requirements	18. The board of health disposed of an asset which exceeded \$100,000 in value, and with the ministry's prior written confirmation.
2. Fiduciary Requirements	19. The board of health ensured that the grant was not carried over from one year to the next, unless pre-authorized in writing from the ministry.
2. Fiduciary Requirements	20. The board of health maintained a capital funding plan which included policies and procedures to ensure that funding for capital projects was appropriately managed and reported.
2. Fiduciary Requirements	21. The board of health complied with the <i>Community Health Capital Programs</i> policy.
3. Good Governance & Management Practices	1. The board of health operated in a transparent and accountable manner and provide accurate and complete information to the ministry.
3. Good Governance & Management Practices	2. The board of health ensured that members were aware of their roles and responsibilities, and emerging issues and trends, by ensuring the development and implementation of a comprehensive orientation plan for new board members and a continuing education program for board members.
3. Good Governance & Management Practices	3. The board of health carried out its obligations without a conflict of interest and disclose to the ministry an actual, potential, or perceived conflict of interest.
3. Good Governance & Management Practices	4. The board of health complied with the governance requirements of the <i>Health Protection and Promotion Act</i> (e.g., number of members, election of chair, remuneration, quorum, passing by-laws, etc.), and all other applicable legislation and regulations.
3. Good Governance & Management Practices	5. The board of health complied with medical officer of health appointment and reporting requirements of the <i>Health</i>

Domain	Requirement
	<p><i>Protection and Promotion Act</i>, and the ministry's <i>Policy Framework on Medical Officer of Health Appointments, Reporting, and Compensation</i>. This includes, but is not limited to, having or ensuring:</p> <p>a) The appointment and approval of a full-time Medical Officer of Health at a minimum of a 0.8 full-time equivalent (28 to 32 hours or 4 days per business week on-site at the public health unit);</p> <p>b) The appointment of a physician as Acting Medical Officer of Health at a minimum of a 0.8 full-time equivalent (28 to 32 hours or 4 days per business week on-site at the public health unit), where there was no Medical Officer of Health or Associate Medical Officer of Health in place;</p> <p>c) The Medical Officer of Health reported directly to the board of health (solid line relationship) on matters of public health significance/importance;</p> <p>d) The Medical Officer of Health was part of the senior management team;</p> <p>e) Staff responsible for the delivery of public health programs and services reported directly to the Medical Officer of health without any need to report to intermediaries (solid line relationship); and,</p> <p>f) Compliance with eligibility criteria under the Medical Officer of Health and Associate Medical Officer of Health Compensation Initiative.</p>
3. Good Governance & Management Practices	6. The board of health ensured that the administration established a human resources strategy which considered the competencies, composition and size of the workforce, as well as community composition, and included initiatives for the recruitment, retention, professional development, and leadership development of the public health unit workforce.
3. Good Governance & Management Practices	7. The board of health ensured that the administration established and implemented written human resource policies and procedures which were made available to staff, students, and volunteers.
3. Good Governance & Management Practices	8. The board of health ensured all policies and procedures were regularly reviewed and revised and included the date of the last review/revision.

Domain	Requirement
3. Good Governance & Management Practices	9. The board of health engaged in community and multi-sectoral collaboration with LHINs and other relevant stakeholders in decreasing health inequities.
3. Good Governance & Management Practices	10. The board of health engaged in relationships with Indigenous communities in a way that was meaningful for them.
3. Good Governance & Management Practices	11. The board of health provided population health information, including social determinants of health and health inequities, to the public, community partners, LHINs, and health care providers in accordance with the <i>Foundational and Program Standards</i> .
3. Good Governance & Management Practices	<p>12. The board of health developed and implemented policies or by-laws regarding the functioning of the governing body, including:</p> <ul style="list-style-type: none"> a) Use and establishment of sub-committees; b) Rules of order and frequency of meetings; c) Preparation of meeting agenda, materials, minutes, and other record keeping; d) Selection of officers; e) Selection of board of health members based on skills, knowledge, competencies and representatives of the community, where boards of health were able to recommend the recruitment of members to the appointing body; f) Remuneration and allowable expenses for board members; g) Procurement of external advisors to the board such as lawyers and auditors (if applicable); h) Conflict of interest; i) Confidentiality; j) Medical officer of health and executive officers (where applicable) selection process, remuneration, and performance review; k) Delegation of the medical officer of health duties during short absences such as during a vacation/coverage plan.
3. Good Governance & Management Practices	13. The board of health ensured that by-laws, policies and procedures were reviewed and revised as necessary, and are reviewed at least every two years.

Domain	Requirement
3. Good Governance & Management Practices	<p>14. The board of health provided governance direction to the administration and ensured that the board of health remained informed about the activities of the organization regarding the following:</p> <ul style="list-style-type: none"> a) Delivery of programs and services; b) Organizational effectiveness through evaluation of the organization and strategic planning; c) Stakeholder relations and partnership building; d) Research and evaluation; e) Compliance with all applicable legislation and regulations; f) Workforce issues, including recruitment of medical officer of health and any other senior executives; g) Financial management, including procurement policies and practices; h) Risk management;
3. Good Governance & Management Practices	15. The board of health had a self-evaluation process of its governance practices and outcomes that were completed at least every other year.
3. Good Governance & Management Practices	16. The board of health ensured that the administration developed and implemented a set of client service standards.
3. Good Governance & Management Practices	17. The board of health ensured that the medical officer of health, as the designated health information custodian, maintained information systems and implemented policies/procedures for privacy and security, data collection and records management.
4. Public Health Practice	1. The board of health ensured that the administration established, maintained, and implemented policies and procedures related to research ethics.
4. Public Health Practice	<p>2. The board of health designated a Chief Nursing Officer and met specific requirements under <i>Schedule B of the Public Health Funding and Accountability Agreement</i>. This included but is not limited to:</p> <ul style="list-style-type: none"> a) The Chief Nursing Officer role was implemented at the management level or participated in senior management meetings; b) The Chief Nursing Officer reported directly to the medical officer of health or Chief Executive Officer;

Domain	Requirement
	c) The Chief Nursing Officer articulated, modelled, and promoted a vision of excellence in public health nursing practice, which facilitated evidence-based services and quality health outcomes in the public health context.
4. Public Health Practice	3. The board of health used a systematic process to plan public health programs and services to assess and report on the health of local populations, describing the existence and impact of health inequities and identifying effective local strategies to decrease health inequities.
4. Public Health Practice	4. The board of health employed qualified public health professionals in accordance with the <i>Qualifications for Public Health Professionals Protocol, 2018</i> (or as current).
4. Public Health Practice	5. The board of health supported a culture of excellence in professional practice, ensuring a culture of quality and continuous organizational self-improvement.
5. All Domains	1. The board of health had a formal risk management framework in place that identified, assessed, and addressed risks.
5. All Domains	2. The board of health produced an annual financial and performance report to the general public, as well as its Strategic Plan.

Appendix B: Ministry of Health Directed Indicators

Ministry Directed Indicators

The indicators listed below are based on Ministry requirements for the 2018 Annual Report and Attestations. These are subject to change based on annual Ministry requirements.

Food Safety

1. Proportion of food premises that shift between moderate and high risk based on annual risk categorization assessment
 - Number of food premises that shift from high to moderate risk
 - Total number of food premises that shift from moderate to high risk
2. Percentage and number of Salmonella and E. Coli foodborne outbreaks investigated for which a probable source was identified
 - Number of locally acquired Salmonella and E. Coli foodborne outbreak(s) where a probable source was identified
 - Total number of Salmonella and E. Coli outbreak(s)
 - Number of locally acquired Salmonella and E. Coli foodborne outbreak(s) where a probable source was identified/Total number of Salmonella and E. Coli outbreak(s)*100
 - In addition, note the type of setting where the outbreak occurred (e.g., hospital, long-term care home, day care, restaurant, home).

Ministry Directed Indicators: Safe Water

1. Recreational Water: Percentage of re-inspections of spas per year
 - Number of re-inspections of spas
 - Total number of re-inspections and inspections of spas
2. Recreational Water: Percentage of recreational water premises with no critical infractions in the last year (pools, spas, wading pools, splash pads, and receiving basins for water slides)
 - Number of Class A pools with no critical infractions
 - Total number of Class A pools
 - Number of Class B pools with no critical infractions
 - Total number of Class B pools

- Number of spas with no critical infractions
 - Total number of spas
 - Number of wading pools with no critical infractions
 - Total number of wading pools
 - Number of splash pads and receiving basins with no critical infractions
 - Total number of splash pads and receiving basins
3. Additional Reporting Information:
- Include inspections conducted during the reporting year
- *Include total number of each recreational water facility as per the inventory in the reporting year

ANNUAL MONITORING PLAN

MOTION:

WHEREAS the Board of Health approved the Public Health Sudbury & Districts Accountability Monitoring Plan 2018-2022 in June 2018 ([motion # 25-18](#)); and

WHEREAS Public Health Sudbury & Districts has received further direction from the Ministry of Health regarding reporting requirements; and

WHEREAS the Accountability Monitoring Plan 2018-2022 has been updated to incorporate this Ministry of Health direction;

THEREFORE BE IT RESOLVED that the Board of Health for Public Health Sudbury & Districts approve the revised Accountability Monitoring Plan 2018-2022.

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: _____