



Board of Health Meeting 07-19

Public Health Sudbury & Districts

Thursday, November 21, 2019

1:30 p.m.

Boardroom

1300 Paris Street



Board and Senior Management members are invited to a social gathering immediately following the November 21 Board

AGENDA – SEVENTH MEETING
BOARD OF HEALTH
PUBLIC HEALTH SUDBURY & DISTRICTS
BOARDROOM, SECOND FLOOR
THURSDAY, NOVEMBER 21, 2019 – 1:30 P.M.



Board members are invited to receive their flu shot at PHSD between 12:30 until 1:00 p.m. on November 21

- 1. CALL TO ORDER AND TERRITORIAL ACKNOWLEDGMENT**
- 2. ROLL CALL**
- 3. REVIEW OF AGENDA/DECLARATIONS OF CONFLICTS OF INTEREST**
- 4. DELEGATION/PRESENTATION**
 - i) Health Equity/Circles Program**
 - Dana Wilson, Manager, Health Equity, Knowledge and Strategic Services Division
 - Hughie, Circles Leader, Circles Program
- 5. CONSENT AGENDA**
 - i) Minutes of Previous Meeting**
 - a. Sixth Meeting – October 17, 2019
 - ii) Business Arising From Minutes**
 - iii) Report of Standing Committees**
 - a. Board of Health Finance Standing Committee Unapproved Minutes, October 30, 2019
 - iv) Report of the Medical Officer of Health / Chief Executive Officer**
 - a. MOH/CEO Report, November 2019
 - v) Correspondence**
 - a. Local Health Services
 - Letter and resolution from the Township of Billings to the Premier of Ontario dated November 13, 2019
 - b. National School Food Program
 - Letter from the Board of Health Chair, Grey Bruce Health Unit, to the Prime Minister dated October 31, 2019
 - c. Municipal Alcohol Policies and Municipal Policy Options to Mitigate Alcohol Harms
 - Letter from the Board of Health Chair, Kingston, Frontenac and Lennox & Addington Public Health, to the City of Kingston Mayor and City Council dated October 18, 2019

- d. Public Health Modernization – North East Public Health Transformation Initiative
 - Resolution from the Board of Health, Timiskaming Health Unit dated October 23, 2019
- e. Addressing the Opioid Emergency in Ontario - Recommendations from the Association of Municipalities Ontario
 - Letter from the Regional Clerk, Durham Region to the Prime Minister dated October 24, 2019
- vi) **Items of Information**
 - a. Ministry of Health News Release *Ontario making it easier for food banks to help those in need* October 29, 2019
 - b. Heavy Burden of Obesity: The Economics of Prevention *A quick guide for policy makers*
 - c. Ministry of Finance News Release *Ontario Government Beating Fiscal Targets While Investing in Priority Programs* November 6, 2019
 - d. Public Health Sudbury & Districts *Proud to be Vape Free* (English and French) posters
 - e. Ministry of Health News Release *Ontario Taking Next Steps to Integrate Health Care System* and Memo re Ontario Health Transitional Regional Leadership November 13, 2019

APPROVAL OF CONSENT AGENDA

MOTION:

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

6. NEW BUSINESS

- i) **alPHa Symposium and Section Meetings, November 6 and 7, 2019**
- ii) **2019 Board of Health Self-Evaluation Survey**
 - Briefing Note from Board Secretary and Medical Officer of Health and Chief Executive Officer to the Board of Health Chair dated November 14, 2019
- iii) **E-Cigarettes and Aerosolized Products**
 - a. Harms of Vaping and Next Steps for Regulation
 - Letter from the Board of Health Chair, Renfrew County and District Health Unit, to the Deputy Premier and Minister of Health dated October 31, 2019
 - Letter from the Board of Health Chair and Chief Executive Officer, Windsor-Essex County Health Unit, to the Minister of Health dated October 21, 2019

- b. Promotion of Vaping Products and Ban of Flavoured E-Cigarettes
 - The Star article *Should vaping products be regulated the same as cigarettes?* dated November 12, 2019
 - Letters from the Board of Health Chair, Grey Bruce Health Unit, to the Minister of Health dated October 31, 2019, supporting correspondence from alPHA and Simcoe Muskoka Health Unit
 - Letter from the President, Association of Local Public Health Agencies, to the Minister of Health dated October 28, 2019
 - Letter from the Board of Health Chair, Simcoe Muskoka District Health Unit, to the Minister of Health dated October 25, 2019
 - Letter from the Board of Health Chair and Chief Executive Officer, Windsor-Essex County Health Unit, to the Minister of Health Canada and the Minister of Health dated October 22, 2019
- c. Funding for Leave the Pack Behind
 - Letter from the Board of Health Chair, Grey Bruce Health Unit, to the Minister of Health dated October 31, 2019
- d. Removal of Regulation 268, Smoke-Free Ontario Act, 2017, to restrict marketing of Vaping Products
 - Letter from the Board of Health Chair, Huron County Health Unit to the Minister of Health dated November 7, 2019
 - Letter from the Board of Health Chair and Chief Executive Officer, Windsor-Essex County Health Unit, to the Minister of Health dated October 22, 2019
- e. Protecting Youth from the Dangers of Vaping
 - Ministry of Health news release dated October 25, 2019
 - Ontario Medical Association news release dated October 25, 2019
- f. Comprehensive measures to address the rise of vaping in Canada
 - Letter from the Board of Health Chair, Kingston, Frontenac and Lennox & Addington Public Health, to the Minister of Health Canada dated October 16, 2019

E-CIGARETTE AND AEROSOLIZED PRODUCT PREVENTION AND CESSATION

MOTION:

WHEREAS the Board of Health for Public Health Sudbury & Districts has a longstanding history of proactive and effective action to prevent tobacco and emerging product use and to promote tobacco use cessation; and

WHEREAS electronic cigarettes are increasingly popular in Canada, especially among youth and among smokers, including 15% of Canadian and 10% of local youths and adults reporting having tried e-cigarettes; and

WHEREAS there is increasing concern about the health hazards of using e-cigarettes including nicotine addiction, transition to tobacco products especially among youth, and emerging risks of severe pulmonary illness; and

WHEREAS the Ontario government recently announced restrictions on the promotion of e-cigarettes and products that will come into effect January 2020;

THEREFORE BE IT RESOLVED THAT the Board of Health for Public Health Sudbury & Districts, while congratulating the Minister of Health on the restrictions on e-cigarette promotion, urge the adoption of an expert-informed comprehensive strategy to address flavoured e-juice, online sales to minors, treatment programs for youth cessation, and public education; and

FURTHER that the Board urge the Minister to work with provincial, territorial and federal counterparts to adopt other evidence-informed strategies such as taxation, use prohibition, industry denormalization, and cross-Canada public education to address this emerging public health issue.

iv) 2020 Public Health Sudbury & Districts Operating Budget

- Briefing Note and Appendices from the Medical Officer of Health and Chief Executive Officer to the Board of Health Chair dated November 14, 2019

IN CAMERA

IN CAMERA

MOTION:

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

RISE AND REPORT

RISE AND REPORT

MOTION:

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

2020 OPERATING BUDGET

MOTION:

THAT the Board of Health approve the 2020 operating budget for Public Health Sudbury & Districts in the amount of \$ 26,623,396.

v) Opportunities for Health for All: Poverty Reduction

- Circles Initiative Progress Report – Fall 2019 Executive Summary
- City of Greater Sudbury Proclamation – Ontario Living Wage Week, November 3 to 9, 2019
- 2019 Nutritious Food Basket Scenarios and InfoGraphic

OPPORTUNITIES FOR HEALTH FOR ALL: POVERTY REDUCTION

MOTION:

WHEREAS income is one of the strongest predictors of health and local data show that low income is associated with an increased risk of poor physical and mental health in Sudbury and districts; and

WHEREAS Public Health Sudbury & Districts annual Nutritious Food Basket reports demonstrate that individuals and families reliant on the current provincial social assistance rates or that earn a minimum wage will experience challenges in supporting their health including meeting their nutrition requirements; and

WHEREAS income solutions incorporate the health enhancing influence of work while addressing food security and the health damaging impacts of insufficient income; and

WHEREAS the Sudbury Workers Education and Advocacy Centre calculated a living wage for Sudbury of \$16.98 (current provincial minimum is \$14.00), and the City of Greater Sudbury proclaimed November 3 – 9, 2019 as Living Wage Week; and

THEREFORE BE IT RESOLVED that the Board of Health for Public Health Sudbury & Districts formally endorse the principle of living wage employment and direct the Medical Officer of Health to pursue certification; and

FURTHER that the Board encourage all employers across our service area to commit to a living wage and to recognize the serious health and societal costs of inadequate income.

vi) Risk Management Plan 2020–2022

- Briefing Note from the Medical Officer of Health and Chief Executive Officer dated November 14, 2019
- Risk Management Plan 2020–2022

RISK MANAGEMENT

MOTION:

WHEREAS Public Health Sudbury & Districts is committed to transparency, accountability, and continuous quality improvement; and

WHEREAS the Ontario Public Health Organizational Requirements mandate board of health to provide governance direction and oversight of risk management, delegating to senior staff the responsibility to monitor and respond to emerging issues and potential threats to the organization; and

WHEREAS the Board of Health has engaged in a risk management process in order to systematically identify/assess current risks and controls;

THEREFORE BE IT RESOLVED that the Board of Health for Public Health Sudbury & Districts approve the 2020-2022 risk management plan.

vii) Staff Appreciation

STAFF APPRECIATION DAY

MOTION:

THAT this Board of Health approve a Staff Appreciation Day for the staff of Public Health Sudbury & Districts during the upcoming holiday season. The Staff Appreciation Day may be taken between the dates of December 2, 2019, to February 28, 2020. Essential services will be available and provided at all times during the holiday period except for statutory holidays when on-call staff will be available.

7. ADDENDUM

ADDENDUM

MOTION:

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

8. ANNOUNCEMENTS / ENQUIRIES

- a. Public Health Sudbury & Districts Videos
 - *We are Jeff: Opioids and Our Community (English)*
 - *Nous sommes Jeff : Les opioïdes et notre communauté (Français)*
 - *Those People Are Us*
- b. Please complete the November Board of Health meeting evaluation in BoardEffect following the Board meeting

9. ADJOURNMENT

ADJOURNMENT

MOTION:

THAT we do now adjourn. Time: ____

MINUTES – SIXTH MEETING
BOARD OF HEALTH FOR PUBLIC HEALTH SUDBURY & DISTRICTS
PUBLIC HEALTH SUDBURY & DISTRICTS, BOARDROOM, SECOND FLOOR
THURSDAY, OCTOBER 17, 2019 – 1:30 P.M.

BOARD MEMBERS PRESENT

Janet Bradley	René Lapierre	Nicole Sykes
James Crispo	Glenda Massicotte	Carolyn Thain
Randy Hazlett	Ken Noland	
Jeffery Huska (left at 2:30pm)	Rita Pilon	

BOARD MEMBERS REGRETS

Robert Kirwan	Paul Myre
Bill Leduc	Mark Signoretti

STAFF MEMBERS PRESENT

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

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) Vision Screening Program 2018 – 2019 Results

- Nicole Gauthier, Health Promoter, Clinical Services Division
- Charlene Plexman, Manager, Oral and Vision Health, Clinical Services Division

Per the new 2018 Ontario Public Health Standards, Public Health Sudbury & Districts has fully implemented the publicly funded school-based vision screening program for senior kindergarten students in 2018-2019. The overall goal of the program is to ensure that

children in our catchment have equal opportunity to attain and sustain their optimal visual health by promoting visual health, ensuring the provision of vision screening for senior kindergarten students in all schools annually, and assist families in accessing an optometrist for regular comprehensive eye examinations. The long term outcome is to increase the proportion of children with vision problems detected and treated early.

The school vision screening program consists of a series of three tests that are appropriate for senior kindergarten level children that are conducted in schools by Public Health Sudbury & Districts dental hygienists and educators.

A program evaluation was undertaken in partnership with McMaster University and Sick Kids. Evaluation results and findings from year one of implementation of the Public Health Sudbury & Districts Visual Health and Vision Screening program were shared. From the 82 schools that participated in the program, 1750 students were screened and, overall, students, teachers, parents and staff were pleased with the implementation of the vision screening program. It was noted that there is limited evidence to support program effectiveness on vision outcomes. The reliability of the tests have yet to be confirmed and there are no additional funds to implement the program.

The full program will be implemented in the 2019 – 2020 school year. Results will be used to inform ongoing planning and implementation of the program with a focus on continuous quality and process improvement. There will be planned communication with optometrists, targeted promotional efforts to identified higher risk schools and continued promotion efforts to increase awareness of OHIP-covered free comprehensive eye exams for children under the age of 19 years.

Dr. Sutcliffe shared that concerns were expressed from public health units across the province when the new OPHS was announced and these related to the lack of evidence and best use of public health resources.

Various questions and comments were entertained relating to referrals to optometrists, process of referrals and monitoring of follow-up care, higher referral rates in certain schools, follow-up processes for absent students, as well as promoting OHIP covered eye exams for children/youth under the age of 19. It was suggested that messaging regarding free OHIP eye exams be further promoted in the schools with the higher referral rates. It was suggested that Early Childhood Educators and Educational Assistants be included in future surveys.

Both presenters were thanked for their update as well as for answering questions.

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*

No discussion.

38-19 APPROVAL OF CONSENT AGENDA

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

CARRIED

6. NEW BUSINESS

- i) **2018 – 2022 Accountability Monitoring Plan**
 - Public Health Sudbury & Districts Strategic Priorities: Narrative Report, October 2018

J. Crispo was invited to share highlights of the fall edition of the Public Health Sudbury & Districts 2018–2022 Accountability Monitoring Plan Strategic Priorities: Narrative Report. He, fellow board members, N. Sykes and C. Thain, as well as Dr. Sutcliffe and staff, participate in the Joint Board of Health/ Staff Accountability Working Group. The group reviews and comments on the draft reports before they come to the Board. These narrative reports are part of the broader Public Health Sudbury & Districts Accountability Monitoring Plan, which is part of the agenda package today.

The fall narrative report presents four key stories that paint a picture of each of our strategic plan priorities in action and how these are integrated into staff members' daily work. The report will subsequently be shared with community partners via email and posted on our website, in both official languages.

These narrative reports are presented to the Board of Health twice per year and the next narrative report will come to the Board in the Spring of 2020. The staff's work in preparing these reports was acknowledged as were the valuable contributions from the Board members who are on the Working Group.

– Revised Annual Monitoring Report

Dr. Sutcliffe noted that the Accountability Monitoring Plan was recently revised to reflect Ministry requirements and to create efficiencies in reporting. The revisions were shared with the Joint Board Staff Accountability Monitoring Working Group at its last meeting. An overview of the changes that have been incorporated was provided, including Ministry of Health name change and inclusion of additional information and direction on the Ministry directed program indicators.

Going forward, updates on any outstanding issues that come out of the mid-year data collection that is presented to senior management will be shared with Board of Health members in the Medical Officer of Health report as appropriate.

The Annual Monitoring Plan report will be tabled annually at April Board meetings to align with ministry reporting timelines. Dr. Sutcliffe recognized the leadership of R. St Onge on this comprehensive internal monitoring report.

39-19 ANNUAL MONITORING PLAN

MOVED BY SYKES – THAIN: THAT 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.

CARRIED

7. ADDENDUM

40-19 ADDENDUM

MOVED BY THAIN – SYKES: 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) Vaping and Vapour Products

- Letter from the Board of Health Chair, Kingston, Frontenac and Lennox & Addington Public Health to the Minister of Health dated October 11, 2019
- Public Health Agency of Canada News Release Re Statement from the Council of Chief Medical Officers of Health on vaping in Canada dated October 11, 2019

A Board member had inquired about the possibility of this Board entertaining a similar motion. Dr. Sutcliffe agrees the Board should have its voice heard on this issue; however, is recommending that a motion be brought forward at a later date as this is a rapidly evolving topic and warrants further consideration and potentially a more comprehensive motion in addition to raising advertising concerns.

ii) Expansion of Alcohol Retail Outlets

- Letter from the Board of Health Chair, Southwestern Public Health to the Minister of Health dated September 11, 2019

The letter is shared for information. It was pointed out that this Board previously passed a motion on Modernization of Beverage Alcohol Regulation in Ontario in 2015.

iii) Public Health Modernization – North East Public Health Transformation Initiative

R. Lapierre recapped that the North East Medical Officers of Health and leadership teams have been meeting regularly through the North East Public Health Transformation Initiative (NEPHTI). A submission to the Ministry considers a range of structural, organizational, and governance options in support of a more integrated approach for the

North East. There is interest in the proposed model, the proactive work and collaborations that have taken place.

The NE Board Chairs met for the second time last Friday and agreed to invite Mr. Jim Pine, Special Advisor, to meet with the leadership of the five North East Boards of Health collectively in addition to inviting him to each NE catchment area during his public health consultation.

As for the April 1, 2020, implementation date, R. Lapierre shared that during the first alPHa Board meeting he attended where A. Blair was in attendance, it was noted that the Ministry will be making a determination on goals and a target date following their consultations.

Friendly amendments were identified in the proposed motion.

41-19 PUBLIC HEALTH MODERNIZATION – NORTH EAST PUBLIC HEALTH TRANSFORMATION INITIATIVE

Moved by Noland – Crispo: WHEREAS in its April 2019 budget, the Government of Ontario announced transformations to the public health system; and

WHEREAS on September 12 and on October 10, 2019, respectively, Deputy Minister Helen Angus announced the new roles of Executive Lead (Assistant Deputy Minister Alison Blair) and of Special Advisor (Mr. Jim Pine) for public health modernization; and

WHEREAS it was communicated that the Special Advisor will play a key role in facilitating discussions between the Ministry of Health, municipal elected officials and administrative leadership on public health and on emergency health services; and

WHEREAS the five Boards of Health in North East Ontario*, having been engaged since 2017 in identifying opportunities for collaboration and potential shared services, remain committed to continued collaboration;

THEREFORE BE IT RESOLVED THAT the Board of Health for Public Health Sudbury & Districts support the request of the Chairs of the five Boards of Health in the North East, namely that the Ministry of Health hold public health consultation sessions that are separate and distinct from the emergency health services consultation sessions and are held in each North East Board of Health catchment area;

AND FURTHER THAT the July 2019 submission to Deputy Helen Angus and Chief Medical Officer of Health Dr. David Williams, Transforming Public Health for the People of Northeastern Ontario, be shared with Mr. Jim Pine and ADM Blair;

AND FURTHER THAT Mr. Pine be invited to meet with the leadership of the five North East Boards of Health collectively to share the work of the North East Public Health Transformation Initiative and engage further on developing a local public health system that best meets the public health needs of the people of the North East.

**** Algoma Public Health, North Bay Parry Sound District Health Unit, Porcupine Health Unit, Public Health Sudbury & Districts, and Timiskaming Health Unit.***

CARRIED WITH FRIENDLY AMENDMENTS

8. IN CAMERA

42-19 IN CAMERA

MOVED BY MASSICOTTE – THAIN: THAT this Board of Health goes in camera to deal with labour relations or employee negotiations. Time: 2:22 p.m.

CARRIED

9. RISE AND REPORT

43-19 RISE AND REPORT

MOVED BY HAZLETT – MASSICOTTE: THAT this Board of Health rises and reports. Time: 2:38 p.m.

CARRIED

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

44-19 APPROVAL OF BOARD INCAMERA MEETING NOTES

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

CARRIED

45-19 ONA MEMORANDUM OF SETTLEMENT RATIFICATION

MOVED BY HAZLETT – MASSICOTTE: THAT the Board of Health ratify the Memorandum of Settlement between Public Health Sudbury & Districts and the Ontario Nurses' Association dated September 24, 2019.

CARRIED

10. ANNOUNCEMENTS / ENQUIRIES

Board members were reminded that a cultural humility training workshop will be held for Board of Health members.

11. ADJOURNMENT

46-19 ADJOURNMENT

MOVED BY CRISPO – NOLAND: THAT we do now adjourn. Time: 2:41 p.m.

CARRIED

(Chair)

(Secretary)

**UNAPPROVED MINUTES
BOARD OF HEALTH FINANCE STANDING COMMITTEE
PUBLIC HEALTH SUDBURY & DISTRICTS, BOARDROOM, SECOND FLOOR
WEDNESDAY, OCTOBER 30, 2019 – 9:30 A.M.
BOARDROOM, SECOND FLOOR**

BOARD MEMBERS PRESENT

Randy Hazlett	Mark Signoretti
René Lapierre	Carolyn Thain

STAFF MEMBERS PRESENT

Colette Barrette	France Quirion
Rachel Quesnel	Dr. Penny Sutcliffe

C. THAIN PRESIDING

1. CALL TO ORDER

The meeting was called to order at 9:35 a.m.

2. ROLL CALL

3. REVIEW OF AGENDA/DECLARATIONS OF CONFLICTS OF INTEREST

There were no declarations of conflict of interest.

4. APPROVAL OF BOARD OF HEALTH FINANCE STANDING COMMITTEE

4.1 Board of Health Finance Standing Committee Minutes dated May 3, 2019

04-19 APPROVAL OF MEETING NOTES

MOVED BY SIGNORETTI – LAPIERRE: THAT the meeting notes of the Board of Health Finance Standing Committee meeting of May 3, 2019, be approved as distributed.

CARRIED

The Chair inquired about the appointment of the auditor following 2019 as this is the third and last year of the City of Greater Sudbury's three-year contract with KPMG. We have contacted the City of Greater Sudbury to inquire about the status of the renewal or selection of a new auditor.

5. NEW BUSINESS

5.1 Year-to-Date Financial Statements

a) September 2019 Financial Statements

F. Quirion reviewed the year-to-date financial statements ending September 30, 2019. The total variance of \$1,494,375 is higher than last year at this time which is expected given the hiring freeze and spending restrictions implemented in response to the April 2019 provincial budget announcement of retroactive funding cuts to boards of health. With subsequent announcements, these restrictions have been lifted. Preliminary projections for the 2019 year-end are slightly higher than that of our 2018 year-end position, however, we are working to catch up on programming as much as possible to year end.

Question and comments were entertained. The importance of being transparent and communicating regularly with staff was highlighted in the context of many unknowns. Discussion ensued regarding the projected surplus for 2019 resulting from circumstances out of our control. As it relates to the funding formula changing to 70:30, Dr. Sutcliffe clarified that, unless specified, all 100% provincially-funded programs will be rolling into cost-shared funding. The Ministry has not yet provided implementation details for the 100% programs. It was requested that note be made in the Board materials about which 100% programs will be transferred to the 70:30 funding formula and that information on our reserves is included.

5.2 2020 Operating Budget

a) Briefing Note: Context and Assumptions

Dr. Sutcliffe recapped Ministry of Health announcements since the release of the provincial budget on April 11, 2019, regarding massive changes to Ontario's public health system that included budget cuts across the local public health system and funding formula changes.

It has been a rapidly evolving context for the modernization of public health this year. A. Blair has been appointed as Executive Lead for Public Health Modernization and J. Pine appointed Special Advisor on Public Health and Emergency Health Services. The Ministry of Health has not yet scheduled the consultation sessions. Given the many unknowns relating to the modernization of public health, assumptions have had to be included in the 2020 base budget being proposed today that include:

- effective January 1, 2020, the Ministry of Health will implement a 70:30 funding formula, including:
 - Mandatory cost-shared programs historically funded at up to 75%

- Other related programs historically funded at 100% and excluding:
 - Unorganized territories
 - MOH/AMOH compensation initiative
 - Ontario senior dental care program
- the Ministry of Health will calculate the 2020 grant on the basis of projections made in the Board's 2018 third quarter reporting for both cost-shared and 100% funded programs;
- requirements of boards of health remain the same, as prescribed by legislation, regulation, and the Ontario Public Health Standards and related protocols and guidelines;
- Public Health Sudbury & Districts will continue to operate as an autonomous entity for the entire 2020 calendar year; and
- per Ministry verbal communication with Public Health Sudbury & Districts staff in May and Ministry August announcement (10% cap on municipal increases), one-time Ministry mitigation funding in the amount of \$600,000 will be allocated to Public Health Sudbury & Districts to offset 2020 operating expenses.

Dr. Sutcliffe noted that this is management's best advice for go forward based on dialogue with government colleagues. Questions and comments were entertained. It was clarified that it is unclear as to why the Ministry would be using Q3 2018 projections; however, Ministry staff have indicated that they are working hard to maintain current financial investment in public health.

b) 2020 Summary of Budget Pressures

F. Quirion reviewed the summary of the recommended 2020 budget reflecting the impact of the 70:30 funding formula on our bottom line. Per the Ministry of Health's communication, the 2020 figures are based on the 2018 third quarter year end projections for both cost shared and 100% funded programs. Applying a 70% provincial funding formula to these figures results in an overall reduction in provincial revenue of \$1,169,560. Going into the budget deliberations, the projected budget shortfall for 2020 is therefore \$1,931,441.

A one-time provincial mitigation fund of \$600,000 has been included in the recommended budget and, after applying the municipal levy increase capped at 10%, the remaining budget shortfall is \$596,879.

Discussion ensued regarding interpretation and purpose of the one-time mitigation funds and the 10% cap on municipal levy increases. It was agreed that a

communication plan with key messages on background and context will be important. Clear messaging to constituent municipalities will also be important and additional information will be on the Municipal Levy table to provide further clarification for the November Board agenda package.

It was pointed out that senior management has been diligent in assessing the impacts of the funding formula change and have been strategic in planning for the future needs of the organization. The structural changes previously shared have assisted the organization in finding efficiencies resulting in cost savings of \$487,409. In addition, interest is projected to grow in 2020.

With these efficiencies, there will be unfunded budget pressures amounting to \$74,470 which are expected to be addressed through in-year gapped salaries.

c) 3-Year Financial Projections

The three-year projections to 2022 depict the impact of the changes to the funding of public health. Assumptions in the three-year scenario were reviewed. In 2021, the projected financial position, if funding remains at the same level as 2020, is a deficit of \$1.2M, growing to \$1.8M deficit in 2022. The impacts of the regionalization through the public health modernization, including short-term and long-term financial implications, are unknown.

d) 2020 Recommended Operating Budget

An overview of the recommended 2020 budget totaling \$26,623,396 was provided. The 2020 recommended budget shows a net increase over 2019 of \$200,002.

Revenues for 2020 include all programs, include the previous 100% cost-shared programs now referenced as other related programs.

The bulk of the budget increase in the expenditures by category relates to the staff development \$129,883. It was noted that significant variances will be highlighted in the budget briefing note that goes to the Board.

On December 1, 2019, Public Health Sudbury & District will be seeing the end of a two-year rate freeze for the extended health and dental benefits resulting in a 12.1% overall increase for the provision of these benefits. F. Quirion noted that it is common to see larger than average increase after a period of rate freeze to premiums.

There are ongoing increases to fixed costs including heat, hydro, physical infrastructure and system infrastructure maintenance costs continue to rise.

Questions and comments were entertained relating to purchased services, telephone expenses, reserves, as well as the 10% cap on municipal levy increases. It was clarified that the municipal levies are based on the most recent MPAC population base and that although not the most up to date data, the levies are proportional. Dr. Sutcliffe reviewed the Board of Health's legislative responsibilities adding that there are channels to advocate to the government such as through alPHa and AMO for a balanced approach between the provincial and municipal fiscal responsibilities. Dr. Sutcliffe acknowledged the work of F. Quirion, C. Barrette and team for the development of the recommended 2020 budget.

IN CAMERA

05-19 IN CAMERA

MOVED BY HAZLETT – LAPIERRE: THAT this Board of Health Finance Standing Committee goes in camera for personal matters involving one or more identifiable individuals, including employees or prospective employees. Time: 11:05 a.m.

CARRIED

RISE AND REPORT

06-19 RISE AND REPORT

MOVED BY LAPIERRE – SIGNORETTI: THAT this Board of Health Finance Standing Committee rises and reports. Time: 11:18 a.m.

CARRIED

It was reported that one agenda item relating to for personal matters involving one or more identifiable individuals, including employees or prospective employees was discussed for which the following motion emanated:

07-19 APPROVAL OF MEETING NOTES

MOVED BY LAPIERRE – SIGNORETTI: THAT this Board of Health approve the meeting notes of the October 29, 2018, Board in camera meeting and that these remain confidential and restricted from public disclosure in accordance with exemptions provided in the Municipal Freedom of Information and Protection of Privacy Act.

CARRIED

6. ADJOURNMENT

08-19 ADJOURNMENT

MOVED BY SIGNORETTI – LAPIERRE: THAT we do now adjourn. Time: 11:19 a.m.

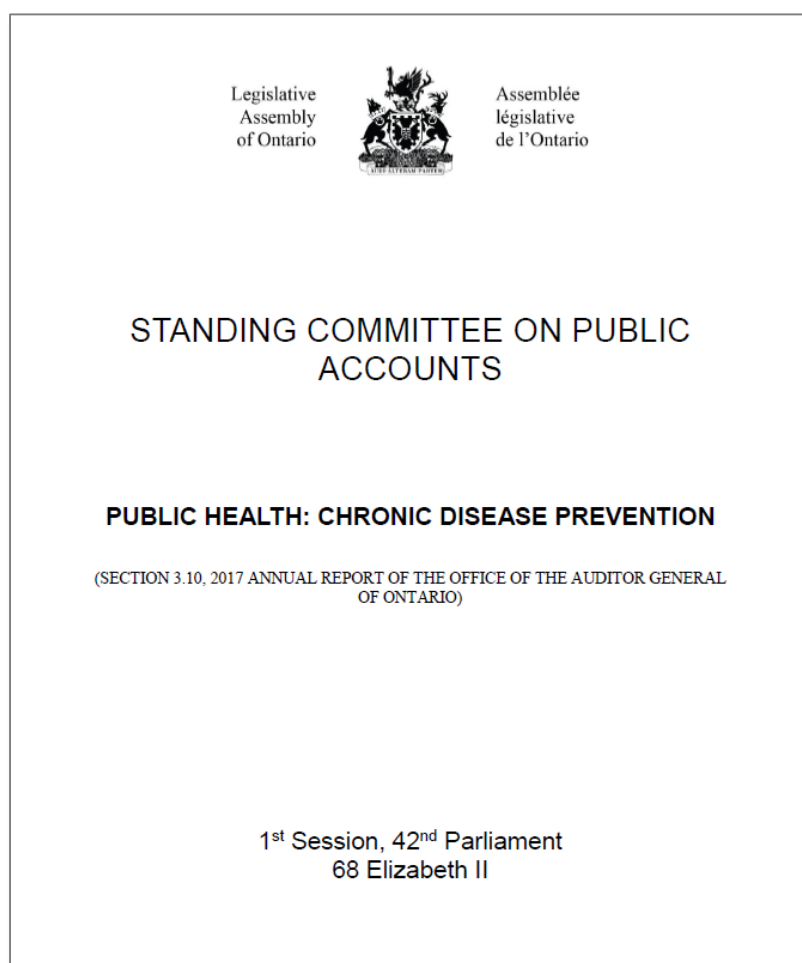
CARRIED

(Chair)

(Secretary)

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

Words for thought



INTRODUCTION

On October 3, 2018, and February 20, 2019, the Standing Committee on Public Accounts held public hearings on the audit of Public Health: Chronic Disease Prevention (Section 3.10 of the Auditor General's *2017 Annual Report*) as administered by the Ministry of Health and Long-Term Care.

Selective Committee Recommendations: (17 total)

5. The Ministry of Health and Long-Term Care should actively support coordination among provincial ministries and local public health units to ensure that public health units plan and deliver programs more efficiently.
11. The Ministry of Health and Long-Term Care should work with Public Health Ontario and public health units to

- a) evaluate the feasibility of centralizing epidemiological expertise that can perform analysis or provide support to all public health units;
14. The Ministry of Health and Long-Term Care should establish performance indicators and targets, linked to the new Ontario Public Health Standards, for public health units.
 15. The Ministry of Health and Long-Term Care should publicly report on the performance of public health units, including annual results and targets of their performance indicators.
 16. The Ministry of Health and Long-Term Care should monitor the resources invested by public health units in chronic disease prevention programs against the program outcomes.
 17. The Ministry of Health and Long-Term Care should expedite its efforts to ensure equitable funding for public health units.

Source: Standing Committee on Public Accounts - Public Health: Chronic Disease Prevention
<https://www.ola.org/en/legislative-business/committees/public-accounts/>
Date Retrieved: November 10, 2019

Chair and Members of the Board,

As the Board of Health may recall, among the 2017 Auditor General of Ontario Value-for-Money Audits was that of [Public Health: Chronic Disease Prevention](#). On November 5, 2019, the Standing Committee on Public Accounts presented to the House its [report](#), endorsing the Auditor's 2017 findings and recommendations and presenting its own findings, views, and recommendations. Respondents, including the Ministry of Health, Public Health Ontario and the five audited health units, Chatham-Kent, Durham, Toronto, and Thunder Bay, have 120 days to respond to the recommendations.

At first glance this may not seem timely or relevant. However, in the provincial government's November 6, 2019, [Economic Outlook and Fiscal Review](#) and in Minister Elliott's remarks at alpha's Fall Symposium, it was noted that the "modernizing public health" initiative responds to the 2017 findings made by the Auditor General that public health units are poorly coordinated and often duplicate work.

It will be important to ensure ongoing awareness of these reports and relevant responses from the Ministry of Health, Public Health Ontario, and local boards of health. Locally, senior management will undertake its own review of the recommendations to assess for relevance and potential for action.

General Report

1. Board of Health

Board of Health appreciation

Board members are invited to join the senior managers in the Boardroom following the November 21, 2019, meeting for light refreshments.

Board of Health meetings

There is no regularly scheduled Board of Health meeting in December. The date of the next Board of Health meeting is scheduled for Thursday, January 16, 2020, at 1:30 p.m. in the Boardroom. Meeting requests for the regular Board of Health meetings will be sent to all Board of Health members. 2020 meeting dates are also available in BoardEffect under Events and will be listed on the phsd.ca website.

Board of Health cultural humility training workshop

A cultural humility workshop is being offered to all Board of Health members on Thursday, January 16, 2020, from 9 a.m. until noon in the Ramsey Room. All Board of Health members are encouraged to participate.

Roll Up Your Sleeve

Board members are welcomed and encouraged to get 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 location for your flu shot. Staff will also be available to administer flu shots immediately following the Board meeting should you not have time prior to the meeting.

2. Local and Provincial Meetings

I participated in the NEPHTI Steering Committee meeting on September 22 where it was decided that, due to the uncertain direction from government for Ontario's public health transformation, that the work would pause for now. Certain teams are continuing to identify opportunities for further engagement and collaboration. Work with our public health colleagues across the north continues with our monthly Northern Medical Officer of Health meetings.

On October 23, 2019, R. St Onge and I attended the Greater Sudbury Chamber of Commerce's President's series luncheon welcoming Dr. Sarita Verma, President, Dean and CEO of the Northern Ontario School of Medicine.

I was pleased to join colleagues from across Ontario's boards of health at the alPHa Fall Symposium and meeting of the Council of Ontario Medical Officers of Health, November 6 and November 7.

I, along with key emergency response staff from Public Health Sudbury & Districts, participated in an annual emergency management compliance exercise hosted by the City of Greater Sudbury at the Lionel Lalonde Emergency Operations Centre on November 13.

I continue as an Advisory Board member for the National Collaborating Centre for Healthy Public Policy and will attend their upcoming November 18 meeting by distance. I will be pleased to attend the Journées annuelles de santé publique (JASP) in Montréal later in November.

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

Public Health Sudbury & Districts launched our 2019 United Way Campaign on October 21, 2019, which ran until November 4, 2019. The contributions raised will support funding of social service programs within the Greater Sudbury area that help so many in our community. This year, the United Way Planning Committee set a goal of \$10 000. The committee is pleased to announce that we have surpassed our goal and raised \$10 500.

4. Professional Practice and Chief Nursing Officer Report

The Chief Nursing Officer (CNO) for Public Health Sudbury & Districts leads the work of the Professional Practice Committee (PPC), an interdisciplinary group of Public Health Sudbury & Districts members. The PPC works to foster an environment supportive of evidence-based professional practice, promoting excellence in public health practice across all disciplines. The PPC also supports the maintenance of competency and/or creates systems and processes to enhance inter-professional practice and development within Public Health Sudbury & Districts. Over the year, this group has discussed issues related to conflict of interest, client digital recording of visits, client centred approaches for LGBTQ² and code of conduct among professionals.

The CNO role also supported the ongoing approaches to expand the scope of nursing practice, contributed to a response to the Ministry's announcement of the Modernization of Public Health, fostered ongoing relationships with our northern public health nursing colleagues, provided ongoing education for public health nurses, and shared input for the nursing program curriculum and direction to further support the recruitment and preparation of the future workforce both locally and nationally.

5. Financial Report

The revised financial statements ending September 30, 2019, show a variance of \$1 491 746.

- \$1 057 565 in gapped salaries and benefits – 70.8%
- \$434 181 in operating expenditures – 29.2%

The total variance is higher than last year at this time which is representative of the conservative approach taken in response to the Ministry's announcement of the implementation of the new funding formula effective April 1, 2019. A hiring freeze was initiated, and operating spending was restricted to program essentials.

Preliminary projections for year-end are slightly higher than that of our 2018 year-end position.

6. Quarterly Compliance Report

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

Public Health Sudbury & Districts has paid all payable remittances for employee income tax deductions and Canada Pension Plan and Employment Insurance premiums, as required by law to November 1, 2019, on November 1, 2019. The Employer Health Tax has been paid as required by law, to October 31, 2019, with a cheque dated November 15, 2019. Workplace Safety and Insurance Board premiums have also been paid, as required by law, to September 30, 2019, with a cheque dated October 31, 2019. There are no outstanding issues regarding compliance with the *Occupational Health & Safety Act*, Ontario Human Rights Code, or *Employment Standards Act*.

7. Public Health Heroes Award Program

At the September 2019 meeting, the Board of Health approved a new Public Health Heroes Recognition Awards program to recognize the everyday contributions of individuals and organizations that help make our communities healthy. A call for nominations was issued to Public Health Sudbury & Districts staff and Board members in late September.

I am very pleased to announce the Public Health Heroes Award recipients for the fall 2019 campaign. They include:

- Joanne Dube – Provides low cost teen yoga, chair yoga and other low impact activities to the citizens of French River.

- Kristin Bickell – Coordinated the seasonal planning of 17 community gardens in 11 communities and facilitated the construction of over 40 home gardens for people in need on Manitoulin Island.
- Marisue James – Engages with the community to coordinate low cost recreational opportunities so that everyone has an opportunity to learn about and play sports in Greater Sudbury.
- St. Alexander's Knitting and Crocheting Circle – Have made over 500 hats to help parents understand the frustrating but normal period of increased crying most infants go through.
- Action Sudbury, Citizens Against Impaired Driving – For 35 years have implemented activities to reduce injuries and fatalities on local roads in Greater Sudbury and surrounding areas.
- Bike Sudbury / Vélo Sudbury – For almost a decade have been the voice for safe cycling for people of all ages and abilities and continue to strive to build a strong cycling culture.
- Diane Hayes – Over the last five years has knitted over 1100 hats for newborns in our community, including hats provided for the Public Health Sudbury & Districts Period of Purple Crying campaign.

These individuals will receive a certificate and will be profiled through media and social media over the coming months.

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

Corporate Services

1. Accounting

The provincial budget announcement of April 11, 2019, and subsequent announcements, resulted in a significant investment of time spent analysing the impact and preparing for the 2020 budget.

The Accounting team continues to work on a number of workflows in an attempt to automate purchasing processes and expense reimbursement and to further reduce the amount of paper documents generated.

Accounting also continues to work on the restructuring the general ledger accounts. The restructuring exercise aligns program expenditures to the new Ontario Public Health Standards and streamline the financial reporting submitted to the Ministry of Health.

2. Facilities

In collaboration with ENGIE Services Inc., items from the 2019 Building Condition Report were prioritized and scheduled for implementation over the summer and fall period. These included performing an audit of the heating, ventilation and mechanical systems, improvements to the building envelop and infrared scan of electrical systems at 1300 Paris Street. Other repairs and building projects were also completed in all district offices.

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

3. Human Resources

Health and safety

We continue to work diligently to maintain our compliance with the *Occupational Health & Safety Act* and our organizational health and safety policies and procedures. Regular and recurring activities include regular Joint Health and Safety Committee (JHSC) meetings, training and communication on the Internal Responsibility System, WHMIS, fire safety, first aid, emergency preparedness and workplace violence and harassment.

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

The agency health and safety policy and statement of commitment have been updated to include psychological health to promote and raise awareness of the importance of a healthy and safe (mental and physical) workplace. Management staff attended Mental Health Works a program for management mental health in the workplace that is delivered by the Canadian Mental Health Association.

Accessibility for Ontarians with Disabilities Act (AODA)

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

Privacy

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

The agency is in compliance with mandatory breach reporting required by the *Personal Health Information Protection Act* to the Information and Privacy Commissioner of Ontario. The agency has 4 reported breaches to date in 2019, all of which were immediately resolved and for which internal process improvements were implemented.

Labour relations

As the Board is aware, Public Health Sudbury & Districts successfully completed bargaining with the Ontario Nurses Association (ONA) for a new collective agreement, expiring March 31, 2021.

4. Information Services

As part of the Security Audit/Assessment report conducted by Teramach, work has been underway to devise an Information Security Program. This involves a complete overhaul of the IT policies and procedures and includes guidelines and standards for effective security management.

Network infrastructure upgrades have been completed and IT infrastructure cleanup is under way with Chapleau and Rainbow Centre completed. IT upgraded over 300 Cisco phones to the new models and end of life cellular devices on data plans were replaced.

5. Volunteer Resources

As of September 30, 2019, there is a total of 56 active volunteers. Between May 1 and October 21, 2019, volunteers completed 577.25 hours. The Circle Allies and Skills Development Opportunity programs have been actively recruiting volunteers. Two of our volunteers received recognition of their 15 years of volunteer commitment and dedication from the Ontario Volunteer Service Awards. The work of our volunteers is invaluable, and we continue to recognize their efforts with small tokens of appreciation.

6. Quality and monitoring

Organizational Standards, now Organizational Requirements

The Public Health Accountability Framework and Organizational Requirements have replaced Organizational Standards. Monitoring and reporting for the Organizational Requirements has been incorporated into the 2018-2022 Accountability Monitoring Plan as approved by the Board of Health in June 2018. The first annual compliance report for the Organizational Requirements was included in the Annual Accountability Monitoring Report that was presented to the Board of Health in April 2019. There has been no further collection of data for the organizational requirements and the Board of Health will receive a 2019 compliance report as part of the Accountability Monitoring Plan in April 2020.

Continuous Quality Improvement

Provincially, Public Health Sudbury & Districts continues to participate in the locally driven collaborative project (LDCP) called Strengthening Continuous Quality Improvement (CQI) in Ontario's public health units. Our organization served as co-applicant on the project and the Quality and Monitoring Specialist is the co-chair of the Knowledge Exchange Working Group. Provincial funding has not been secured to continue the project and thus work will end on November 30, 2019.

Public Health Sudbury & Districts continues to implement the CQI Plan and Framework. The CQI Plan and Framework guides our efforts to achieve better outcomes and greater value. A Continuous Quality Improvement Committee held its first meeting in September and has begun work to establish a culture of CQI.

The Client Satisfaction Survey provides everyone who interacts with Public Health Sudbury & Districts an opportunity to share their feedback and contribute to program and service improvements. It is offered to all clients, community members, partners, and stakeholders who interact with Public Health Sudbury & Districts. The survey can be completed in person or online in both English and French. Data continues to be collected, reviewed, and monitored. A mid-year check-in report was received by the Senior Executive Committee in July 2019. Data demonstrated that from January 1, 2019, and April 30, 2019, 84% of respondents reported that our service was excellent or good.

Client Service Standards have been developed and launched internally. Client Service Standards are a public commitment to a measurable level of performance that clients can expect under normal circumstances. These will guide the interactions and set expectations for service delivery and responsiveness. The standards will be launched with the public in the January 2020.

Lean

Lean reviews continue to be part of the organization's continuous quality improvement work. Many teams and divisions are now leading or championing their own lean projects and process

mapping exercises. An annual lean report was presented to the Executive Committee at the May 2019 meeting. This report showcased a total of 8 new lean reviews beginning spring 2019, 15 ongoing lean reviews and 14 completed lean reviews since March 31, 2018. Following the April 11, 2019 announcement all new and ongoing lean reviews were put on hold however work has resumed on all lean reviews, specifically through workflow automation, in September 2019.

Risk management

The 2018 Risk Management Annual Report was shared with the Board of Health in May 2019 along with a proposed engagement strategy for the 2020–2022 Risk Management Plan.

A comprehensive review of our risk management plan occurs every 3 years and includes validating our current risks and identifying new risks for 2020–2022. This review included a visioning session and survey with the Executive Committee in June 2019, followed by a workshop with the Board of Health in October 2019. The 2020–2022 Risk Management Plan will be reviewed for approval at the November Board of Health meeting.

Clinical Services

1. Control of Infectious Diseases (CID)

Universal Influenza Immunization Program (UIIP) update

Influenza immunizations became available in mid-October, targeting high-risk including those in long-term care homes, hospitals and those with medical conditions that put them at risk of complications from the flu.

The UIIP campaign targeting the general public was officially launched by the Ministry of Health on October 30, 2019. To date, CID staff have been busy distributing over 25 000 doses of vaccine to health care providers in the community. This does not include distribution to pharmacies, who order and receive their inventory directly from their wholesale distributors. Everyone six months of age and older, without contraindications, is encouraged to receive their free flu vaccine. To-date, 480 individuals have received their flu vaccine through Public Health Sudbury & Districts. Health care providers will continue to order and receive their vaccine from us for the remainder of the season.

Respiratory activity in the community

Influenza activity has not yet been reported in the community. This aligns with what is being seen across the province, with few exceptions, in that overall activity is reported as low. There were three respiratory outbreaks in long-term care homes declared for the month of October. No causative organisms have been identified for these outbreaks.

Vaccine Preventable Disease Update

In September, public health nurses launched the 2019/20 school vaccine program that includes vaccines for meningococcus, human papillomavirus and hepatitis B. This program is offered for Grade 7 students with opportunities for catch-up for students in Grade 8 who missed receiving doses of vaccine in Grade 7. Public health nurses will visit each school with Grade 7 students three times over the school year to ensure that students receive the required number of doses of each vaccine. These clinics have been held in 53 schools since the beginning of the school year.

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

Sexual health promotion

From September 20 to October 11, a social media campaign was implemented to encourage youth (18 to 24 years old) engaging in sexual activities to get tested for STIs. This social media campaign was delivered in partnership with CTV Bell media where targeted messaging was promoted on mobile applications (pop-up ads).

Sexual health clinic

In September, there were 275 drop-in visits to the Rainbow Office site related to STIs, blood-borne infections and/or pregnancy counselling.

Needle exchange program

In August, harm reduction supplies were distributed, and services received through 2067 client visits across the Public Health Sudbury & Districts' region.

3. Oral Health

The annual dental screening program continues to be delivered in elementary schools across the agency's catchment. Parents of children who are identified as in need of urgent dental treatment are informed of their child's oral health status. Staff use these opportunities to promote the Healthy Smiles Ontario program and assist families in finding a dentist.

The anticipated date for the launch of the Ontario Seniors Dental Care Program is mid-November. The first stage of this program will include promotion, enrollment, and limited preventive services delivered at 1300 Paris Street, with the delivery of dental treatment through contracted dentists in private practice. We expect to receive more information from the Ministry of Health in November regarding stage two of this program, which could include the development of a public health dental clinic.

4. Vision Health

The vision screening program for Senior Kindergarten children will commence in January, 2020. In addition to this program targeted to Senior Kindergarten, the agency is promoting social media messaging regarding the availability of free, annual, comprehensive eye exams for children 0 to 19 years of age with a valid OHIP card.

Environmental Health

1. Control of Infectious Diseases

During the month of October, six sporadic enteric cases were investigated. Three enteric outbreaks were declared in licensed child care centres.

2. Food Safety

During the month of October, five food product recalls prompted public health inspectors to conduct checks of 358 local premises. All affected establishments had been notified, and subsequently had removed the recalled products from sale.

Public health inspectors issued three charges to two food premises for infractions identified under the *Food Premises Regulation*. Staff issued 29 special event food service permits to various organizations. Through Food Handler Training and Certification Program sessions offered in October, 111 individuals were certified as food handlers.

3. Health Hazard

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

4. Ontario Building Code

During the month of October, 33 sewage system permits, 22 renovation applications, two zoning applications, and one consent application were received. One order to comply was issued to an individual for installing a septic tank without a building permit.

5. Rabies Prevention and Control

Thirty-one rabies-related investigations were carried out in the month of October. Two specimens were submitted to the Canadian Food Inspection Agency Rabies Laboratory for analysis and were subsequently reported as negative.

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

6. Safe Water

Public health inspectors investigated four blue-green algae complaints in the month of October, one of which was subsequently identified as blue-green algae capable of producing toxin.

During October, 75 residents were contacted regarding adverse private drinking water samples. Public health inspectors investigated four regulated adverse water sample results.

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

7. Smoke-Free Ontario Act, 2017 Enforcement

In October, Smoke-Free Ontario Act Inspectors charged six individuals for smoking in an enclosed workplace, five of these charges were the result of smoking in a workplace vehicle. Fifteen individuals were charged for smoking or vaping on school property, and one individual was charged for smoking on hospital property. One employer was charged with failure to post prescribed signs in a workplace.

Health Promotion

1. Chronic Disease Prevention and Wellbeing

Healthy eating behaviours

Each year, with support from the Ontario Dietitians in Public Health Food Insecurity Work Group, Public Health Sudbury & Districts develops “Nutritious Food Basket Scenarios”. The scenarios take into consideration seven different income situations and the cost of food and rent only (meaning no other costs of living are considered). Once again, the scenarios demonstrate that for individuals and families living on a low income following a healthy eating pattern will be challenging. For example, a family of four living on Ontario Works will need to spend 38% of their income on food. Evidence shows other expenses will compete with food expenses. A single male living on Ontario Works will be in the negative by \$139. Consistent monitoring of food affordability and food insecurity is necessary to assess the health of the population, to evaluate policy change, and to develop evidence-based recommendations for public health interventions.

Substance use

Staff hosted a workplace health network meeting. The focus of the meeting was naloxone in the workplace.

5. Healthy Growth and Development

Breastfeeding

The Annual Breastfeeding Challenge was hosted by the Family Health team at the South End Greater Sudbury Library. The goal of this challenge is to have the most babies/children breastfeeding at one time and is held across Canada. The event is hosted to promote, protect and support breastfeeding in public and reinforce the need for a supportive environment that helps mothers feel comfortable to feed anywhere and anytime.

Growth and development

During the spring and fall of 2019, the Family Health and Healthy Babies Healthy Children teams became aware of a number of families seeking refugee status who are new to our community. In an effort to coordinate services with our partners, public health took the lead with members of the Planning Network for Sudbury Families to deliver four information sessions at the Bruce Street and Paris Street housing complexes. These “Welcome to Sudbury” sessions included information such as infant and child safety, health care services, immunization schedules, prenatal classes, mental health, Canada’s food guide, safe food preparation, low cost options for physical activity and clothing, schooling and daycare options, weather concerns, tenant rights as well as financial and employment services.

Health Information Line

In October, the Health Information Line received a total of 189 calls. Seventy-six (46%) of these calls 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.

Healthy Babies Healthy Children

In October, the Healthy Babies Healthy Children public health nurses provided 71 breastfeeding clinic appointments to new mothers and their infants.

Positive parenting

A public health nurse on the Family Health team presented at the Multiple Births Conference at the Holiday Inn in Sudbury for parents of multiples. Topics included resiliency, positive parenting, and social/emotional development. This validated parents’ concerns regarding their own competence as parents and introduced healthy coping strategies for raising confident children. Community resources were also provided about our programming for future reference.

2. School Health

Healthy eating behaviours

Staff facilitated an educational opportunity to 86 School of Education students that focused on creating healthy school nutrition environments. The participants used this learning activity to explore educators' responsibilities in contributing to a healthy nutrition environment, such as being positive role models to foster healthy eating behaviours in the classroom, reframing the use of foods with minimal nutrition value at school activities, and promoting food literacy in classrooms.

Mental health promotion

Public health nurses led educational workshops for 86 School of Education students that focused on mental health promotion in schools. These future educators were engaged in interactive learning and hands-on activities to understand the impact of early childhood experiences on children's brain development. This workshop expanded participants' skills in incorporating a 'growth mindset' approach as future educators and adult influencers in all school communities.

Eighty education assistants from a local School Board participated in a full-day dynamic public health session during a professional development day. The audience participated in learning activities and group discussions on building students' character strengths, role-modeling as adult influencers, and adopting mental health promotion strategies to strengthen educator-student relationships.

The School Health Promotion team also worked with a local school board to facilitate a capacity building opportunity on the strength-based approach. Twelve school board social workers increased their understanding in the power of empathy as the foundation to stronger relationships, and their skillsets to create healthy school environments in which students are on the path to improved health, resiliency and academic outcomes.

Physical activity and sedentary behavior

A public health nurse participated in a panel discussion at a documentary screening event, hosted by the Parent Involvement Committee of a School Board. The event, attended by 250 family members, enhanced public awareness on personal, social and academic impacts related to prolonged screen time, or improper use of social media and gaming. Public health messages focused on approaches to promoting personal health and safety, strengthening human social and emotional relationships, and incorporating the Canadian 24-hour Movement Guidelines (physical activity, sedentary, and sleep) into a healthy lifestyle.

Substance use and harm reduction

The School Health Promotion team provided an educational session to 40 parents at a local school. This session expanded parents' and caregivers' insights on the health risks of vaping, its

harmful effects on the growth and development of school-aged children and youth, and health regulations related to the *Smoke-Free Ontario Act*.

A public health nurse also addressed a local school's need for capacity building and public health collaboration on harm reduction strategies related to substance use. Fifteen school educators were informed of the population trends on this public health issue, administration of naloxone and comprehensive strategies in managing of substance misuse in the school community. Public health staff continues to *Practice Excellence* through the use of best evidence to adapt innovative public health approaches to support our school communities.

3. Substance Use and Injury Prevention

Comprehensive tobacco control

In the last month, public health nurses responded to a total of 16 calls on the tobacco information line. In Sudbury, there were 36 visits at the Quit Smoking Clinic and in Sudbury East there were an additional seven visits. Free nicotine replacement therapy products such as patches, gum, lozenges, and mist continue to be dispensed to eligible clients.

In addition to the Quit Smoking Clinic work, staff met with the municipal clerk in Espanola to provide information on the *Smoke-Free Ontario Act* and reviewed signage boundaries and local cessation services available for residents of Espanola.

A consultation letter was also submitted to the Ministry of Government and Consumer Services in response to the modernization of the *Film Classification Act* in Ontario. The letter recommended that modernization of the act incorporate stronger film rating requirements for tobacco and vapour products to decrease normalization of smoking behaviours and prevent initiation.

Road safety

In October, public health staff in partnership with the Sudbury Road Safety Committee celebrated National Teen Driver Safety Week (NTDSW), an annual public awareness campaign that raises awareness about ways young drivers and their passengers can remain safe on our roads. The campaign took place from October 21–26, 2019, and focused on drug-impaired driving including cannabis and other drug use, as well as distracted and aggressive driving. Public health staff and members of the Sudbury Road Safety Committee visited three local secondary schools including St. Benedict Catholic Secondary School, Champlain Secondary School and Confederation Secondary School, and hosted interactive educational sessions which included positive ticketing, interactive road safety trivia, virtual reality activities that simulated the effects of impairment. A total of 450 Grade 11 and 12 students attended this event and received information on how they could drive with focus such as setting aside their cell phone and other distractions when behind the wheel and paying close attention to the road. Other

tips included how to plan a safe night out, arranging for a designated driver, taking public transportation, using a ride sharing app, or staying over at a friend's house.

Substance use

In October, several presentations were delivered to increase awareness of the Community Drug Strategy projects underway including the feasibility study for supervised consumption services, naloxone distribution, and the City of Greater Sudbury's Opioid Poisonings Response Plan. The venues included, the 2019 Mental Health and Addictions Conference, the Downtown Business Improvement Area Association Safety Forum, the Rotary Club of Sudbury-Sunrisers, Laurentian University and the City of Greater Sudbury Library staff. These presentations were delivered to nearly 300 individuals from a variety of sectors.

Today, the Community Drug Strategy publicly launches Jeff's story. The [We are Jeff: Opioids and Our Community](#) video [Nous sommes Jeff : Les opioïdes et notre communauté](#) vidéo features a composite story built from real facts about the people in our community who are impacted by drug use. Jeff's story educates our community on the harms related to opioid use and invites us to understand how his journey could be ours. It also shows how certain opportunities and factors can improve Jeff's story and prevent further unnecessary deaths caused by opioid poisonings. Key messages from the video include:

- A childhood with positive role models including caregivers, teachers, coaches, and peers to help model healthy ways to respond to life's challenges.
- Education for entire communities and all ages on drug use and on recognizing the signs of harmful opioid use.
- A safer work environment to prevent injury and benefits to prevent returning to work too early.
- Access to accessible, timely, and respectful treatment including alternate pain therapies.
- Availability of a diverse range of addictions services such as counselling, supervised consumption services, naloxone to temporarily reverse opioid poisoning, and a safer drug supply.
- Strong community, peer and family relationships to make it possible to talk about drug use, prevent isolation, and support recovery.
- A well-resourced social services network to connect to housing and other basic life supports.
- A community of family, friends and neighbours that fight stigma and work tirelessly to see the person first and not the disease, treating everyone with the common humanity they deserve.

The video is now featured on our Community Drug Strategy website and will be promoted through various media outlets across the city. In addition, the video and educational messages will be promoted with our community partners in the hopes of spreading more awareness and reducing stigma towards people who use drugs. A visual display of Jeff has been created and

will be located in our main lobby to encourage clients to visit the Community Drug Strategy website to learn Jeff's story.

The team is also very excited to share a second anti-stigma intervention, three videos with the tag line, "Those People" are Us. The videos highlight that anyone can be impacted by drug use, and that we must talk with our friend and family to provide support and to reduce stigma. The videos will be played at Silver City and social media messaging will accompany the roll out.

Alcohol and Cannabis

Public health staff completed community conversations as part of the development of the *Be Cannabis Wise* campaign. Since the beginning of September, a total of 115 individuals aged 15 and up from the Public Health Sudbury & Districts' service area shared their thoughts on draft messages, where and how they would like to receive messages, and topics they would like to learn more about. Feedback is being compiled into a final project report which will inform future directions of the *Be Cannabis Wise* campaign and programming to meet local needs.

Knowledge and Strategic Services

1. Health Equity and Indigenous Engagement

Programming connected with the Circles initiative has continued over the month of October. Three Bridges out of Poverty workshops were delivered to the general public and to Cambrian College students. Circles Sudbury programming continues with individuals living in low income and volunteer allies from the community. Recent sessions have focused on team building, communication skills, group meditation, and sharing of experiences with community barriers. A session on allyship was delivered to the Partners to End Poverty steering committee that oversees this initiative, including members from 16 local agencies committed to poverty reduction. A Circles report which highlights data and information about the initiative has been drafted; the report will be used to facilitate discussions about program sustainability beyond June 2020. The report is available on our website [here](#).

On November 4, the Manager, Health Equity was a panelist for the Living Wage Launch hosted by the Sudbury Workers Education Advocacy Centre to discuss health implications of a living wage.

A number of Indigenous cultural competency training opportunities have been available for staff this fall. These include a training session entitled Debwewin: Speaking the Truth which is being offered to each division and presents a timeline of colonization in Canada and its impacts on Indigenous populations. Plans are underway for additional cultural competency and humility training sessions for staff and the Board of Health.

The Manager, Research, Evaluation, and Knowledge Exchange will co-present with a member of M'Chigeeng First Nation at the Reclaiming Home: Addressing Homelessness, Housing & Reconciliation Conference on November 14 at Laurentian University. The presentation, Talking Together to Improve Health: M'Chigeeng First Nation and Public Health Sudbury & Districts will highlight local findings from a larger study which aimed to identify mutually beneficial, respectful, and effective principles and practices of engagement between First Nation communities and local public health agencies in northeastern Ontario.

2. Population Health Assessment and Surveillance

Five Population Health Assessment & Surveillance team Indicator Reports (PHASSt-IR) have been developed on the following topics: Urban Development – Importance of Walking Distance (9 indicators); Urban Development – Frequency of Walking (1 indicator); Awareness and Use of Parenting Programs (16 indicators); Concussions – General Population (5 indicators); and Concussions – Parents of Children and Youth (6 indicators). These reports are informed by 2018 Rapid Risk Factor Surveillance System (RRFSS) data and are used by public health staff to inform programming.

3. Research and Evaluation

Findings from a research project titled Anti-texting and driving strategies: Youth perceptions, attitudes and behaviours have recently been published in two peer-reviewed journals. This study was a collaborative research project with Laurentian University. Our agency is using these findings to inform future programs to help address this risky behavior. In addition to informing our local work, these published findings will contribute to the larger evidence base and help other communities and agencies inform their work.

4. Staff Development

Two training events that support our work towards increasing workforce capacity related to mental health literacy have recently been offered to staff in partnership with the Canadian Mental Health Association (CMHA). This includes a presentation that addresses issues related to compassion fatigue, trauma informed care, de-escalation, and self-care, and provision of the Mental Health Works program to management.

5. Presentations

Staff members from Knowledge and Strategic Services delivered two guest lectures to students in October and November. These include a lecture on community health assessments to nursing students at both Cambrian College and Laurentian University, and a lecture on health equity research to graduate students in the Laurentian University School of Rural and Northern Health.

On October 8, a member of the Health Equity team participated as a panelist in a National Collaborating Centre for Methods and Tools (NCCMT) webinar entitled “Public Health Students: Get a head start with Evidence-informed Public Health!” The webinar featured a number of evidence informed practice tools and resources, and was an opportunity to highlight Public Health Sudbury & Districts’ experiences using the NCCMT Rapid Review Guidebook.

6. Strategic Engagement Unit and Communications

In mid-October, the agency launched *Public Health in Focus, Santé publique en valeur*, a new campaign aimed at updating the community on public health issues of the day. Better informing the public and key stakeholders about Public Health Sudbury & Districts’ activities is a priority for the agency. By providing valuable, timely, and insightful content on a regular basis, the agency will build an engaged and informed audience. This regular communication, which will be shared via email and social media, profiles the agency and demonstrates public health at work.

Respectfully submitted,

Original signed by

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

Public Health Sudbury & Districts
STATEMENT OF REVENUE & EXPENDITURES
For The 9 Periods Ending September 30, 2019

REVISED

Cost Shared Programs

	Annual Budget	Budget YTD	Current Expenditures YTD	Variance YTD (over)/under	Balance Available
Revenue:					
MOHLTC - General Program	15,127,700	11,345,775	11,345,775	0	3,781,925
MOHLTC - Unorganized Territory	826,000	619,500	619,500	0	206,500
MOHLTC - VBD Education & Surveillance	65,000	48,750	48,750	0	16,250
MOHLTC - SDWS	106,000	79,500	79,500	0	26,500
Municipal Levies	7,276,750	5,457,569	5,457,569	0	1,819,181
Municipal Levies - Small Drinking Water Syst	47,222	35,417	35,417	(0)	11,805
Municipal Levies - VBD Education & Surveill	21,646	16,235	16,235	(0)	5,411
Interest Earned	105,000	105,000	186,424	(81,424)	(81,424)
Total Revenues:	\$23,575,318	\$17,707,745	\$17,789,170	\$(81,425)	\$5,786,148
Expenditures:					
Corporate Services:					
Corporate Services	4,101,712	3,116,090	3,126,004	(9,915)	975,707
Print Shop	120,102	79,310	63,145	16,164	56,957
Espanola	114,957	85,083	81,869	3,214	33,088
Manitoulin	123,702	91,518	82,124	9,395	41,578
Chapleau	101,791	75,355	72,577	2,778	29,215
Sudbury East	16,808	12,606	13,356	(750)	3,452
Intake	328,471	244,926	241,864	3,062	86,607
Facilities Management	509,759	375,002	354,700	20,302	155,059
Volunteer Resources	4,850	2,593	821	1,772	4,029
Total Corporate Services:	\$5,422,151	\$4,082,483	\$4,036,460	\$46,023	\$1,385,691
Clinical Services:					
Clinical - General	1,120,623	829,068	718,003	111,065	402,620
CID	1,324,291	1,016,517	910,877	105,640	413,414
Districts - Clinical	219,267	161,845	153,771	8,074	65,496
Family	372,662	372,662	372,663	(1)	(1)
Risk Reduction	98,842	58,993	29,760	29,233	69,082
Sexual Health	1,109,034	821,463	755,202	66,261	353,832
Influenza	0	0	(0)	0	0
HPV	0	0	1	(1)	(1)
Dental	451,537	329,488	241,171	88,317	210,366
Vision Health	69,518	50,591	17,564	33,027	51,954
Total Clinical Services:	\$4,765,775	\$3,640,628	\$3,199,011	\$441,617	\$1,566,764
Environmental Health:					
Environmental Health - General	812,719	582,659	563,779	18,881	248,941
Enviromental	2,392,985	1,718,357	1,579,487	138,871	813,499
Vector Borne Disease (VBD)	86,907	59,355	27,756	31,599	59,151
Small Drinking Water System	163,130	119,733	119,107	626	44,022
Total Environmental Health:	\$3,455,742	\$2,480,105	\$2,290,129	\$189,977	\$1,165,613
Health Promotion:					
Health Promotion - General	1,222,926	857,760	818,245	39,515	404,681
School	1,366,057	965,749	921,849	43,900	444,208
Workplace Health	146,826	102,602	95,170	7,432	51,656
Districts - Espanola / Manitoulin	324,077	235,426	207,519	27,907	116,559
Nutrition & Physical Activity	1,080,614	788,282	689,473	98,809	391,141
Districts - Chapleau / Sudbury East	388,476	285,718	271,745	13,974	116,731
Injury Prevention	375,538	266,263	236,451	29,812	139,087
Tobacco, Vaping, Cannabis & Alcohol	275,848	199,725	182,894	16,831	92,955
Family Health	261,089	94,038	81,569	12,469	179,520
Healthy Growth and Development	1,108,398	800,230	659,619	140,611	448,779
Substance Misuse Prevention	139,242	83,852	77,880	5,972	61,362
Mental Health and Addictions	394,783	267,897	210,865	57,032	183,918
Alcohol Misuse	239,533	166,530	146,047	20,483	93,487
Total Health Promotion:	\$7,323,407	\$5,114,071	\$4,599,324	\$514,747	\$2,724,083
Knowledge and Strategic Services:					
Knowledge and Strategic Services	1,908,716	1,351,888	1,194,837	157,052	713,880
Workplace Capacity Development	23,507	1,140	300	840	23,207
Health Equity Office	62,692	40,845	53,733	(12,888)	8,959
Indigenous Engagement	25,000	1,840	323	1,517	24,677
Strategic Engagement	588,327	397,684	326,247	71,437	262,080
Total Knowledge and Strategic Services::	\$2,608,242	\$1,793,397	\$1,575,440	\$217,957	\$1,032,802
Total Expenditures:	\$23,575,318	\$17,110,683	\$15,700,363	\$1,410,320	\$7,874,955
Net Surplus/(Deficit)	\$0	\$597,061	\$2,088,807	\$1,491,746	

Public Health Sudbury & Districts

Cost Shared Programs

STATEMENT OF REVENUE & EXPENDITURES

Summary By Expenditure Category

For The 9 Periods Ending September 30, 2019

REVISED

	BOH Annual Budget	Budget YTD	Current Expenditures YTD	Variance YTD (over) /under	Budget Available
Revenues & Expenditure Recoveries:					
Funding	23,870,047	17,976,649	18,149,214	(172,565)	5,720,833
Other Revenue/Transfers	809,548	586,592	625,365	(38,772)	184,183
Total Revenues & Expenditure Recoveries:	24,679,595	18,563,241	18,774,579	(211,337)	5,905,016
Expenditures:					
Salaries	16,199,507	11,754,633	10,820,389	934,244	5,379,118
Benefits	4,471,344	3,285,677	3,162,355	123,322	1,308,989
Travel	262,983	175,843	146,639	29,204	116,344
Program Expenses	912,344	618,304	489,442	128,862	422,902
Office Supplies	67,727	43,004	29,257	13,747	38,470
Postage & Courier Services	69,322	51,350	42,663	8,687	26,659
Photocopy Expenses	33,807	24,848	19,246	5,602	14,561
Telephone Expenses	61,632	45,989	39,524	6,464	22,108
Building Maintenance	365,128	292,085	317,457	(25,373)	47,671
Utilities	214,325	143,744	129,142	14,601	85,183
Rent	259,105	198,448	198,342	106	60,763
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	25,297	24,111	1,185	8,978
Staff Development	204,232	92,296	79,931	12,365	124,301
Books & Subscriptions	11,815	7,953	2,642	5,310	9,173
Media & Advertising	162,785	86,455	60,302	26,153	102,483
Professional Fees	362,514	270,414	294,858	(24,444)	67,656
Translation	60,777	45,858	40,845	5,013	19,932
Furniture & Equipment	47,541	43,556	57,122	(13,566)	(9,581)
Information Technology	729,013	624,298	592,423	31,874	136,590
Total Expenditures	24,679,595	17,966,180	16,685,772	1,280,408	7,993,823
Net Surplus (Deficit)	0	597,061	2,088,807	1,491,746	

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

REVISED

100% Funded Programs

Program	Annual Budget	Current YTD	Balance Available	% YTD	Program Year End
Ministry of Health 100% Funded Programs - Base Funding					
SFO - Electronic Cigarette Act	36,700	17,220	19,480	46.9%	Dec 31
SFO -TCAN - Prevention	97,200	18,902	78,298	19.4%	Dec 31
SFO - Tobacco Control Area Network - TCAN	285,800	201,070	84,730	70.4%	Dec 31
SFO - Local Capacity Building: Prevention & Protection	259,800	146,315	113,485	56.3%	Dec 31
SFO - Tobacco Control Coordination	100,000	73,467	26,533	73.5%	Dec 31
SFO - Youth Engagement	80,000	54,108	25,892	67.6%	Dec 31
Infectious Disease Control	479,100	345,696	133,404	72.2%	Dec 31
MOHLTC - Special Nursing Initiative	180,500	133,651	46,849	74.0%	Dec 31
MOHLTC - Northern Fruit and Vegetable Funding	176,100	124,521	51,579	70.7%	Dec 31
Food Safety - Haines Funding	36,500	16,933	19,567	46.4%	Dec 31
MOHTLC - Harm Reduction Program	150,000	68,782	81,218	45.9%	Dec 31
Ontario Senior Dental Care Program	410,287	2,295	407,992	0.6%	Dec 31
Healthy Smiles Ontario (HSO)	612,200	407,215	204,985	66.5%	Dec 31
MHPS- Diabetes Prevention Program	175,000	86,212	88,788	49.3%	Dec 31
Programs Funded By Other Sources					
NE HU Collaborations/Shared Services Exploration	-	45,738	(45,738)	#DIV/0!	Mar 31/20
Triple P Co-Ordination	37,742	37,742	-	100.0%	Dec 31
Anonymous Testing	61,193	30,594	30,599	50.0%	Mar 31/20
LHIN - Falls Prevention Project & LHIN Screen	100,000	30,860	69,140	30.9%	Mar 31/20
Healthy Babies Healthy Children (MCCSS)	1,476,897	719,287	757,610	48.7%	Mar 31/20
Pre/Postnatal Nurse Practitioner (MCCSS)	139,000	66,163	72,837	47.6%	Mar 31/2020
Getting Ahead and Circles (OTF)	115,179	32,673	82,506	28.4%	Mar 31/2020
Supervised Consumption Study	80,000	30,474	49,526	38.1%	Dec 31
Local Poverty Reduction Evaluation (CGS)	70,326	16,860	53,466	24.0%	Mar. 31/2021
Total	5,159,524	2,706,778	2,452,746		



The Township of Billings

15 Old Mill Road
PO Box 34
Kagawong, ON
P0P 1J0

November 13, 2019

[Sent via email]

Hon. Doug Ford
Premier of Ontario
doug.ford@pc.ola.org

Dear Premier Ford:

RE: Resolution 2018-322 – Local Health Care Services Cuts

The Township of Billings' Council passed the attached resolution at their regular meeting on November 5, 2019, in response to the Town of Kingsville's request for support.

Please contact Kathy McDonald, CAO/Clerk (kmdonald@billingstwp.ca; 705-282-2611 ext.223), should you have any questions or concerns.

Regards,

Megan Bonenfant, Deputy Clerk
Township of Billings
mbonenfant@billingstwp.ca

cc: MPP Michael Mantha
Dr. Penny Sutcliffe, Medical Officer of Health and CEO, Sudbury and Districts Public Health
Town of Kingsville

THE CORPORATION OF THE
TOWNSHIP OF BILLINGS

RESOLUTION

DATE: November 5, 2019

Resolution No. 2019-322

BE IT RESOLVED THAT Council for the Township of Billings joins the Town of Kingsville in calling on the provincial government to halt the closures and mergers of and cuts to our local health care services including Public Health Units, land ambulance services, hospitals and long-term care homes; and,

BE IT FURTHER RESOLVED that a copy of this resolution be forwarded to the Premier of Ontario, the MPP for Algoma-Manitoulin, the Medical Officer of Health for Sudbury and Districts, and the Town of Kingsville.

<i>Moved By:</i>	Alkenbrack, Sharon	<input type="checkbox"/>	<i>Seconded By:</i>	Alkenbrack, Sharon	<input type="checkbox"/>
	Anderson, Ian	<input type="checkbox"/>		Anderson, Ian	<input type="checkbox"/>
	Barker, Bryan	<input type="checkbox"/>		Barker, Bryan	<input type="checkbox"/>
	Hunt, Michael	<input checked="" type="checkbox"/>		Hunt, Michael	<input type="checkbox"/>
	Jackson, Sharon	<input type="checkbox"/>		Jackson, Sharon	<input checked="" type="checkbox"/>

Carried / Defeated _____

Declaration of Pecuniary Interest by: _____

Recorded vote requested by: _____

Recorded Vote:	For	Against
----------------	-----	---------

Alkenbrack, Sharon	<input type="checkbox"/>	<input type="checkbox"/>
Anderson, Ian	<input type="checkbox"/>	<input type="checkbox"/>
Barker, Bryan	<input type="checkbox"/>	<input type="checkbox"/>
Hunt, Michael	<input type="checkbox"/>	<input type="checkbox"/>
Jackson, Sharon	<input type="checkbox"/>	<input type="checkbox"/>

October 31, 2019

The Right Honourable Justin Trudeau
Prime Minister of Canada
justin.trudeau@parl.gc.ca

Re: National School Food Program

On August 23, 2019 at a regular meeting of the Board for the Grey Bruce Health Unit, the Board considered the attached correspondence from Peterborough Public Health regarding moving forward with implementing a cost-shared national school food program. The following motion was passed:

GBHU BOH Motion 2019-68

Moved by: Anne Eadie Seconded by: Sue Paterson
"THAT, the Board of Health support the correspondence from Peterborough Public Health with respect to Support for a National School Food Program."

Carried

Sincerely,



Mitch Twolan
Chair, Board of Health
Grey Bruce Health Unit

Encl.

Cc: Alex Ruff, MP Bruce-Grey-Owen Sound
Terry Dowdall, MP Simcoe-Grey
Benn Lobb, MP Huron-Bruce
Association of Local Public Health Agencies
Ontario Health Units

October 18, 2019

Mayor Bryan Paterson and City Council
City of Kingston
City Hall
216 Ontario Street
Kingston, ON K7L 2Z3

Dear Mayor Paterson and Council:

RE: Municipal Alcohol Policies and Municipal Policy Options to Mitigate Alcohol Harms

Recently announced provincial regulatory changes will impact the sale, service and consumption of alcohol in local communities. These changes include:

- Municipalities now have the authority to designate public areas, such as parks, for the consumption of alcohol through a local by-law.
- Special Occasion Permit events will have extended hours for the sale of alcohol, will no longer have to serve food at these events, and will not have to physically separate areas where alcohol is sold and consumed from the rest of the event.
- Tailgate Events, where patrons bring their own booze, will be allowed at professional, semi-professional, or post-secondary sporting events.

It is anticipated that these changes will increase alcohol consumption and its concomitant harms, along with demand, and hence cost, for municipal services such as police, EMS, fire services and public health. In fact, in 2014, the cost of alcohol to the healthcare system, criminal justice system, workplaces and other direct costs was \$1.4 billion, \$1.3 billion, \$2.1 billion and \$495 million, respectively. With increased consumption, these costs will only increase.

Ontario municipalities can use Municipal Alcohol Policies (MAPs), along with other municipal policies, to balance the responsible provision and use of alcohol against the need to reduce alcohol-related risk and harm for events hosted on municipal property, and to protect local governments from liability and from increasing costs to manage alcohol-related harms. In the context of the Government of Ontario's alcohol policy reforms, municipalities must consider the following:

- By loosening public consumption controls, the risk increases significantly for underage drinking, harmful alcohol consumption, intoxication, and alcohol-related harms, and could lead to serious injury and death, and consequently municipal liability. Further still, public consumption of alcohol will further normalize its use and its consumption or over consumption in public spaces may hinder the public's enjoyment of community spaces.

Kingston, Frontenac and Lennox & Addington Public Health

www.kflaph.ca

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

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

- While there are AGCO guidelines for Tailgate Events, there are insufficient parameters related to the management or monitoring of the Bring Your Own Booze provision, enforcement or staff training. Many municipalities are impacted by unsanctioned street parties involving the over consumption of alcohol by students and other individuals. Unrestricted access to alcohol in this type of environment contributes to harmful drinking behaviour and has the potential to place an undue burden on surrounding neighbourhoods, police and paramedic services. Queen's University Homecoming and St. Patrick's Day give rise to massive gatherings or street parties that are accompanied by a spike in Emergency Department visits in Kingston each year.
- Evidence indicates that expanding hours of alcohol service is related to increased alcohol consumption and related harms. This policy also contributes to the normalization of alcohol use among vulnerable populations including children and youth.

As such, at the October 16, 2019 meeting of the KFL&A Board of Health, the following motion was passed:

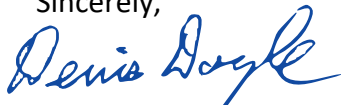
THAT the KFL&A Board of Health strongly advise municipalities to continue to prohibit alcohol consumption in public spaces such as parks as per current *Liquor License Act, 2019*,

THAT the KFL&A Board of Health strongly urges all KFL&A municipalities to strengthen or to develop municipal alcohol policies that balance the responsible provision and use of alcohol against the need to reduce alcohol-related risk and harm, and to include, at a minimum, the following provisions in their Municipal Alcohol Policy (MAP):

- **Specify times permitted for alcohol service and maintain permissible start time of 11 AM at provincially issued SOP events on municipal properties,**
- **Require that food be made available at all provincially issued SOP events on municipal properties; i.e. do not permit alcohol-only,**
- **Specify that designated alcohol service and consumption areas be physically separated from non-designated areas at provincially issued SOP events on municipal properties, and**
- **Prohibit provincially issued SOP Tailgate Events on municipal properties.**

I strongly encourage all of our municipalities to reach out to Daphne Mayer, Manager of the Substance Use, Mental Health and Injury Prevention Team, to develop or strengthen your Municipal Alcohol Policy to preserve the health and safety of our residents.

Sincerely,



Denis Doyle, Chair
KFL&A Board of Health

cc to: Monica Turner, Association of Municipalities of Ontario
Pegeen Walsh, Ontario Public Health Association
Loretta Ryan, Association of Local Health Agencies
Ontario Boards of Health

PUBLIC HEALTH MODERNIZATION – NORTH EAST PUBLIC HEALTH TRANSFORMATION INITIATIVE

Date: **October 23, 2019**

Moved by: **Pat Kiely**

Seconded by: **Paul Kelly**

WHEREAS in its April 2019 budget, the Government of Ontario announced transformations to the public health system; and

WHEREAS on September 12 and on October 10, 2019, respectively, Deputy Minister Helen Angus announced the new roles of Executive Lead (Assistant Deputy Minister Alison Blair) and of Special Advisor (Mr. Jim Pine) for public health modernization; and

WHEREAS it was communicated that the Special Advisor will play a key role in facilitating discussions between the Ministry of Health, municipal elected officials and administrative leadership on public health and on emergency health services; and

WHEREAS the five Boards of Health in North East Ontario*, having been engaged since 2017 in identifying opportunities for collaboration and potential shared services, remain committed to continued collaboration;

THEREFORE BE IT RESOLVED THAT the Board of Health for Timiskaming Health Unit support the request of the Chairs of the five Boards of Health in the North East, namely that the Ministry of Health hold public health consultation sessions that are separate and distinct from the emergency health services consultation sessions and are held in each North East Board of Health catchment area;

AND FURTHER THAT the July 2019 submission to Deputy Helen Angus and Chief Medical Officer of Health Dr. David Williams, *Transforming Public Health for the People of Northeastern Ontario*, be shared with Mr. Jim Pine and ADM Blair;

AND FURTHER THAT Mr. Pine be invited to meet with the leadership of the five North East Boards of Health collectively to share the work of the North East Public Health Transformation Initiative and engage further on developing a local public health system that best meets the public health needs of the people of the North East.

* Algoma Public Health, North Bay Parry Sound District Health Unit, Porcupine Health Unit, Public Health Sudbury & Districts, and Timiskaming Health Unit

CARRIED



The Regional
Municipality of
Durham

Corporate Services
Department –
Legislative Services

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

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

durham.ca

October 24, 2019

The Right Honourable Justin Trudeau
Prime Minister
House of Commons
Ottawa ON K1A 0A6

Honourable Sir:

**RE: Notice of Motion re: Opioid Overdose Emergency
Resolution Our File: P00**

Council of the Region of Durham, at its meeting held on October 23, 2019, adopted the following recommendations of the Health and Social Services Committee:

"Whereas the opioid overdose emergency is affecting communities across Ontario, including Durham Region; and

Whereas the prevalence of addiction and the incidence of emergency department visits and deaths associated with opioid use disorder have increased in recent years; and

Whereas addiction to prescription and illegal opioids is negatively affecting individuals, families and entire communities; and

Whereas on September 12, 2019, the Government of Ontario announced its plan to establish the Mental Health and Addictions Division (MHAD) under the leadership of Karen Glass, Assistant Deputy Ministry; and

Whereas the MHAD will lead the development and implementation of Ontario's Mental Health and Addictions Strategy; and

Whereas the Government of Ontario will be consulting key stakeholders and the public on modernizing public health and land ambulance services; and

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

Whereas the Federation of Canadian Municipalities (FCM) has identified a need for federal and provincial strategies that are comprehensive, coordinated and address the root causes of the opioid crisis; and

If you require this information in an accessible format, please contact 1-800-372-1102 extension 2097.

Whereas FCM has recommended an intergovernmental action plan that aligns federal, provincial/territorial and local strategies, responds to specific needs of indigenous communities and rapidly expand all aspects of the collective response; and

Whereas FCM has echoed the recommendations of the Mayor's Task Force on the Opioid Crisis; and

Whereas the Association of Municipalities Ontario (AMO) has identified the following recommendations for a provincial response to addressing the opioid overdose emergency in Ontario:

- i. That the Province publicly affirms the seriousness of the opioid overdose emergency and commit to take all necessary measures to save lives and prevent harm, including the provision of long-term funding for existing programs as well as new funding streams, where necessary;
- ii. That the Province undertakes an 'all of government' effort to develop a comprehensive provincial drug strategy that addresses the opioid overdose emergency, based on a public health approach that addresses the social determinants of health, and that takes a non-discriminatory approach to overdose prevention and harm reduction. This strategy should cascade down to guide local drug strategy development and implementation with accompanying resources so that municipalities in Ontario have comprehensive, multi-faceted, funded drug strategies in place led by dedicated local coordinators. Further, progress toward implementation should be measured with performance indicators and be evaluated for outcomes achieved;
- iii. That the Province examines, and its ministries provide, a coordinated 'all of government' response with adequate funding to address the root causes of addiction, including housing related factors, poverty, unemployment, mental illness, and trauma;
- iv. That the Ministry of Health provides more funding to support, enhance and expand evidence-based consumption, treatment and rehabilitation services, addiction prevention and education, and harm reduction measures in all areas of Ontario;
- v. That the Ministry of Health targets funding for addiction and mental health services that would assist in treating people with mental illness to reduce and/or eliminate self-medication and would provide services to help people overcome their addiction;
- vi. That the Ministry of the Solicitor General provides enhanced funding to enforce laws surrounding illicit drug supply, production, and distribution;

- vii. That the Province enhances funding for diversion programs, mobile crisis intervention teams, and further promote harm reduction approaches among police services;
- viii. That the Ministry of Health examines community paramedicine as a viable option to provide treatment and referral services;
- ix. That the Ministry of Health funds a public education campaign, including on social media, to complement the efforts of individual communities;
- x. That the provincial coordinator work with the Ministry of Education to add a health promoting youth-resiliency program to the school curriculum that includes coping skills to get through obstacles in life, e.g. social competence, conflict resolution, healthy relationships, and informed decision-making;
- xi. That the Ministry of Health fully funds (100%) Naloxone for all municipal first responders (paramedics, police, and fire services) and provide training in its use;
- xii. That the Ministry of Health and the Ministry of Children, Community and Social Services work together with municipal human service system managers to better link social service and health supports including to help people overcome addiction and address mental health;
- xiii. That the Ministry of Health works toward a goal of establishing and maintaining 30,000 supportive housing units in the province; and
- xiv. That the Province advocates to the federal government for appropriate and supportive measures that will support effective provincial and local responses;

Now therefore be it resolved that the Health & Social Services Committee recommends to Regional Council:

- A) That the Government of Canada and Ontario recognize, acknowledge and declare a national health epidemic in respect to the opioid overdose emergency across Canada;
- B) That AMO's recommendations with respect to Ontario's opioid overdose emergency be endorsed;
- C) That the Government of Ontario be urged to continue funding the important work of public health units to help address the current opioid crisis;

- D) That the Government of Canada and Ontario be advised that the opioid emergency is not limited to major urban centres and that federal and provincial representatives work directly with the Region of Durham, to develop and fund a full-suite of prevention and addiction services, affordable social and supportive housing to address the crisis in our communities; and
- E) That the Prime Minister of Canada, Ministers of Health and Children, Families and Social Development, and Minister Responsible for the Canada Mortgage and Housing Corporation, Durham's MPs, Chief Public Health Officer of Canada, Premier of Ontario, Deputy Premier & Minister of Health, Ministers of Children, Community and Social Services, Finance, and Municipal Affairs and Housing, Durham's MPPs, Chief Medical Officer of Health, AMO, alPHa, FCM, all local municipalities, and all Ontario boards of health be so advised as well as be provided with a copy of the presentation from M. Hutchinson, Manager, Population Health, regarding The Opioid Crisis: A Complex, Multifaceted Health and Social Issue."

As directed, attached is a copy of the presentation from M. Hutchinson, Manager, Population Health, regarding The Opioid Crisis: A Complex, Multifaceted Health and Social Issue.



Ralph Walton,
Regional Clerk/Director of Legislative Services

RW/np

Attach.

- c: The Honourable Ginette C. Petitpas Taylor, Minister of Health
The Honourable Jean-Yves Duclos, Minister of Families, Children
and Social Development and Minister Responsible for the Canada
Mortgage and Housing Corporation
Mark Holland, MP (Ajax)
Mr. Erin O'Toole, MP (Durham)
Jamie Schmale MP (Haliburton/Kawartha Lakes/Brock)
Philip Lawrence, MP (Northumberland/Peterborough South)
Dr. Colin Carrie MP (Oshawa)

Jennifer O'Connell, MP (Pickering/Uxbridge)
Ryan Turnbull, MP (Whitby)
Chief Public Health Officer of Canada
The Honourable Doug Ford, Premier of Ontario
The Honourable Christine Elliott, Deputy Premier & Minister of Health
The Honourable Todd Smith, Minister of Children, Community and
Social Services
The Honourable Rod Phillips, Minister of Finance
The Honourable Steve Clark, Minister of Municipal Affairs and
Housing
Rod Phillips, MPP (Ajax/Pickering)
Lorne Coe, MPP (Whitby/Oshawa)
Lindsey Park, MPP (Durham)
Jennifer French, MPP (Oshawa)
Laurie Scott, MPP (Haliburton/Kawartha Lakes/Brock)
Peter Bethlenfalvy, MPP (Pickering/Uxbridge)
David Piccini, MPP Northumberland-Peterborough South
Dr. David Williams, Chief Medical Officer of Health
Brian Rosborough, Executive Director, Association of Municipalities
of Ontario (AMO)
L. Ryan, Executive Director, Association of Local Public Health
Agencies (alPHa)
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J.P. Newman, Director of Corporate Services/Clerk, Township of
Scugog
D. Leroux, Clerk, Township of Uxbridge
C. Harris, Clerk, Town of Whitby
Ontario boards of health
Dr. R.J. Kyle, Commissioner and Medical Officer of Health

*News Release***Ontario Making it Easier for Food Banks to Help Those in Need**

October 29, 2019

Province Removing Unnecessary Barriers for Food Sharing Organizations

TORONTO — Ontario is proposing changes to remove unnecessary barriers for food banks, not-for-profit organizations and charities involved in food donation and community feeding to make it easier to help people in need.

Today, Christine Elliott, Deputy Premier and Minister of Health, Todd Smith, Minister of Children, Community and Social Services, and Prabmeet Sarkaria, Associate Minister of Small Business and Red Tape Reduction, were at Our Lady of Lourdes School to announce that Ontario is proposing to allow organizations that serve low risk foods, like fresh fruit and pre-packaged items, to operate without industrialized cleaning equipment meant for restaurants and a certified food-handler onsite. Currently, Ontario doesn't distinguish between fast-food chain restaurants and the various not-for-profit soup kitchens, after school programs and new and innovative food rescue and delivery organizations which operate in schools, community centres, churches, mosques, temples and synagogues.

"The province has many important regulations to support the health and safety of all Ontarians, which remains our key priority," said Elliott. "However, some rules are unnecessarily burdensome on not-for-profit and charitable organizations that help support people and families in our communities with food insecurities. Our proposed changes are a direct response to the needs of these organizations. Food banks and charities should spend their time and resources helping those in need."

The proposed changes will ensure these organizations are preparing food safely while exempting them from requiring:

- A set number of hand-washing stations;
- A two or three compartment sink for cleaning utensils or a commercial mechanical dishwasher; and
- At least one food handler or supervisor on site.

The Ontario government is seeking [public and sector feedback](#) on the proposed regulation changes until November 27.

"Our government is making it easier for community organizations in Ontario to provide food to people in need," said Smith. "By improving regulations that recognize when simple and prepackaged food products are safe to distribute, we are easing the burden on these organizations dedicated to helping our most vulnerable citizens operate."

"All too often, regulations make things harder than they should be," said Sarkaria. "As part of our work to reduce regulatory burdens through the *Better for People, Smarter for Business Act*, we're fixing regulations that have led to unintentional consequences — like getting in the way of food banks and religious charities that are committed to serving others and feeding the less fortunate among us."

The proposed exemption is part of Ontario's thoughtful and targeted approach to reduce regulatory burdens across several sectors, including farming, trucking, construction, health care and restaurants. It will provide direct benefits to people in their everyday lives, while also making it easier to do business, create jobs and grow wages.

"We have been outspoken advocates for food safety training, education, and oversight that both understands the capacity that exists in the non-profit sector and keeps people safe," said Lori Nikkel, CEO of Second Harvest. "With growing opportunities to rescue surplus food, we are seeing gaps that may prevent food programs from providing good, healthy food to some of our most vulnerable populations. We are pleased the government is consulting to better understand the resources that exist in the sector to serve food, and the need to deliver training and oversight specifically designed to ensure Ontario's most vulnerable can access the food they need for success."

"Community meal programs and food banks play a vital role in meeting the immediate needs of our most vulnerable residents," said Neil Hetherington, CEO of Daily Bread Food Bank. "We are pleased to be taking part in this consultation to ensure that these important programs can operate safely in our communities."

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Heavy Burden of Obesity: The Economics of Prevention



A quick guide
for policy makers



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Note by Turkey: The information in this document with reference to "Cyprus" relates to the southern part of the Island. There is no single authority representing both Turkish and Greek Cypriot people on the Island. Turkey recognises the Turkish Republic of Northern Cyprus (TRNC). Until a lasting and equitable solution is found within the context of the United Nations, Turkey shall preserve its position concerning the "Cyprus issue".

Note by all the European Union Member States of the OECD and the European Union: The Republic of Cyprus is recognised by all members of the United Nations with the exception of Turkey. The information in this document relates to the area under the effective control of the Government of the Republic of Cyprus.

Information on the data for Israel:

The statistical data for Israel are supplied by and under the responsibility of the relevant Israeli authorities. The use of such data by the OECD is without prejudice to the status of the Golan Heights, East Jerusalem and Israeli settlements in the West Bank under the terms of international law.

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Key messages

Overweight and its associated chronic diseases have a negative impact on societies and the economy.

- > Overweight and its associated chronic diseases such as diabetes, cardiovascular diseases, and cancer reduce life expectancy in OECD countries by 2.7 years on average.
- > 8.4% of the health budget of OECD countries will be spent to treat the consequences of overweight over the next thirty years.
- > Overweight also negatively impacts educational outcomes, as children with a healthy weight are 13% more likely to report good performance in schools.
- > Overweight reduces employment and workers' productivity. The impact can be quantified as equivalent to a reduction in the workforce of 54 million people per year across the 52 countries analysed, which include OECD, EU28, G20, OECD accession and selected partner countries.
- > These effects combined, overweight reduces GDP by 3.3% on average in both OECD countries and EU28 member states.

Public health actions to promote healthier lifestyles have a positive impact on population health and are an excellent investment for countries.

- > Up to 76 000 cases of chronic diseases per year can be avoided across 36 OECD countries by implementing different public health interventions to provide information, increase the availability of healthy options, modify the price of health-related choices, and to regulate or restrict unhealthy choices.
- > For each 1 USD dollar invested in tackling overweight, up to 5.6 USD will be returned in economic benefits.
- > Health budgets for all the 36 countries included in the study could save up to 26 USD billion, adjusted for differences in purchasing power across countries, by 2050.
- > Thanks to increases in employment and productivity, the total labour force can increase by an equivalent of about 134 000 full-time workers per year.

This policy brief gives an overview of the key messages from the report *The Heavy Burden of Obesity*.

For the full report, please visit oe.cd/obesity2019

Overweight is growing, underpinned by unhealthy diets and lack of physical activity

Almost a decade after the publication of the first OECD report on obesity, "Obesity and the Economics of Prevention – Fit not Fat", overweight continues to be a pressing public health issue despite the policy responses put in place by countries:

- While in 2010 about one in five people in OECD countries were obese, this has now risen to nearly one in four.
- In the vast majority of OECD member countries, more than half of the population is now overweight.
- In the last few years, there has also been a significant growth in morbid obesity.

Poor diet, lack of physical activity and sedentary behaviour have contributed to the obesity epidemic.



50% of people have an unhealthy diet (measured against national guidelines)



40% of waking time is spent in sedentary activities (e.g. watching tv)



1 in 3 people do not do a sufficient amount of physical activity



2 in 5 individuals do not consume a sufficient amount of fruit and vegetables

Source: OECD analyses on national health and time use surveys

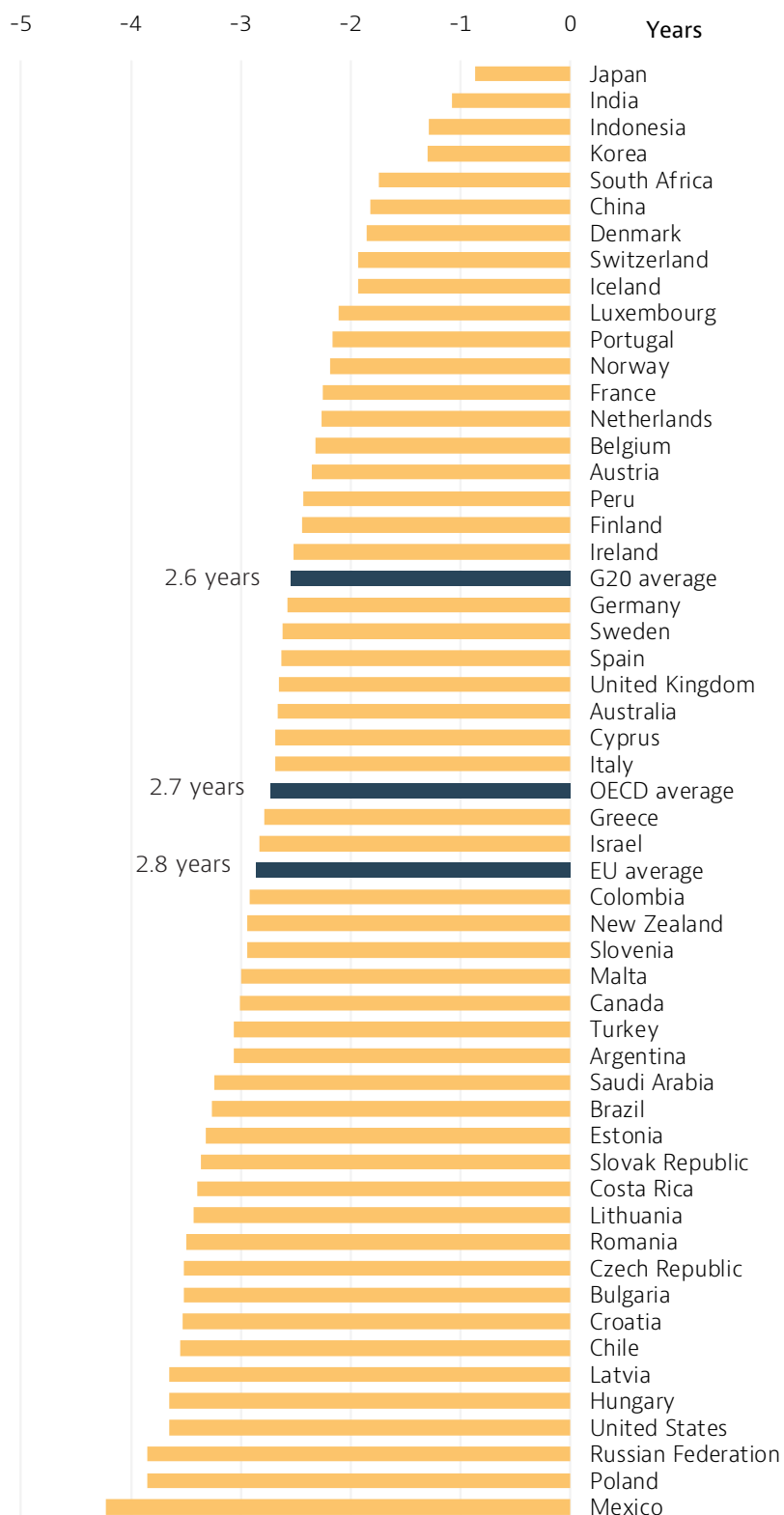
Overweight and related diseases reduce life expectancy by 2.7 years

Over the next 30 years, overweight will result in 462 million new cases of cardiovascular disease in 52 countries, and 212 million cases of diabetes – among other diseases.

As a result, people will live on average 2.7 years less due to overweight, across OECD countries. This decrease in life expectancy is the average across the total population – not just for people who are overweight.

The impact of overweight on life expectancy

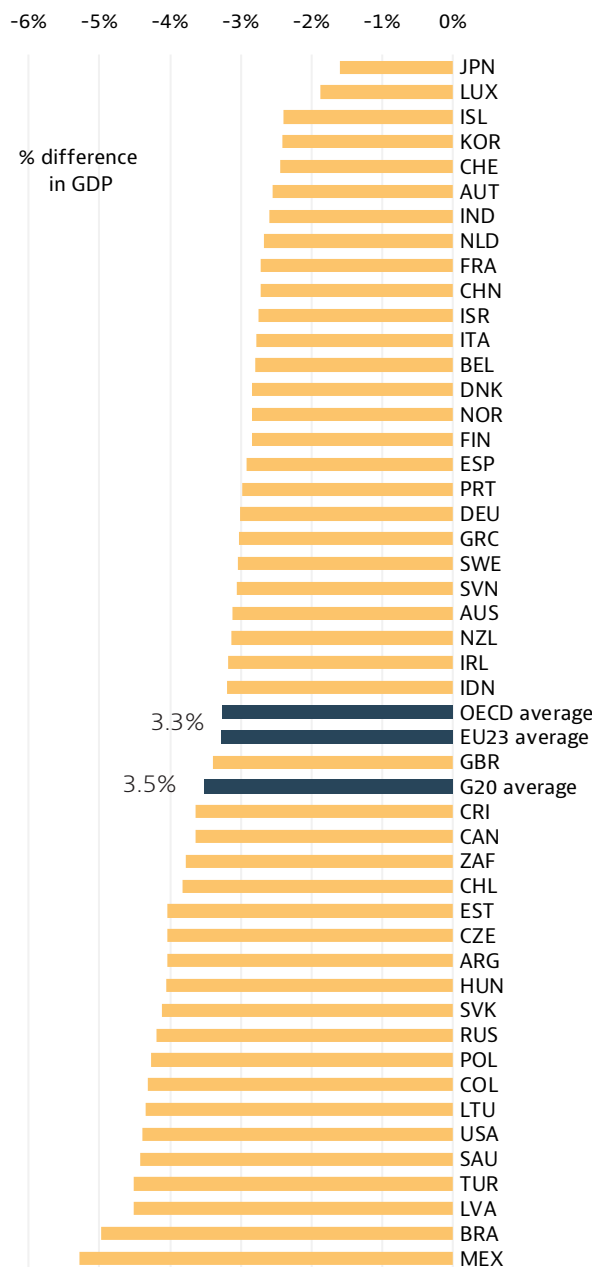
The impact on life expectancy in years, average over 2020-2050



Source: OECD, *The Heavy Burden of Obesity*, 2019

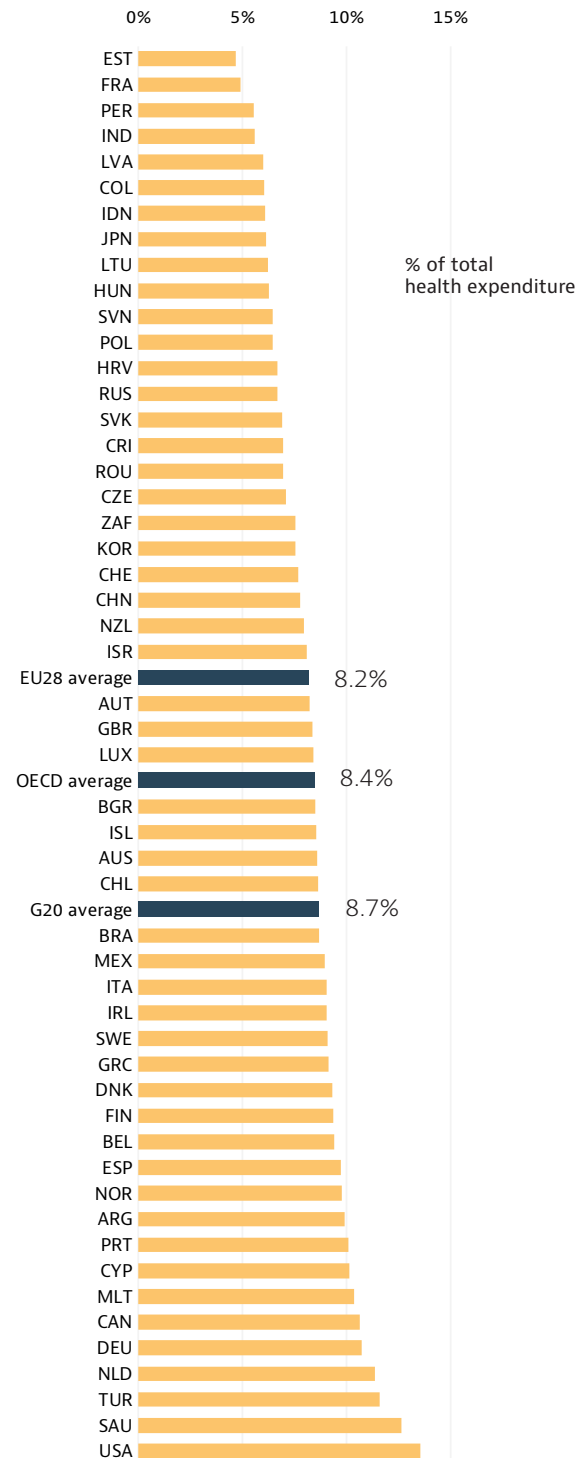
Impact of overweight on GDP

Percentage difference in GDP due to overweight, average over 2020-2050



Health expenditure associated with overweight

Healthcare expenditure due to overweight per year, as a percentage of total health expenditure, average over 2020-2050



Overweight impacts health budgets substantially

People who are overweight require healthcare services more often and for more complicated issues. This raises health expenditure by 209 USD per capita across the OECD.

On average, OECD countries will spend 8.4% of their entire healthcare budget on treating the consequences of overweight over the next thirty years.

Obesity damages educational outcomes, labour force productivity and the economy

Compared to children with a healthy weight, children who are overweight have poorer school performances. When children with overweight grow up, they show lower school attainment and a lower likelihood of completing higher education.

- > On average, boys and girls with a healthy weight are 13% more likely to report good school performance, compared to their peers with obesity.
- > Girls who are obese are three times more likely to be bullied than their peers with a healthy weight, compared to 1.8 time for boys.
- > In the United States, boys and girls aged 12-19 who are obese are three percentage points more likely to miss school compared to adolescents with a healthy weight.

Obesity also has a considerable impact on the broader economy as it reduces labour force productivity and human capital.

Individuals with chronic diseases are more likely to be unemployed and to miss days of work. When they are at work, they may also be less productive than healthy individuals. Across the 52 countries included in this analysis, overweight effectively reduces the workforce by about 54 million people per year:

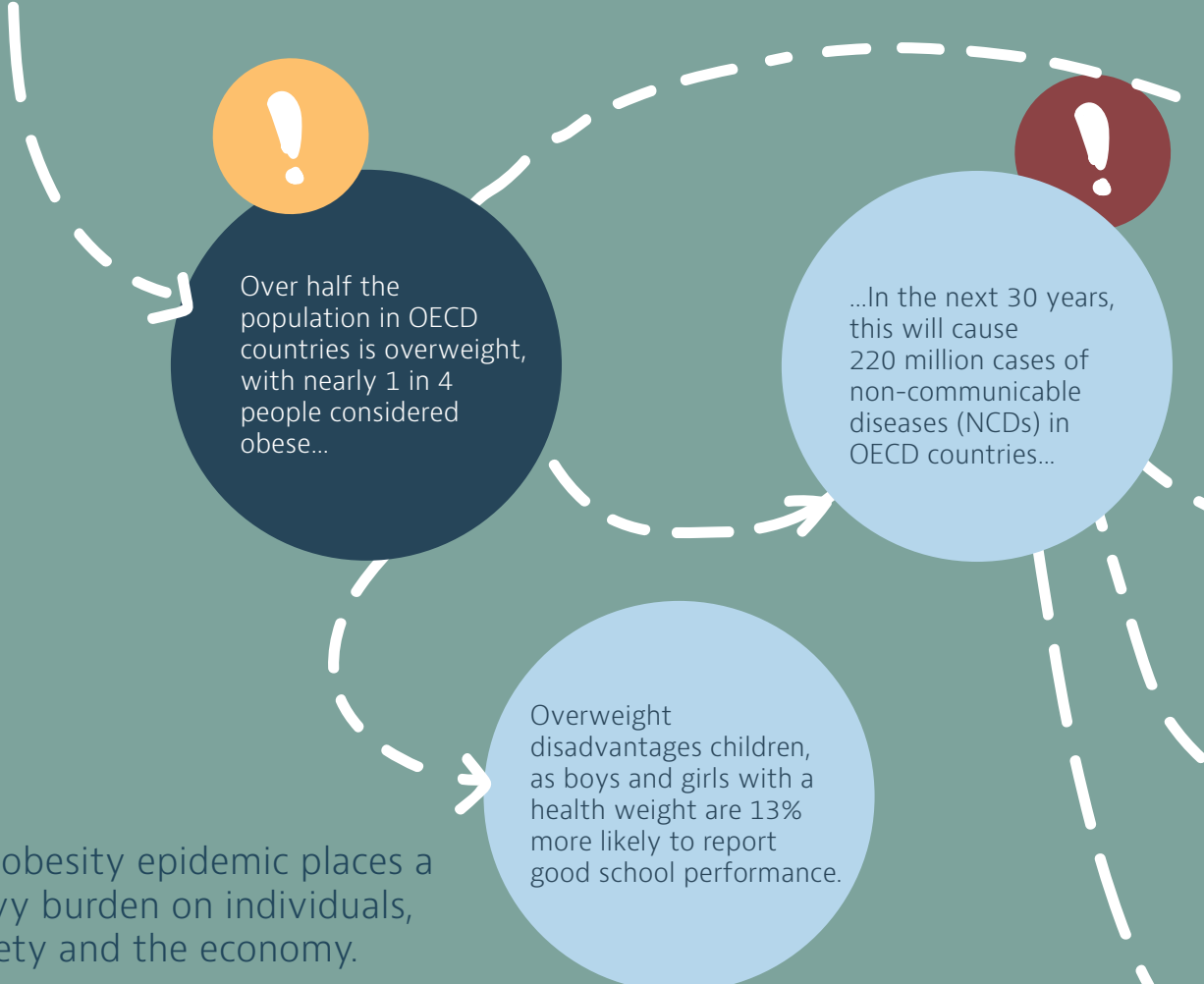
- > 28 million full-time equivalent due to reduced employment.
- > 18 million full-time equivalent due to reduced productivity when at work (presenteeism).
- > 8 million to absenteeism.

The macro-level effect is that overweight reduces GDP by 3.3% on average in both OECD countries and EU28 member states.

To cover the increased fiscal pressure caused by overweight, individuals effectively pay a tax of 359 USD purchasing power parity (PPP) per capita per year in OECD countries.

The Heavy Burden of Obesity

The Big Picture for the OECD



Over half the population in OECD countries is overweight, with nearly 1 in 4 people considered obese...

...In the next 30 years, this will cause 220 million cases of non-communicable diseases (NCDs) in OECD countries...

Overweight disadvantages children, as boys and girls with a healthy weight are 13% more likely to report good school performance.

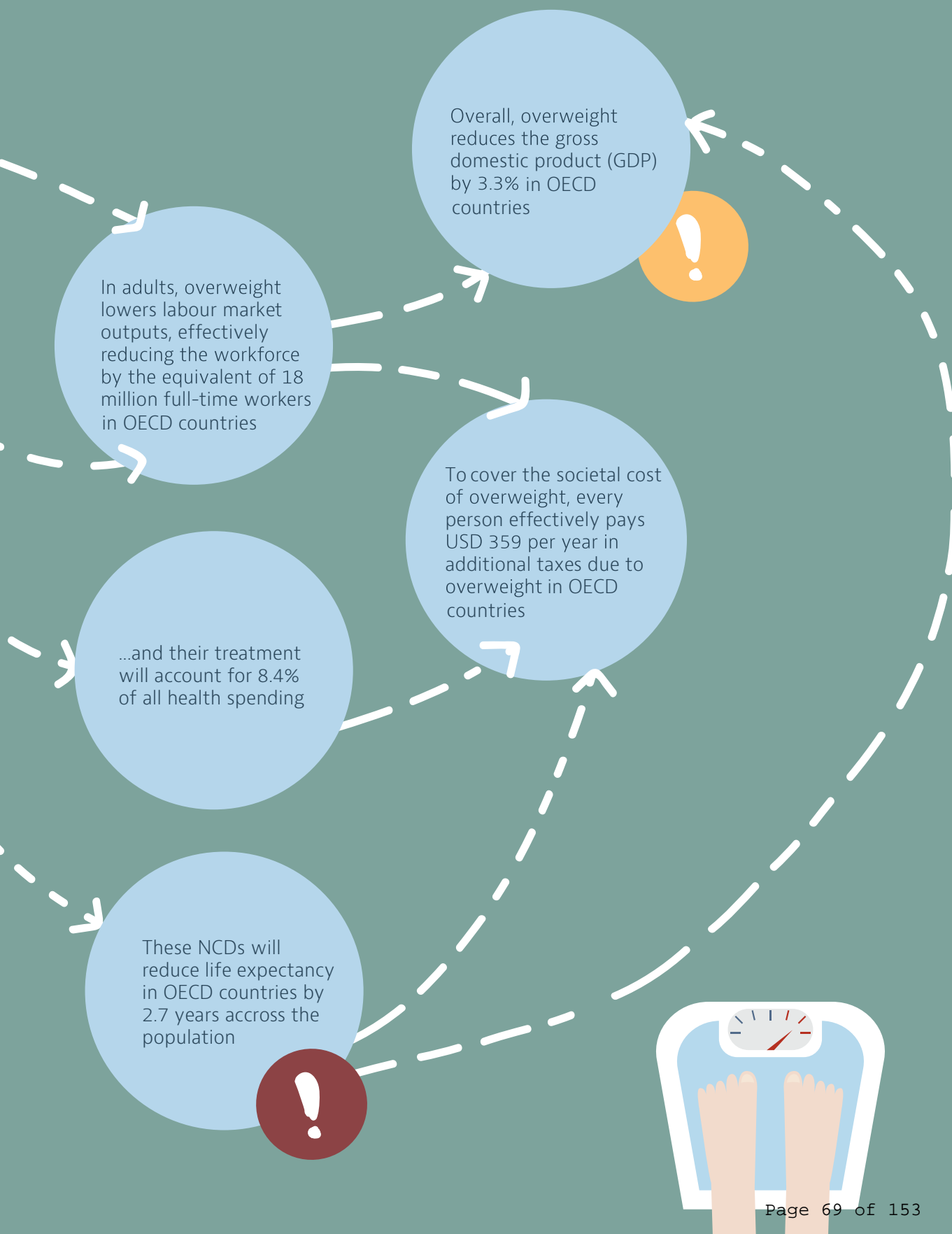
The obesity epidemic places a heavy burden on individuals, society and the economy.

Over half the population in OECD countries is overweight, with nearly 1 in 4 people considered obese. In the next 30 years, this will cause 220 million cases of non-communicable diseases (NCDs) in OECD countries.

These NCDs will reduce life expectancy in OECD countries by 2.7 years across the population; and their treatment will account for 8.4% of all health expenditure.

Overweight disadvantages children, as boys and girls with a healthy weight are 13% more likely to report good school performance. In adults, overweight lowers labour market outputs, effectively reducing the workforce by the equivalent of 18 million full-time workers in OECD countries.

Overall, overweight reduces the gross domestic product (GDP) by 3.3%. To cover the cost of overweight, every person effectively pays 359 USD per year in taxes due to overweight.



Countries have implemented policies to tackle obesity, but gaps remain

Countries have made substantial progress implementing policies to tackle unhealthy diet and lack of physical activity in the last decade. Almost all of the 52 countries analysed have a national action plan on obesity in place. A vast majority of countries has a specific action plan to tackle obesity in children, as well as national guidelines to promote healthy diets and active lifestyles.

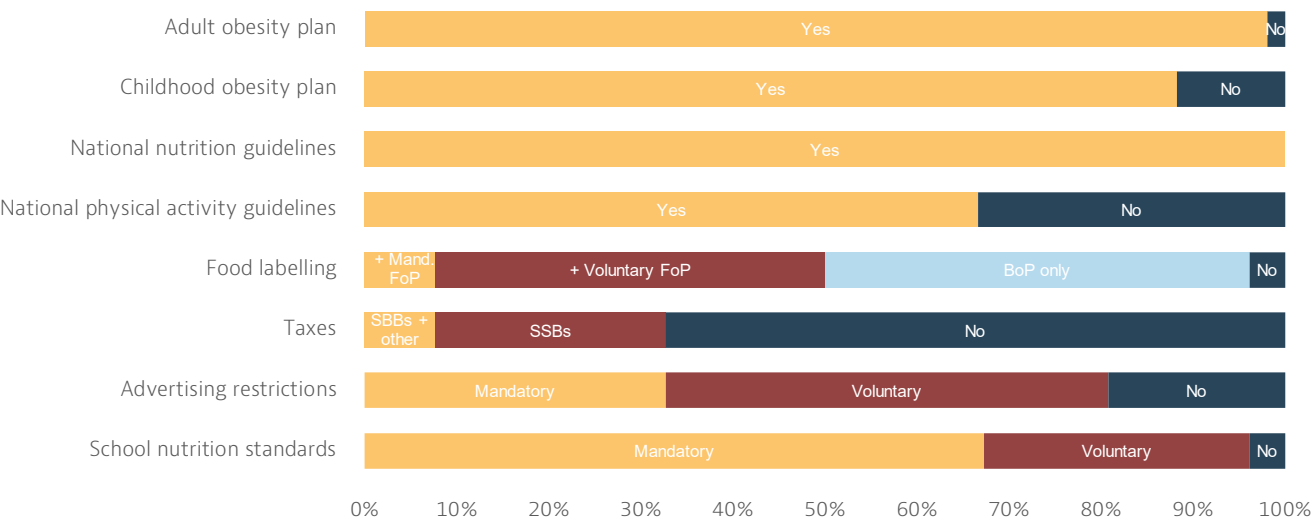
In general, countries have been particularly active in putting in place policies to provide information and to increase the number of healthy options available for people to choose from. Policies to modify the cost of health-related choices, such as taxes on energy-dense food and drinks or subsidies for healthy choices, and to regulate

unhealthy choices, such as restrictions on advertising, are less widely implemented.

Despite this, the growing overweight rates show that, so far, the response has not been fully up to the challenge. In a number of cases, policies are implemented in forms that are not the most effective or actions are not uniformly implemented throughout the country. In other cases, limited resources or practical problems end up limiting the number of individuals who would potentially benefit from the interventions.

To understand the impact that various policies have on population health and the economy, the OECD analysed a range of policy options and packages.

Obesity policies in 52 countries



Note: FoP: Front-of-pack nutrition labels/BoP: Back-of-pack nutrition labels/SSBs: Sugar-sweetened beverages
Source: OECD, *The Heavy Burden of Obesity*, 2019

Policies included in the report



Food labelling schemes



Menu labelling schemes



Mass media campaigns



Prescription of physical activity by primary care doctors



Mobile apps to promote healthier lifestyles



Workplace wellness programmes



Workplace sedentary behaviour programmes



Increase access to active public transport



Promotion of physical activity in schools



Regulation of advertising of unhealthy food to children



Food reformulation

Physical activity package



Communication package



Mixed package



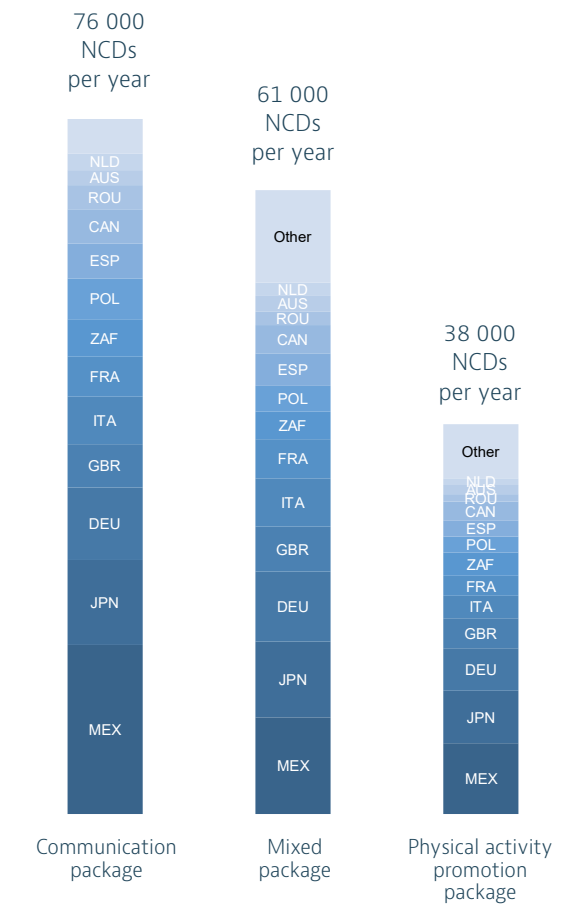
Comprehensive public health policy packages improve population health...

To tackle the growing obesity epidemic, OECD countries need to implement comprehensive prevention policies. Policy packages to promote healthier lifestyles have a positive impact on population health and are an excellent investment for countries. The OECD report assesses three policy packages:

- > A communications package that combines food labelling, advertising restrictions and mass media campaigns. While many countries already have these policies in some form, they are often not designed or implemented for maximum impact.
- > A mixed package, consisting of policies that are less wide-spread including menu labelling, prescribing physical activity and workplace wellness programmes. These more innovative interventions provide an opportunity to step up the policy response.
- > A package to promote physical activity, through prescribing physical activity, public transport interventions, physical education in schools and actions to counteract workplace sedentary behaviour.

The three policy packages significantly reduce the burden of disease caused by overweight. The 'communication package'

has the potential to save 76 000 cases of new NCDs per year, across the 36 countries analysed. The 'mixed package' could save 61 000 cases of NCDs per year. The 'physical activity package' could save 38 000 NCDs per year.



Source: OECD, *The Heavy Burden of Obesity*, 2019



...And they have a positive impact on the economy

In addition to improving population health, policies to prevent obesity have a positive impact on the economy, as they reduce health expenditure and increase labour

market outputs. Combined with their impact on population health, these policy packages can increase GDP.

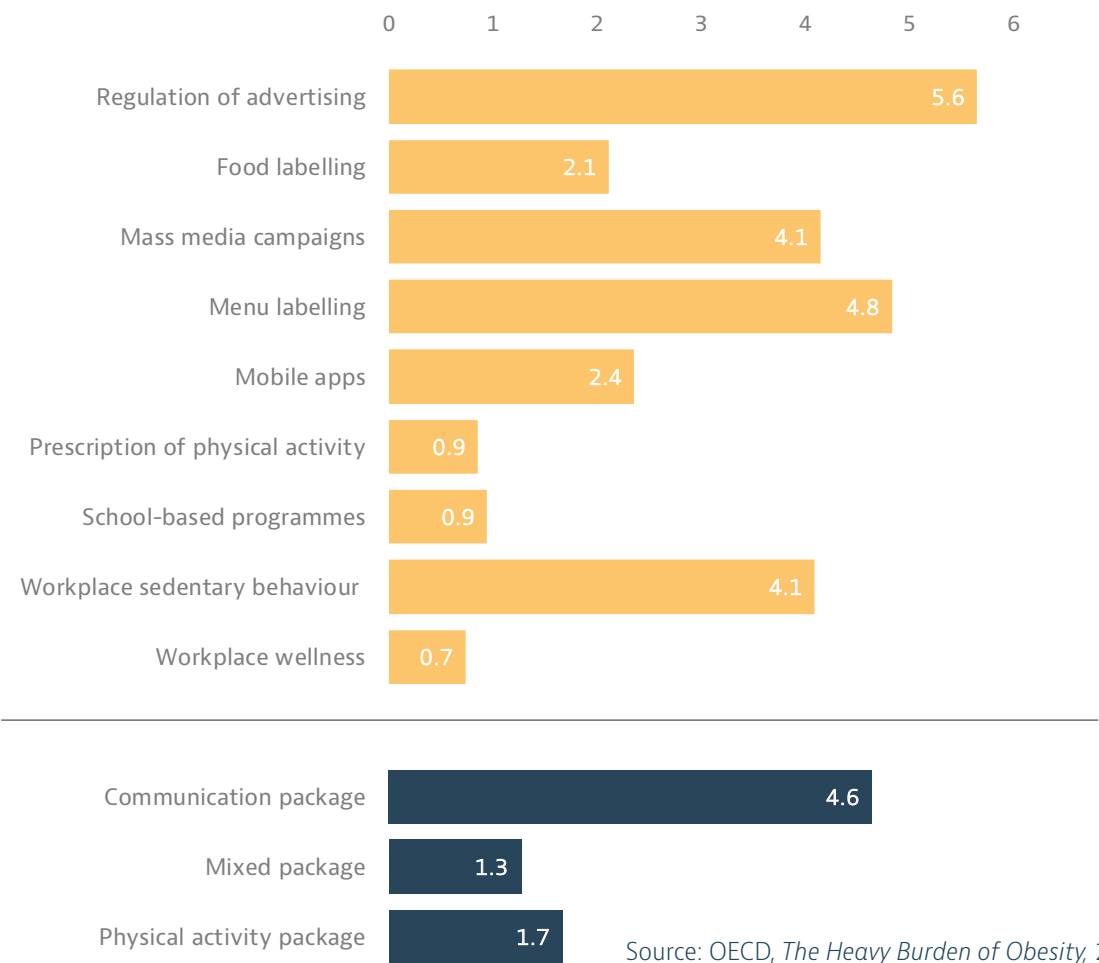
If all 36 countries implemented a...

	Communications package	Mixed package	Physical activity package
Health expenditure	26 USD billion will have been saved in health cost by 2050	23 USD billion will have been saved in health cost by 2050	17 USD billion will have been saved in health cost by 2050
Labour market outputs	The labour market will effectively increase by 134 000 workers per year	The labour market will effectively increase by 94 000 workers per year	The labour market will effectively increase by 82 000 workers per year
GDP	GDP will be 0.044% higher on average across countries	GDP will be 0.032% higher on average across countries	GDP will be 0.027% higher on average across countries



Return on investment of policy actions and packages of policies to tackle overweight and related unhealthy lifestyles

US Dollar returned in GDP benefits for every US Dollar invested in the policy, USD PPP



Source: OECD, *The Heavy Burden of Obesity*, 2019

For 1 USD invested in prevention of obesity, up to 5.6 USD will be returned in economic benefits

The cost of implementing food advertising restrictions, mass media campaigns, menu labelling and workplace sedentary programmes is about 20% or less of the predicted benefit to the economy. The cost of implementing food labelling or mobile apps is about 40% of the benefit in terms of GDP. The cost of the most costly interventions such as workplace wellness, prescribing physical activity and school physical activity programmes roughly correspond to their GDP benefit. In other words, for each dollar invested in the prevention of obesity, up to 5.6 USD will be returned in total economic benefits (i.e. GDP) each year.

Achieving a 20% reduction in calorie content in energy-dense food would have a significant positive effect



1.1 million cases of non-communicable diseases avoided per year



13.2 billion (USD PPP) saved every year due to reduced healthcare expenditure



1.4 million additional full-time workers per year



0.5% increase in GDP

In recent years, many OECD countries have shown a growing interest in policies promoting food reformulation. For example, in 2018, Public Health England published a reformulation programme challenging the industry to reduce calories by 20% by 2024, in foods high in sugar, salt, calories and saturated fat, such as ready meals, pizzas, snacks sauces and dressings. Also in 2018, the OECD put forward to the G20 a proposal for a global deal between national governments and industry to scale up these efforts at the global level.

Of course, a global deal to reduce calorie content in relevant food by 20% would not address all the causes underpinning the obesity epidemic, including for example low levels of physical activity. That said, the OECD model calculates that if such a plan were to be implemented in 42 countries worldwide, it would have a significant impact on the health and the economy of countries. It would improve population health, save health expenditure, improve workplace productivity and increase GDP.

Obesity is a large and growing public health challenge. Nearly one in four adults are obese, which has a considerable impact on population health, societies and the economy. However, a wide range of public health initiatives exist that save money and lives.

A new OECD report, *The Heavy Burden of Obesity*, analyses the cost of overweight, and shows the positive impact of various policies on health and the economy.

This policy brief gives an overview of the key messages and highlights some of the evidence presented in the report.

For the full report, please visit oe.cd/obesity2019

Ontario Government Beating Fiscal Targets While Investing in Priority Programs

Government's Plan Creates Conditions for a More Competitive Economy

November 6, 2019 3:30 P.M.

Finance Minister Rod Phillips today released the *2019 Ontario Economic Outlook and Fiscal Review: A Plan to Build Ontario Together* — which maintains the government's commitment to balance the budget by 2023-24 through prudent fiscal management while making strategic investments in critical public services, and strengthening the conditions for job creation.

The government is making steady progress on its plan. Minister Phillips announced that the government is projected to beat its deficit target for 2019-20 by \$1.3 billion — reducing the projected deficit to \$9 billion from the \$10.3 billion outlook presented in the *2019 Budget*.

The previous administration not only left the province with the largest subnational debt in the world, but also some daunting challenges including hallway health care, transit and roads that are heavily congested and government services that are inefficient and outdated.

"Since taking office 16 months ago, our government has taken steps to strengthen our finances, our economy and critical public services," said Minister Phillips. "Solving these challenges has not been about grand gestures, but rather the practical and meaningful actions that help make life easier and more affordable for people, like reducing taxes, investing in health care and education, and building modern transit and roads."

The government's plan is balanced and prudent. While making steady progress to reduce the deficit, it is investing an additional \$1.3 billion in critical services. This includes more funding for small- and medium-sized hospitals, public health units, child care and programs to help our most vulnerable.

At the same time, the government is creating a climate to support and attract business investment and job creation across the province. In the *2019 Ontario Economic Outlook and Fiscal Review* the government is proposing to reduce the small business Corporate Income Tax rate to 3.2 per cent from 3.5 per cent beginning on January 1, 2020. This would provide tax relief of up to \$1,500 annually to over 275,000 businesses — from family-owned shops to innovative start-ups.

As a result of government actions to date, Ontario's small businesses would save \$2.3 billion in 2020.

"We believe the role of government is to enable the opportunity for a better quality of life and a higher standard of living for all of our citizens," said Minister Phillips. "By implementing our plan we are stimulating job creation, putting more money in people's pockets, making our streets safer, our commutes shorter and our government smarter."

QUICK FACTS

- The government is forecasting a \$1.3 billion improvement to its *2019 Budget* deficit projection for 2019-20, to \$9 billion from \$10.3 billion.
- Ontario is proposing to reduce the small business Corporate Income Tax rate to 3.2 per cent from 3.5 per cent starting January 1, 2020.
- The government is taking steps to end hallway health care with a \$68 million investment in small- and medium-sized and multi-site hospitals to help maintain critical capacity and respond to increased demand in communities across the province. This is in addition to the \$384 million that was announced in the *2019 Budget*.
- 272,400 net new jobs have been created since June 2018 and the unemployment rate is near historic lows.
- The Province is also proposing to reduce the aviation fuel tax rate in the North to 2.7 cents per litre from 6.7 cents per litre.

LEARN MORE

- Read the 2019 Ontario Economic Outlook and Fiscal Review: [A Plan to Build Ontario Together](#)
- [Read the Minister's Statement](#)
- [A Plan to Make Life More Affordable](#)
- [A Plan to Prepare People for Jobs](#)
- [A Plan to Create a More Competitive Business Environment](#)
- [A Plan to Connect People to Places](#)
- [A Plan to Build Healthier and Safer Communities](#)
- [A Plan for Smarter Government](#)
- [A Plan to Strengthen the Federal–Provincial Relationship](#)
- [A Plan to Balance the Province's Books](#)
- [A Plan to Build Ontario Together](#)

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News Release

Ontario Taking Next Steps to Integrate Health Care System

November 13, 2019

Changes will Protect Uninterrupted Access to Patient Care

TORONTO — Ontario is taking the next steps in its plan to better integrate the province's health care system to help end hallway health care.

On December 2, 2019, five provincial agencies will begin transferring into Ontario Health while the 14 Local Health Integration Networks (LHINs) have been clustered into five interim and transitional geographic regions.

This is an administrative step only and not a merger of the LHIN boundaries. Further, there will be no impact to patients' access to home and community care or long-term care placement as Ontarians continue to receive the care they need from the care providers they have built relationships with at the 14 LHINs. These changes are a means of streamlining the regional oversight as an interim measure as the government continues to work toward moving home and community care supports out of bureaucracy to integrate them with Ontario Health Teams.

"Our government has said from the beginning that we are working toward ending hallway health care," said Doug Ford, Premier of Ontario. "In order to bring our world-class health care system into the 21st century, we need to get rid of the inefficiencies and back office duplication. This is how we are continuing to put patients first and ensure sustainability for future generations."

As part of this next step to cluster the LHINs, the number of chief executive officer (CEO) positions has been reduced to five to ensure alignment and to eliminate duplication of roles and responsibilities. These five CEOs will now serve as interim regional leads and will be responsible for supporting the work required to transition LHIN functions into Ontario Health or to Ontario Health Teams, and to ensure that patient services continue uninterrupted. The money saved from this change will be redirected into frontline patient care.

"As we take the next steps to integrate Ontario's health care system, continuity of patient care remains our top priority," said Christine Elliott, Deputy Premier and Minister of Health. "This transfer will combine the knowledge, strength and expertise of many talented professionals under one roof as part of our plan to better coordinate and connect Ontario's health care system to end hallway health care. We would like to acknowledge and thank the LHIN executive leadership for the ongoing professionalism, dedication and support as the government continues to modernize and strengthen Ontario's health care system."

"Ontario Health's goal is to ensure Ontarians receive high-quality health care services where and when they need them," said Bill Hatanaka, Ontario Health Board Chair. "On December 2, we bring the knowledge, skills and experience of this first wave of transferring organizations into Ontario Health and begin working with the five interim regional leads too. We are building our talent base to become one agency with one strategy and one set of priorities; applying the best of our collective expertise to all Ontario patients."

QUICK FACTS

- The five agencies transferring into Ontario Health are: Cancer Care Ontario; Health Quality Ontario; eHealth Ontario; Health Shared Services Ontario; and HealthForceOntario Marketing and Recruitment Agency.
- The 14 LHINs have been clustered into five interim geographic regions and will be led by five transitional regional leads. The new appointees are: Bruce Lauckner (West), Scott McLeod (Central), Tess Romain (Toronto), Renato Discenza (East), and Rhonda Crocker Ellacott (North).
- Trillium Gift of Life Network will transfer in at a later date to ensure there will be no disruption to patients and families involved with organ and tissue donation.
- LHIN functions will eventually transition into Ontario Health or to local Ontario Health Teams over time based on a careful plan the ministry is developing with Ontario Health and LHINs.

ADDITIONAL RESOURCES

- [Improving Health Care in Ontario](#)
- [Ontario Health](#)
- [Ontario's Government for the People to Break Down Barriers to Better Patient Care](#)
- [Building a Connected Public Health Care System for the Patient](#)
- [Hallway Health Care: A System Under Strain](#)

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



From: Bill Hatanaka
Ontario Health Board Chair

Susan Fitzpatrick
Ontario Health Interim CEO

Re: Ontario Health Transitional Regional Leadership

In order to provide ongoing oversight of the 14 LHINs while enabling the continued delivery and coordination of regional care across the health care system, we are aligning the LHINs during this transitionary period to five interim and transitional regions. This is not a merger of the LHIN boundaries. Rather, these changes are a means of streamlining the regional oversight as an interim measure as the ministry continues its work to integrate home and community care supports with Ontario Health Teams.

The five Transitional Regional Leads are responsible for the ongoing management of operations including:

- Coordinating patients' access to home and community care and long-term care;
- Continuing the day-to-day administrative oversight of health service providers;
- Engaging with patients and families through your patient and family advisory councils;
- Engaging with Indigenous and Francophone peoples, and;
- Leading and managing the LHIN workforces within their region.

- Bruce Lauckner will become the Transitional Regional Lead in western Ontario (and managing Erie St. Clair, Hamilton Niagara Haldimand Brant, South West and Waterloo Wellington).
- Renato Disenza will become the Transitional Regional Lead in eastern Ontario (and managing Champlain, South East and Central East).
- Scott McLeod will become the Transitional Regional Lead in central Ontario (and managing Central, Central West, Mississauga Halton, and North Simcoe Muskoka).
- Tess Romain will become the Transitional Regional Lead in Toronto (and managing Toronto Central).
- Rhonda Crocker Ellacott will become the Transitional Regional Lead in northern Ontario (and managing North East and North West).



As we transition to five Transitional Regional Leads, patient safety and quality care will not be affected, and home and community care services will not be impacted. Your workforces will be well supported in their delivery of critical services on the frontlines.

Together, as a leadership table with the Ontario Health Transition Team, the Transitional Regional Leads will have a view of the big picture across the province, ensuring effective transition planning for LHIN functions.

The Transitional Regional Leads will soon be in touch with staff in their respective regions about next steps.

We also want to share that the Ontario Health Board of Directors express their sincerest and deepest appreciation to the departing CEOs for their tremendous contributions and years of dedicated service. Ontario has greatly benefitted from their leadership, commitment, ongoing professionalism and excellence in ensuring high quality health service planning and delivery in their regions.

And lastly, we want to share with you that transfer orders were issued today by the Honourable Christine Elliott, Deputy Premier and Minister of Health, to Cancer Care Ontario, eHealth Ontario, HealthForceOntario Marking and Recruitment Agency, Health Shared Services Ontario and Ontario Health Quality Council operating as Health Quality Ontario. The transfer orders state that those agencies will be transferred to Ontario Health on December 2, 2019.

Your organizations and the Trillium Gift of Life Network are not transferring into Ontario Health at this time as the ministry and Ontario Health are taking every precaution to ensure the continuity of direct patient care and services are maintained while their detailed planning moves forward, enabling a smooth transition at the right time and in the right way.

Looking Ahead

Since the proclamation of the *Connecting Care Act, 2019* last June, the agencies that will eventually form Ontario Health have been working diligently and cooperatively towards the goal of transferring. We would like to thank all of you for your patience, professionalism, and ongoing commitment to high-quality patient care during this transition. Continuity of patient care will remain a top priority.

This is an exciting time for health care delivery in the province and you are all part of its evolution. We will continue to update you on our progress. In the meantime, we look forward to our continued work together – improving health care delivery for all Ontarians.

Until next time,

Bill and Susan

APPROVAL OF CONSENT AGENDA

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

Briefing Note

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

From: Rachel Quesnel, Secretary to the Board

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

Date: 2019 Board of Health Self-Evaluation of Performance – Annual Survey Results

Re: November 14, 2019

☒ For Information

☐ For Discussion

☐ For a Decision

Issue:

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

In the September 19, 2019, Board of Health agenda package, Board of Health members were advised that a confidential self-evaluation survey was available in BoardEffect and were invited to complete it by October 22, 2019.

Board members were informed that the results would be confidentially compiled by the Board Secretary and reported at the regularly scheduled meeting in November 2019. This briefing note constitutes the evaluation report.

Recommended Action:

That Board of Health members receive this report for information to ensure continued reflection and improvement.

Board Member Self-Evaluation of Performance:

Methods

- The Board of Health Member Self-Evaluation of Performance survey, which is used annually, consists of 23 questions on performance and processes, and open-ended questions after each section inviting additional comments or suggestions.
- Board of Health members were asked to rate each of the items as either "Strongly Agree", "Agree", "Disagree", "Strongly Disagree" or "Not Applicable".
- Board of Health members were advised in the September 19, 2019, Board of Health meeting agenda package that the online self-evaluation questionnaire was available for completion in BoardEffect under the Board of Health workroom – Collaborate – Surveys.

2018–2022 Strategic Priorities:

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

O: October 19, 2001
R: January 2017

- A reminder was included in an email sent on September 12, 2019.
- Intermittently, between September 19 and September 24, 2019, the survey could not be submitted once completed in BoardEffect due to a glitch in the application. BoardEffect deployed a fix on September 24, 2019, and this was communicated to the Board members via email.
- Email reminders were sent to Board members on September 30, and October 10, 2019.
- The October 2019 MOH/CEO report to the Board also included a reminder to complete the survey.
- At the October 17, 2019, Board of Health meeting, the Board Chair invited those who did not have a chance to complete the evaluation to do so by October 22.

Results

- All Board members (14) were invited to complete the annual Board of Health self-evaluation survey. A total of 11 out of 14 Board members completed the survey, for a response rate of 78.6%.
- Previous response rates

Year	Response Rate
2018	85.7%
2017	72.7%
2016	83.3%
2015	69%
2014	84.6%

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

Part 1: Individual Performance Compliance with Individual Roles and Responsibilities as a Board of Health member	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Applicable	Total Responses
1. As a BOH member, I am satisfied with my attendance at meetings.	10 (90.91%)	1 (9.09%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	11
2. As a BOH member, I am satisfied with my preparation for meetings.	7 (63.64%)	4 (36.36%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	11
3. As a BOH member, I am satisfied with my participation in meetings.	5 (41.67%)	6 (54.55%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	11
4. As a BOH member, I understand my roles and responsibilities.	10 (90.91%)	1 (9.09%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	11
5. As a BOH member, I understand current public health issues.	6 (54.55%)	5 (41.67%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	11

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6. As a BOH member, I have input into the vision, mission and strategic direction of the organization.	7 (63.64%)	4 (36.36%)	0 (0%)	0 (0.0%)	0 (0.0%)	11
7. As a BOH member, I am aware and represent community perspective during board meetings.	10 (90.91%)	1 (9.09%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	11
8. As a BOH member, I provide input into policy development and decision-making.	4 (36.36%)	7 (63.64%)	0 (0%)	0 (0%)	0 (0.0%)	11
9. As a BOH member, I represent the interests of the organization at all times.	10 (99.01%)	1 (9.09%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	11

Part 2: Board of Health Processes	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Applicable	Total Responses
1. The BOH is compliant with all applicable legislation and regulations.	11 (100%)	0 (0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	11
2. The BOH ensures members are aware of their roles and responsibilities through orientation of new members	11 (100%)	0 (0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	11
3. The BOH is appropriately informed about financial management, procurement policies and practice, risk management and human resources issues.	11 (100%)	0 (0%)	0 (0%)	0 (0.0%)	0 (0.0%)	11
4. The BOH holds meetings frequently enough to ensure timely decision-making.	9 (81.82%)	2 (18.18%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	11
5. The BOH bases decision making on access to appropriate information with sufficient time for deliberations.	7 (63.64%)	4 (36.36%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	11
6. The BOH is kept apprised of public health issues in a timely and effective manner.	9 (81.82%)	2 (18.18%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	11

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7. The BOH sets bylaws and governance policies.	11 (100%)	0 (0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	11
8. The BOH remains informed with issues pertaining to organizational effectiveness through performance monitoring and strategic planning.	11 (100%)	0 (0%)	0 (0%)	0 (0.0%)	0 (0.0%)	11
9. The consent agenda is helpful in enabling the Board to engage in detailed discussion of important items.	9 (81.82%)	2 (18.18%)	0 (0%)	0 (0.0%)	0 (0.0%)	11

Part 3: Overall Performance of the Board of Health	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Applicable	Total Responses
1. The BOH contributes to high governance and leadership performance.	9 (81.82%)	2 (18.18%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	11
2. The BOH oversees the development of the strategic plan.	9 (81.82%)	2 (18.18%)	0 (0%)	0 (0.0%)	0 (0.0%)	11
3. The BOH ensures planning processes consider stakeholder and community needs.	9 (81.82%)	2 (18.18%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	11
4. The BOH ensures a climate of mutual trust and respect between themselves and the Medical Officer of Health.	11 (100%)	0 (0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	11
5. The BOH as a governing body is achieving its strategic outcomes.	10 (90.91%)	1 (9.09%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	11

Other comments or suggestions:

Respondents were provided with the opportunity to offer additional comments or suggestions throughout the survey. Overall, comments received were positive, including comments about the helpfulness of the initial Board orientation, feeling well supported by the Board as a whole, and the consent agenda content, specifically the MOH report. One comment noted that there is not always opportunity to propose modifications to Board motions at the meetings.

Respondents were also asked to provide comments that would be helpful for the Board Chair as part of continuous improvement. All comments were positive and included reference to enjoying the meetings

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and feeling the time is well managed, noting there is sufficient opportunity for questions and comments, feeling like a valued member, and having the opportunity to attend relevant conferences which help deepen understanding of our agency's work.

Summary

The 2019 Board of Health member self-evaluation of performance questionnaire gives Board members a chance to reflect on their individual performance, the effectiveness of Board policy and processes, and the Board's overall performance as a governing body. Board of Health self-evaluation of performance is an internal tool to ensure compliance with the Ontario Public Health Organizational Standards. In addition, the Board self-evaluation survey is part of the 2018–2022 Accountability Monitoring Plan. Results should be interpreted with caution due to the small number of respondents and the temporary challenges that were encountered with submitting the survey in the BoardEffect App.

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

2018–2022 Strategic Priorities:

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R: January 2017



Renfrew County and District Health Unit

"Optimal Health for All in Renfrew County and District"

October 31, 2019

The Honourable Christine Elliott
Deputy Premier and Minister of Health
Ministry of Health
777 Bay Street, 5th Floor
Toronto, ON M7A 2J3

Dear Minister Elliott,

On October 29, 2019, Renfrew County and District Board of Health passed the following resolution in support of Windsor-Essex County Board of Health's October 17, 2019 motion regarding *The Harms of Vaping and the Next Steps for Regulation*:

Resolution: # 4 2019-Oct-29

A motion by P. Emon; seconded by W. Matthews; be it resolved that the Board support Windsor-Essex County Health Unit's October 17 motion re: The Harms of Vaping and the Next Steps for Regulation and furthermore we implore the provincial government to move quickly to gather and share clinical information with Ontario Public Health Units and the public about the effects of vaping products on the teen and general public as soon as possible.

We thank you for considering this resolution.

Sincerely,

Janice Visneskie Moore
Chair, Board of Health

- c. Honourable Doug Ford, Premier of Ontario
Honourable Ginette Petitpas Taylor, Minister of Health
Honourable David Lametti, Minister of Justice and Attorney General of Canada
Dr. David Williams, Chief Medical Officer of Health, Ministry of Health and 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
Honourable John Yakabuski, Renfrew-Nipissing-Pembroke
Honourable Chery Gallant, Renfrew-Nipissing-Pembroke
Local Municipalities
AMO/ROMA

October 21, 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 October 17, 2019, the Windsor-Essex County Board of Health passed the following Resolution regarding **The Harms of Vaping and the Next Steps for Regulation**. **WECHU's resolution as outlined below calls for amendments to the SFOA restricting the promotion and marketing of vaping products, the sale of flavoured vaping products and asks for all regulations and protections for tobacco such as the Automatic Prohibition (AP) process be applied to vaping retailers:**

Whereas, the WECHU Board of Health has passed three previous resolutions related to vaping to encourage further regulation at the federal, provincial, and local levels of government;

Whereas, the WECHU has submitted feedback independently and through regional collaborations for the increase in regulations related to vaping products;

Whereas, there is evidence that vaping products have short-term negative health effects and contain harmful chemicals like nicotine;

Whereas, the restrictions on the promotion and display of tobacco products and the removal of tobacco flavouring from the retail marketplace has contributed to the reduction of tobacco smoking among young people;

Whereas, Individuals who do not smoke should not start vaping, especially youth, young adults, pregnant women, and those planning on becoming pregnant;

Whereas, vaping rates among young people have increased 74% between 2017 and 2018;

Whereas, Vaping products have the potential to re-normalize smoking and lead to tobacco use among youth;

Now therefore be it resolved that the Windsor-Essex County Board of Health supports the ban on the promotion of vaping products in the retail setting and online, and

Further that, the provincial government further restricts the sale of flavoured vaping products to include only tobacco flavours targeting current smokers who are looking to quit, and

Further that, all regulations related to protecting youth and young people from the harms of tobacco smoke be applied to vaping products.

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

Should vaping products be regulated the same as cigarettes?

By **Robert Schwartz** Contributor

Peter J. Luongo Contributor

Tues., Nov. 12, 2019

Vaping is no stranger to controversy and governments are grappling with how to treat the product. Tobacco researcher **Robert Schwartz** argues strict measures are needed to protect the public, while tobacco executive **Peter J. Luongo** says vaping products are different and require different laws.

YES

NO



There is enough evidence from studies to conclude that long-term regular vaping will lead to serious respiratory and cardiac diseases, Robert Schwartz writes. (DREAMSTIME / TNS)

YES

Robert Schwartz Professor
Dalla Lana School of Public Health

The question of whether vaping products should be regulated in the same way as cigarettes begs the question of how well we regulate cigarettes.

We know that cigarette smoking kills at least half of long-term users. We know that it causes cancer, heart disease, stroke, lung diseases, COPD and diabetes. We know that it costs Canada about \$18.7 billion each year, including \$6.4 billion in health-care costs.

We know enough for governments to act. Indeed, since the 1970s, tobacco control has focused largely on the demand side to discourage people from smoking through public education, health warnings, smoking bans and taxation. Some supply-side measures restrict the ability to sell tobacco, including bans on sales to minors, marketing restrictions, and total display bans at retail.

Tobacco control, however, has not ended the blight of commercial tobacco. The undertaking turns out to be about controlling tobacco, not ending it. Despite some 50 years of tobacco control, one in five Canadians still use tobacco.

How then should cigarettes be regulated? They should, gradually, be regulated so tightly as to put an end to their sale. Phillip Morris International (parent company of Rothmans, Benson & Hedges) claims it wants to get out of the business of combustible cigarettes. Ottawa too — along with Ireland, Finland, New Zealand, Scotland and Sweden — is committed to gradually reducing cigarette use to close to nothing by 2035.

What about e-cigarettes? Those arguing that they should be more loosely regulated than cigarettes will use the justification that harms from e-cigarettes are reduced compared with harms from cigarettes. In fact, we don't know that for sure. A systematic review of studies on respiratory harms of e-cigarettes, published in the *British Medical Journal*, concludes that we don't know enough to say that e-cigarettes are less damaging than cigarettes to the respiratory system.

Saying that e-cigarettes are less harmful than cigarettes isn't very comforting. Cigarettes are the most harmful consumer product sold, accounting for more deaths than alcohol, cannabis, traffic fatalities and homicides combined. To say that e-cigarettes are less harmful than cigarettes is just not good enough. We need to look at their *absolute* harm, not their harm relative to society's most harmful consumer product.

It will be a long time until we have more conclusive evidence of the harms of long-term regular e-cigarette use. But, we know enough from lab, animal and human studies to conclude that there is likelihood that long-term regular vaping will lead to serious respiratory and cardiac diseases. We can't rule out the possibility of cancer.

We also have acute cases of lung injury in some people. We know that nicotine is a highly addictive substance — as addictive as heroin. We know that youth and young adults are becoming addicted to e-cigarettes and are at risk of becoming long-term regular users. All this is enough to invoke the precautionary principle. The possible harms of vaping outweigh their potential benefits in the long-term at the population level. No scientist working in this field would want their kid to vape.

Yes, for non-smoking youth and young adults, e-cigarettes should be regulated in the same way cigarettes are. Both should be phased out. If e-cigarettes can help smokers quit using combustible cigarettes, they should be made available and promoted only to them. Promote e-cigarettes in cigarette packs, provide coupons in this way, and make them available in adult-only stores or by internet.

How should cigarettes be regulated? The goal is to phase them out as quickly as possible.

How should e-cigarettes be regulated? The goal is to prevent their uptake by youth, allow smokers to switch to them and then phase them out as smokers are weaned off e-cigarettes.

Meanwhile, rates of e-cigarette use by youth and young adults are skyrocketing to somewhere between 15 per cent and 25 per cent. Tobacco companies that wholly or partially own the major e-cigarette brands are succeeding in the goal of addicting a whole new generation to nicotine — their declared business focus.

Immediate steps to help curb this epidemic must include: prohibition of advertising and promotion, as is done for cigarettes; restriction of flavoured e-cigarette products so that youth are not attracted to vaping; limits on nicotine concentrations; requiring buyers of both vaping and tobacco products to be 21.

Robert Schwartz is the executive director of the Ontario Tobacco Research Unit and a professor at the Dalla Lana School of Public Health.

NO

Peter J. Luongo

Managing Director, Rothmans, Benson & Hedges

Today, nearly 5 million Canadians smoke. That means even if you are not a smoker yourself, chances are someone you know, love or work with is a smoker.

And at Rothmans, Benson & Hedges, we hope everyone would agree with us that the best choice for every Canadian is never to start smoking or to quit entirely.

In fact, we want to “[Unsmoke](#)” Canada.

But to do this, we also need to recognize that despite decades of government programs and regulations, millions of Canadian adults continue to smoke.

While governments must continue such programs, they should also consider a complementary way to reduce the risks from smoking: technology.

Innovation can help current adult smokers by switching them from cigarettes to better technology substantiated by science, such as vaping or heating.

Neither vaping nor heating is safe or risk free, and both type of products contain nicotine, which is addictive. But a strong and growing body of scientific evidence from around the world shows that they are much better alternatives compared to smoking cigarettes.

That's because they do not involve burning, and therefore produce significantly lower levels of the harmful chemicals found in cigarette smoke, which are the primary cause of smoking-related diseases.

We need to eliminate combustion. With science and technology, we have.

This is why various health agencies see vaping and heating as different and better than smoking cigarettes.

Have your say

Should vaping products be regulated the same as cigarettes?

- ☐ Yes. E-cigarettes should be regulated in the same way cigarettes are — both should be phased out.
- ☐ No. Regulations are needed, but they should make sense for these new technologies.

Vote

View Results

Public Health England recently reconfirmed its long-standing position, based on independent expert evidence, that vaping is 95 per cent less harmful than smoking cigarettes.

In fact, England's National Health Service, Department of Health and Social Care, and National Institute for Health Care Excellence have joined Public Health England in "encouraging smokers of conventional cigarettes to switch to e-cigarettes."

Health Canada also agrees that smokers who switch completely from cigarettes to vaping products significantly reduce their exposure to dozens of powerful toxins and carcinogens found in cigarette smoke.

And earlier this year the Food and Drug Administration in the United States authorized a heating tobacco technology for sale "as appropriate for the protection of public health."

In doing so, the agency found that the aerosol produced by the heating technology "contains fewer toxic chemicals than cigarette smoke, and many of the toxins identified are present at lower levels than in cigarette smoke."

Quite simply, governments should not regulate vaping or heating the same as cigarettes because scientific evidence shows that they are not the same as cigarettes.

We can all think of numerous examples where somewhat similar, but fundamentally different, products are regulated in appropriately distinct ways. You might think of rules for aspirin versus prescription pain medication, bicycles versus motorcycles, or many, many others. The same should be true for vaping and heating versus cigarettes.

In short, regulations are needed, but they should make sense for these new technologies.

We support new measures to prevent youth vaping, including: limiting flavours; requiring warning labels and ingredient listings; and enforcing stricter penalties for sales to minors as well as restrictions on advertising and promotion.

We also support product quality and tampering standards to ensure that products purchased by adult smokers are manufactured consistently and used as intended.

But if we think about the adults who smoke in our lives, shouldn't they know that better alternatives exist? Shouldn't they be able to make informed choices about which products are right for them? Isn't it better if they switch to a better product if they don't quit altogether?

That is why Canada needs to take a balanced approach — to help adult smokers while also protecting youth with smart regulations.

Wherever cigarettes are sold, scientifically substantiated smoke-free products, whether vaping or heated tobacco products, should also be able to be sold and marketed responsibly as a better alternative to cigarettes.

We fully support sensible regulations — regulations that give current adult smokers reasonable access to effective smoke-free products, while limiting features of these products that appeal to youth.

Peter J. Luongo is managing director at Rothmans, Benson & Hedges Inc.



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

alPHA Sections:

Boards of Health
Section

Council of Ontario
Medical Officers of
Health (COMOH)

Affiliate Organizations:

Association of Ontario
Public Health Business
Administrators

Association of
Public Health
Epidemiologists
in Ontario

Association of
Supervisors of Public
Health Inspectors of
Ontario

Health Promotion
Ontario

Ontario Association of
Public Health Dentistry

Ontario Association of
Public Health Nursing
Leaders

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E-mail: info@alphaweb.org

September 19, 2019

Hon. Christine Elliott
Minister of Health
10th Flr, 80 Grosvenor St,
Toronto, ON M7A 2C4

Dear Minister Elliott,

Re: Vapour Products Display and Promotion

On behalf of the Association of Local Public Health Agencies (alPHA) and its member Medical Officers of Health, Boards of Health and Affiliate organizations, I am writing to reiterate our concerns about the ongoing proliferation of the promotion and display of vapour products in Ontario, especially as we deal with the emerging issue of vape-related severe respiratory illness.

While research has shown that vaping is less harmful than smoking tobacco, this same research shows that vaping still introduces poisonous substances into the body. In addition to this, the use of vape technology as a vehicle for nicotine and cannabis has become much more common and therefore aligns these products more closely to tobacco, for which we rightly have strict prohibitions on promotion and display.

Ontario has seen a sharp increase in youth vaping over the past two years and this will likely continue without strict prohibitions on their promotion and marketing. Emerging reports of ER admissions for incidences of vaping-related severe pulmonary disease are an immediate cause for alarm, and it is not unreasonable to anticipate more of these as the popularity of vaping increases.

Section 4.1 of the Smoke-Free Ontario Act, 2017 clearly prohibits the display and promotion of vapour products in any place where vapour products are sold or offered for sale, except in accordance with the regulations (RSO 2018, c. 12, Sched. 4, s. 3).

Regulation 268 sets out exemptions from this section, which include permission for retailers of vapour products to promote them (O. Reg. 439/18, s. 4). We strongly urge the immediate removal of this exemption and a return to the Smoke-Free Ontario Act's original intent of placing the same prohibitions on the promotion and display of vape products as it does on tobacco.

The appeal and popularity of these products among children and youth is well established, and our existing concerns are now sharply magnified by reports of hospital admissions related to the use of vape products. We are pleased that you have publicly expressed your own concerns about the prevalence and possible health consequences of vaping, particularly as they affect our youth, and we hope you agree that placing stronger restrictions on vape promotion is in fact one of the most obvious solutions to this emerging issue.

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

Yours sincerely,

A handwritten signature in blue ink, reading "Carmen McGregor". The signature is fluid and cursive, with the first name "Carmen" and last name "McGregor" clearly distinguishable.

Carmen McGregor
alPHa President

COPY: Hon. Michael Tibollo, Associate Minister, Mental Health and Addictions
Helen Angus, Deputy Minister, Ministry of Health
Dr. David Williams, Chief Medical Officer of Health
Dianne Alexander, Director, Health Promotion and Prevention Policy and Programs Branch
Nina Arron, Director, Health Protection and Surveillance Policy and Programs Branch

October 31, 2019

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

Re: Display and Promotion of Vaping Products

On September 27, 2019 at a regular meeting of the Board for the Grey Bruce Health Unit, the Board considered the attached correspondence from Simcoe Muskoka District Health Unit regarding implementing restrictions on the display and promotion of vaping products. The following motion was passed:

GBHU BOH Motion 2019-79

Moved by: Anne Eadie

Seconded by: Brian Milne

“THAT, the Board of Health support the correspondence from Simcoe Muskoka District Health Unit regarding Restrictions on the Display and Promotion of Vaping Products.”

Carried

Sincerely,



Mitch Twolan
Chair, Board of Health
Grey Bruce Health Unit

Encl.

Cc: Honourable Michael Tibollo, Associate Minister of Mental Health and Addictions
Dr. David Willians, Chief Medical Officer of Health
Alex Ruff, MP Bruce-Grey-Owen Sound
Terry Dowdall, MP Simcoe-Grey
Benn Lobb, MP Huron-Bruce
Association of Local Public Health Agencies
Ontario Health Units

Working together for a healthier future for all..

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

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

alPHA Sections:

Boards of Health
Section

Council of Ontario
Medical Officers of
Health (COMOH)

**Affiliate
Organizations:**

Association of Ontario
Public Health Business
Administrators

Association of
Public Health
Epidemiologists
in Ontario

Association of
Supervisors of Public
Health Inspectors of
Ontario

Health Promotion
Ontario

Ontario Association of
Public Health Dentistry

Ontario Association of
Public Health Nursing
Leaders

Ontario Dietitians in
Public Health

October 28, 2019

Hon. Christine Elliott
Minister of Health
10th Flr, 80 Grosvenor St,
Toronto, ON M7A 2C4

Re: Protecting Youth from the Dangers of Vaping

On behalf of the Association of Local Public Health Agencies (alPHA) and its member Medical Officers of Health, Boards of Health and Affiliate organizations, I am writing today to congratulate you for your decision to ban the promotion of vapour products in retail stores that are not specialty vape stores and cannabis retail stores.

We are indeed pleased with your recognition that restrictions on promotion and display of vapour products are among the most obvious and effective approaches to curbing youth uptake and your swift decision to implement them.

We look forward to reviewing and providing feedback on the regulatory language, and urge you to ensure the inclusion of a provision that is aligned Section 4.1(2)(a) of the Smoke Free Ontario Act, which prohibits display and promotion "in any manner, if the promotion is visible from outside a place in which vapour products are sold or offered for sale".

We also urge you to explore further legislative initiatives, including working with your federal counterparts, to prohibit all advertising of vapour products directly to the public, such as billboards and transit, print media and online ads.

This is an important step on the pathway to a comprehensive regulatory framework that will address the serious emerging public health issue of youth vaping in this province. Our members look forward to continuing to work with you on further solutions, such as addressing the easy availability of vape products to youth online, the sale of flavoured vape juices and curtailing misleading health messaging by vape product manufacturers.

We look forward to further dialogue with you and your staff and would be pleased to meet with you to discuss next steps. Please have your staff contact alPHA Executive Director, Loretta Ryan, at loretta@alphaweb.org or 647-325-9594.

Yours sincerely,



Carmen McGregor,
alPHA

COPY: Dr. David Williams, Chief Medical Officer of Health
Laura Pisko, Director, Health Improvement Policy and Programs Branch

October 25, 2019

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

Dear Minister Elliott:

On behalf of the Board of Health for the Simcoe Muskoka District Health Unit I wish to commend your decision to prohibit the promotion of vapour products in convenience stores and gas stations effective January 1, 2020. This regulatory amendment to the *Smoke-Free Ontario Act, 2017* will have immediate and long-lasting benefits, protecting the health of the youth in our province.

Your leadership is in keeping with the letter from the Board of Health to you and the federal Minister of Health on September 18, 2019, calling for stringent restrictions on the display and promotion of vaping products and to ban flavoured e-cigarettes. This is to help prevent the further uptake of vaping (and with it, the potential risk of smoking commencement) by youth. The Board noted that vaping has been increasing rapidly in our youth which has been borne out in the evidence: A 74% increase in vaping among youth aged 16-19 in Canada was reported from 2017 to 2018.

In recognizing this significant amendment to display and promotion regulation, I renew the Board of Health's request to ban flavoured e-cigarettes. With thousands of flavours of e-liquid available, including candy and fruit-flavoured varieties, the evidence clearly supports that flavoured e-liquid is a significant factor in youth uptake and use .

The Ministry of Health's leadership in enacting the *Smoke-Free Ontario Act, 2017* one year ago has been critical to the protection of Ontario's citizens from the harms of tobacco, vaping and cannabis. The Board of Health recognizes this action as being an important step, and recommends the further development of a renewed comprehensive tobacco control strategy towards the tobacco endgame goal of achieving a smoking rate of less than 5% by 2035.

Thank you for your leadership on this very important public health matter.

Sincerely,

ORIGINAL Signed By:

Anita Dubeau
Board of Health Chair

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

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☐ **Orillia:**
120-169 Front St. S.
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705-325-9565
FAX: 705-325-2091

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

October 22, 2019

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

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

Dear Minister Petitpas Taylor and Minister Elliott:

Restrictions on Display and Promotion of Vaping Products and the Ban of Flavoured E-Cigarettes

On behalf of the Windsor-Essex County Board of Health we are writing to you in support of a letter we received from Simcoe Muskoka District Health Unit where their Board of Health approved a motion at their September 18, 2019 Board of Health meeting 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 the potential risk of smoking commencement by youth.

The Smoke-Free Ontario Act, 2017 (SFOA) 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. Point of sale display and promotion of vaping products at convenience stores, gas stations and grocery store chains is widespread through promotional materials (posters, three-dimensional cut-outs and packaging displays).

In addition, the SFOA regulations need to be strengthened to include a ban on flavoured vaping products and the display and promotion of vaping products, mirroring the ban on tobacco products.

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
Dr. Theresa Tam, Chief Public Health Officer
Corporation of the City of Windsor – Clerk's office
Local MP's – Brian Masse, Irek, Kusmeirczyk, Chris Lewis

Ontario Boards of Health
Dr. David Williams, Chief Medical Officer of Health, MOHLTC
AMO – Association of Municipalities of Ontario
Council of Medical Officers of Health (COMOH)
Corporation of the County of Essex – Clerk's office
Local MPP's – Percy Hatfield, Lisa Gretzky, Taras Natyshak, Rick Nicholls

October 31, 2019

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

Re: Funding for Leave the Pack Behind

On August 23, 2019 at a regular meeting of the Board for the Grey Bruce Health Unit, the Board considered the attached correspondence from Peterborough Public Health regarding the provincial governments' decision to cease funding for Leave the Pack Behind. The following motion was passed:

GBHU BOH Motion 2019-67

Moved by: Anne Eadie

Seconded by: Sue Paterson

"THAT, the Board of Health support the correspondence from Peterborough Public Health with respect to Funding for Leave the Pack Behind."

Carried

Sincerely,



Mitch Twolan
Chair, Board of Health
Grey Bruce Health Unit

Encl.

Cc: The Honourable Michael Tibollo, Associate Minister of Mental Health and Addictions
Dr. David Williams, Chief Medical Officer of Health
Bill Walker, MPP Bruce-Grey-Owen Sound
Lisa Thompson, MPP Huron-Bruce
Jim Wilson, MPP Simcoe-Grey
Association of Local Public Health Agencies
Ontario Health Units



November 7, 2019

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

Dear Minister Elliott:

RE: Amendment to SFOA, 2017 to restrict promotion of vaping products

The Huron County Board of Health is writing you to commend your decision to prohibit the promotion of vapour products in convenience stores and gas stations effective January 1, 2020. This regulatory amendment to the Smoke-Free Ontario Act, 2017 will have immediate and long-lasting benefits, protecting the health of the youth in our province.

The Huron County Board of Health is alarmed by the rising vaping rates among youth and young adults. In order to comprehensively address the issue, a suite of robust regulatory measures is needed to protect our most vulnerable populations from the harms associated with these products. In addition to this significant amendment to the display and promotion regulation, I recommend further investigation and regulations that would ban flavoured e-cigarettes.

The appeal and popularity of these products among children and youth is well established, and our existing concerns are now sharply magnified by reports of hospital admissions related to the use of vape products. We are pleased that you have publicly expressed your own concerns about the prevalence and possible health consequences of vaping, particularly as they affect our youth, and we hope you agree that placing restrictions on flavoured e-cigarettes will further contribute to protecting our residents, particularly youth.

Sincerely,

David Jewitt, Board of Health Chair
Huron County Health Unit

Encl: HCHU Letter to Christine Elliot, MOHLTC
c: The Honorable Doug Ford, Premier of Ontario
Ontario Boards of Health
Huron Bruce MPP, Lisa Thompson

Huron County Health Unit

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

www.huronhealthunit.ca

October 22, 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:

Removal of Regulation 268 of the Smoke-Free Ontario Act, 2017, to restrict marketing of Vaping Products

On behalf of the Windsor-Essex County Board of Health we are writing to you in support of a letter we received from Kingston, Frontenac and Lennox & Addington Public Health where their Board of Health passed the following motion at their September 25, 2019 Board of Health meeting:

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.

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
Ginette Petitpas Taylor, Minister, Health Canada
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
Dr. Theresa Tam, Chief Public Health Officer
Corporation of the County of Essex – Clerk's office
Local MP's – Brian Masse, Irek, Kusmeirczyk, Chris Lewis

Protecting Youth from the Dangers of Vaping

Ontario Banning the Promotion of Vaping Products Outside of Specialty Stores

October 25, 2019 9:00 A.M.

Ontario is taking urgent action to address the issue of youth vaping by banning the promotion of vapour products in convenience stores and gas stations. Starting January 1, 2020, the promotion of vapour products in retail stores will only be permitted in specialty vape stores and cannabis retail stores, which are only open to people aged 19 and over.

"Restricting the promotion of vapour products in retail stores will help prevent youth from being exposed and influenced by promotion in retail settings," said Christine Elliott, Deputy Premier and Minister of Health. "This is just one way our government is taking action to protect young people in Ontario."

These changes follow consultations with stakeholders - including experts, communities and families concerned with youth vaping and the promotion of vapour products - as well as new and emerging research from health experts that indicate vaping among Ontario's youth is on the rise.

"Vaping is not without risk, and the potential long-term effects of vaping remain uncertain," said Elliott. "As we continue to engage with experts and families to identify further action we can take to protect our youth, this first step will help begin to curb the alarming increase in young people vaping."

The regulatory amendment will align rules for in-store promotion of vapour products with those for tobacco under the *Smoke-Free Ontario Act, 2017*, bringing Ontario in line with seven other Canadian provinces with similar restrictions.

QUICK FACTS

- Under the *Smoke-Free Ontario Act, 2017* (SFOA, 2017), retail stores that are not specialty vape stores ("non-specialty stores") like convenience stores and gas stations currently can promote vapour products, if the promotion complies with the *Tobacco and Vaping Products Act* (Canada).
- Vaping has become increasingly popular, particularly with youth. In just one year, from 2017 to 2018, there has been a 74 per cent increase in vaping among Canadian youth aged 16-19 (Hammond et al, 2019).

- Of concern, two thirds of students who vape are using products with nicotine (Canadian Student Alcohol and Drugs Survey, 2017).

LEARN MORE

- [Learn more about the risks of vaping](#)
- [Statement by Deputy Premier and Minister of Health Christine Elliott](#)

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[Disponible en Français](#)



Ontario Medical Association Applauds Restrictions to Promotion of Vaping Products in Convenience Stores and Gas Stations

The Ontario Medical Association (OMA) strongly supports this move by the Ontario Government to address the issue of youth vaping by banning the promotion of vapour products in convenience stores and gas stations.

The Ontario Medical Association (OMA) strongly supports this move by the Ontario Government to address the issue of youth vaping by banning the promotion of vapour products in convenience stores and gas stations.

Our position is clear: vaping devices should not be used by non-smokers and especially not by young people.

The OMA wrote to Minister Elliott in September and recommended that the government:

- Expand restrictions on the marketing and promotion of vaping products.
- Expand restrictions of flavouring for vape juice, e-juice and e-liquid.
- Develop awareness campaigns to educate the public, especially youth, about the harmful risks of vaping.

"On behalf of Ontario's doctors, I applaud today's announcement by Health Minister Christine Elliott that will restrict promotion of vaping products in convenience stores and gas stations," said Dr. Sohail Gandhi, President, OMA. "This is an important first step towards ensuring that these products are not marketed to youth. I also thank the Minister for inviting the OMA to participate in the Minister's roundtables to discuss this issue. We look forward to continuing to work with the government to protect youth from the dangers of vaping."

According to the most recent Canadian Tobacco, Alcohol and Drugs Survey, 23 per cent of students in Grades 7-12 have tried a vaping product, many of which contain nicotine.

There is a lack of awareness and understanding among youth about the addictive nature of nicotine and the potential negative health effects. There is evidence that youth who use vaping devices are more likely to smoke tobacco later in life.

The OMA has long advocated for robust smoking cessation programs. Vaping products have helped some people stop smoking, although the evidence on their effectiveness is inconclusive.

About the OMA

The Ontario Medical Association represents Ontario's 43,000 plus physicians, medical students and retired physicians, advocating for and supporting doctors while strengthening the leadership role of doctors in caring for patients. Our vision is to be the trusted voice in transforming Ontario's health-care system.

For more information, please contact:
OMA Media Relations at 416.340.2862 or toll-free at 1.800.268.7215, ext. 2862
media@oma.org [@OntariosDoctors](https://twitter.com/OntariosDoctors)



About OMA

Ontarios Doctors

Your Health

October 16, 2019

Via E-mail: Ginette.PetitpasTaylor@parl.gc.ca

The Honourable Ginette Petitpas Taylor, Minister of Health
Health Canada
Address Locator 0900C2
Ottawa, ON K1A 0K9

Dear Minister Petitpas Taylor:

Re: Comprehensive measures to address the rise of vaping in Canada

The Kingston, Frontenac and Lennox & Addington (KFL&A) Board of Health is writing to you to express deep concerns about the rising vaping rates among youth and young adults in Canada. The sharp increase in youth vaping rates is especially concerning given the availability and promotion of vapour products containing nicotine, the impact of nicotine on the developing brain, and the recent upward trending of cigarette smoking among this population. Our concerns are further compounded by the vaping-related pulmonary disease reports emerging in the United States and Canada. While vapour products are generally regarded as safer than combustible tobacco cigarettes, these products are not risk-free and are known to contain and emit potentially toxic substances. The emerging concerns surrounding vaping calls for a regulatory framework that provides equal protection for all Canadians.

A suite of robust measures is needed to address the rise in vapour product use and to protect our most vulnerable populations from the harms associated with these products. We applaud the Government of Canada's pursuit of an evidence-informed regulatory framework through the numerous public consultations conducted in 2019. KFL&A Public Health submitted the following regulatory recommendations through the consultation process:

- Prohibit all additives and non-tobacco flavours in vaping products and e-liquids.
- Require the listing of all ingredients on product labels and packaging.
- Require health and toxicity warnings on vapour products.
- Restrict nicotine concentration in all vaping products.
- Require standardized and tamper proof packaging on all vapour products.
- Require mandatory testing and reporting for vapour products.
- Strengthen the advertising and promotion control regime so that it aligns with tobacco controls.
- Develop a robust and sustainable monitoring and surveillance strategy to ensure compliance with advertising and promotion controls and to identify emerging products.

Kingston, Frontenac and Lennox & Addington Public Health

www.kflaph.ca

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Fax: 613-549-7896

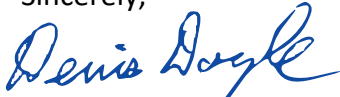
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	Napanee	613-354-3357	Fax: 613-409-6267
	Sharbot Lake	613-279-2151	Fax: 613-279-3997

*The Honourable Ginette Petitpas Taylor, Minister of Health
Health Canada*

Page 2

The appeal and popularity of vapour products is concerning given their potential health risks, and the rise of youth vaping cannot continue unabated. Like tobacco control, there is no silver bullet to address vaping and its risks. The KFL&A Board of Health urges the Government of Canada to expedite a comprehensive set of controls for vapour products like those regulating tobacco products and to consider other evidence-informed strategies such as taxation, use prohibition, industry denormalization, and effective public education and behaviour change campaigns to address this emerging public health issue.

Sincerely,



Denis Doyle, Chair
KFL&A Board of Health

*Copy to: Mark Gerretsen, MP Kingston and the Islands
Scott Reid, MP Lanark-Frontenac-Kingston
Mike Bossio, MP Hastings-Lennox and Addington
Loretta Ryan, Association of Local Public Health Agencies
Ontario Boards of Health*

E-CIGARETTE AND AEROSOLIZED PRODUCT PREVENTION AND CESSATION

MOTION:

WHEREAS the Board of Health for Public Health Sudbury & Districts has a longstanding history of proactive and effective action to prevent tobacco and emerging product use and to promote tobacco use cessation; and

WHEREAS electronic cigarettes are increasingly popular in Canada, especially among youth and among smokers, including 15% of Canadian and 10% of local youths and adults reporting having tried e-cigarettes; and

WHEREAS there is increasing concern about the health hazards of using e-cigarettes including nicotine addiction, transition to tobacco products especially among youth, and emerging risks of severe pulmonary illness; and

WHEREAS the Ontario government recently announced restrictions on the promotion of e-cigarettes and products that will come into effect January 2020;

THEREFORE BE IT RESOLVED THAT the Board of Health for Public Health Sudbury & Districts, while congratulating the Minister of Health on the restrictions on e-cigarette promotion, urge the adoption of an expert-informed comprehensive strategy to address flavoured e-juice, online sales to minors, treatment programs for youth cessation, and public education; and

FURTHER that the Board urge the Minister to work with provincial, territorial and federal counterparts to adopt other evidence-informed strategies such as taxation, use prohibition, industry denormalization, and cross-Canada public education to address this emerging public health issue.

Briefing Note

To: René Lapierre, Chair, Board of Health
From: Dr. Penny Sutcliffe, Medical Officer of Health/Chief Executive Officer
Date: November 14, 2019
Re: 2020 Recommended Operating Budget

☐ For Information

☐ For Discussion

☒ For a Decision

Issue:

Approval is being sought for the recommended 2020 operating budget for Public Health Sudbury & Districts. The draft budget was developed by the Senior Management Executive Committee and recommended by the Medical Officer of Health. It was reviewed at the October 30, 2019, meeting of the Board of Health Finance Standing Committee. The budget is recommended by the Finance Committee to Board of Health for approval.

Recommended Action:

THAT the Board of Health approve the 2020 operating budget for Public Health Sudbury & Districts in the amount of \$26,623,396.

1. Budget Summary:

The recommended 2020 budget for programs and services is \$26,623,396, representing an increase of \$200,000 (0.76%) over 2019. Developing a near-zero budget that protects programs and services within the context of reduced provincial funding, increased fixed costs, and increased program pressures has required organizational realignment and staffing reductions.

The 2020 budget incorporates significant changes to provincial policy for public health funding, effective January 1, 2020:

- With few exceptions (noted below), all programs and services are subject to municipal/provincial cost sharing, including previously 100% provincially funded programs;
- The provincial share of funding for programs and services is up to 70% (in recent years was up to 75%);
- Boards of health will receive a one-time 2020 grant to offset new municipal pressures such that municipal increases for 2020 are capped at 10%;
- The provincial calculation of board budgets to which the cost shared formula and one-time grant will apply is based on the 2018 third quarter spending projections to year end.

2018–2022 Strategic Priorities:

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

O: October 19, 2001
R: January 2017

Accordingly, the recommended 2020 operating budget includes a one-time provincial grant of \$600,000 and a municipal increase of \$734,562 (increase of 10% or \$4.47 per capita).

Based on reasonably conservative assumptions, projected fixed cost increases are estimated to be approximately \$550,000 annually. Going into 2021, this means a shortfall of over \$1.2M, assuming no reintroduction of the one-time provincial grant. Additional and significant cost reductions are anticipated to be required in future fiscal periods, complicated by the potential for regionalization of Ontario's public health system and the related fiscal context.

Management continues to work diligently within the current dynamic fiscal and system transformation environments to balance these pressures and maintain quality programs, within an organization that is accountable, transparent, and responsive to local public health needs.

The following sections provide details on key 2020 budget factors.

2. Budget Background

2.1 Provincial Context

The Board of Health is aware that the provincial context has been rapidly evolving throughout 2019. These details are described chronologically in this section as our actions in response to various provincial announcements and our planning for the future provide important context for the 2020 budget deliberations.

April 2019 – provincial budget (cuts and transformation)

The provincial budget released on April 11, 2019 announced massive changes to Ontario's public health system:

- The 35 existing boards of health would be dissolved, and 10 new regional boards would be established in 2020/2021.
- Budget cuts in the amount of \$200M were to be achieved across the local public health system by fiscal 2021/22.
- Announced funding formula changes were that Public Health Sudbury & Districts funding would be based on a provincial/municipal formula of 70:30 retroactive to April 1, 2019 for all programs including most of the currently 100% provincially funded programs (increasing over time to 60:40 for large boards and 50:50 for Toronto).

Through subsequent communication in April and May with the Ministry of Health (MOH) it was understood that the annual impact of this announcement would be an approximate \$1.2M deficit for Public Health Sudbury & Districts for 2019. We were advised that this would be offset by an approximate \$600,000 one-time grant from the provincial government. As reported to the Board at its May meeting, we implemented an immediate hiring freeze and all non-essential spending was ceased until further notice.

May 2019 – cancellation of retroactive funding cuts

On May 27, 2019, it was announced that in response to municipalities' concerns about within-year retroactive funding cuts, the provincial government would not proceed with planned cuts in 2019. Consequently, restraints on spending to the 2019 Board approved budget were partially lifted.

August 2019 – funding formula announced for 2020

On August 19, 2019, the Premier and Minister of Health announced at the annual meeting of the Association of Municipalities of Ontario (AMO) that all boards of health would be subject to a 70:30 cost shared formula as of January 1, 2020. Also announced was the availability of transition funds in 2020 such that municipal increases in 2020 would be capped at 10%. Finally, the Minister of Health noted that status quo for the public health system is not acceptable and that a special advisor to assist with upcoming consultations on restructuring would be appointed.

September 2019 – provincial consultation on public health transformation

On September 12, 2019, it was announced that Ms. Alison Blair, Assistant Deputy Minister for Emergency Health Services, was appointed to the additional role of Executive Lead for Public Health Modernization. On October 10, 2019, Mr. Jim Pine was announced as the Special Advisor, leading consultation on public health and on emergency health services modernization.

2.2 Public Health Sudbury & Districts Budget Assumptions:

2.2.1. Effective January 1, 2020, the MOH will implement a 70:30 funding formula for Ministry of Health funded programs¹, including:

- Mandatory Cost-shared Programs historically funded at up to 75%
- Other Related Programs historically funded at 100%¹

and excluding:

- Unorganized Territories
- MOH/AMOH Compensation Initiative
- Ontario Seniors Dental Care Program

2.2.2. The MOH will calculate the 2020 grant based on annual expenditure projections made in the Board's 2018 third quarter reporting for both cost-shared and 100%-funded programs.

2.2.3. Requirements of boards of health remain the same, as prescribed by legislation, regulation and the Ontario Public Health Standards and related protocols and guidelines.

2.2.4. Public Health Sudbury & Districts will continue to operate as an autonomous entity for the entire 2020 calendar year.

¹ For a listing of the Board's programs and initiatives funded 100% by the MOH in addition to those funded by other ministries or sources to which this briefing note does not apply, see Appendix A.

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

2.2.5. One-time MOH mitigation funding in the amount of \$600,000 will be allocated to Public Health Sudbury & Districts to protect municipalities from any cost increases that exceed 10%. This is in alignment with the August 20, 2019 Minister of Health letter advising the Board of Health of the 2019 grant (*“While confirmation of 2020 funding will be provided through the 2020 Budget process, we expect that all municipalities will be protected from any cost increases resulting from this cost-sharing change that exceed 10% of their existing costs”*) and with the Ministry’s May 2019 communication with our agency of this figure.

2.3 Public Health Sudbury & Districts 2019 Grant Approval

The 2019 MOH Program Based Grant approval was received on August 20, 2019. The Mandatory Cost-Shared Program base funding allocation remained unchanged, as did the funding to Unorganized Territories. Additional base funding was received for two 100% funded programs: \$90,400 for Indigenous Communities and \$19,500 for the Northern Fruit and Vegetable Program. Also approved and 100% funded was \$810,200 for the new Ontario Seniors Dental Care.

2.4 Reserve Funds

As part of fiscally sound management, the Board of Health has long-established reserve funds for the agency. Financial reserves are recognized as a prudent and expedient way to provide the organization with resources for emergencies, known future infrastructure investments and future planned projects that support the vision and mission of the organization.

Public Health Sudbury & Districts reserve funds are comprised of five restricted and one unrestricted fund. The balance as of the 2018 audited financial statements was \$13,348,943. The unrestricted Working Capital fund balance is currently at \$5,666,396.

The Working Capital fund supports ongoing operational program requirements. While the Ministry recommends a reserve level that can support a minimum of six weeks cash flow, our organization maintains a 7.5-week cash flow equivalent to protect against inflation.

With the potential for future regionalization, the Board at a future date will need to consider the use of its fund to mitigate unbudgeted risks and to consider the protection of its use to within the Board’s catchment area.

3. Recommended 2020 Budget

Management began budget deliberations with a projected shortfall of over \$1.9M. This was the result in an overall MOH funding reduction of \$1.17M and increased expenditures of \$762K. Inclusion of a one-time MOH mitigation grant of \$600K, municipal funding of \$735K and cost reduction initiatives totaling \$522K have resulted in the recommended 2020 near zero budget.

3.1 Operating Revenues

The 2020 operating revenues includes MOH funding for cost-shared and other related programs and services (\$315,137 and \$854,423 reductions, respectively; total reduction of \$1,169,560 or

6.4%), a one-time MOH mitigation grant (\$600,000), municipal funding (increase of \$734,562 or 10%), and interest revenue (increase of \$35,000). The Unorganized Territories funding remains at the 2019 level.

3.2 Expenditures

3.2.1 Overall

The 2019 budget is restated using the 2018 third quarter projection to year end for cost shared and 100% funded programs as per Ministry direction. Expenditure comparisons are made using these restated values.

The 0.76% *overall* increase over 2019 is comprised of the following:

Benefits cost increase	0.59%
Salary cost decrease	-0.48%
Operating cost increase	0.65%
Overall Increase	0.76 %

3.2.2 Salary and Benefit Changes

As compared with 2019, the salary and benefit budget lines reflect a decrease of 0.7% and an increase of 3.1%, respectively:

- **Salary:** As compared with 2019, salaries show a decrease of \$127,737. This amount is the balance of an increase in fixed cost with a decrease in the overall staffing level. Staff reductions related to organizational restructuring total 4.9 full time equivalents (FTE), none of whom are bargaining unit members. The reductions are achieved mostly through attrition of permanent positions, with 1.5 FTE through the termination of contract positions.
- **Benefits:** As compared with 2019, benefits show an increase of \$156,535. On December 1, 2019, Public Health Sudbury & District will come to the end of a two-year rate freeze for extended health and dental benefits, projecting a 12.1% overall increase for the provision of these benefits. Historical utilization is factored heavily in the projection of the rate increases in addition to the normal market increases. Basic life, accidental death and disability, and long-term disability benefits remain with a rate guarantee until December 1, 2020. Pressure to maintain the costs of benefits costs continues given ongoing increases in market rates and claims.

3.2.3 Operating Expenditure Changes:

As compared with 2019 (restated to the 2018 third quarter year end projection), the 2020 recommended budget reflects an overall increase of 5.4% or \$171,205 for operating expenditures. Although pressures have been carefully assessed, fixed costs including heat, hydro, physical and system infrastructure, and maintenance costs continue to rise. Other than staff development, variances to the majority of the operating lines relate directly to the restatement of 2019 operating lines that now are based on 2018 third quarter spending projections to year end (see 2.2.2). As

surpluses were projected, this restatement results in reductions to 2019 baseline and related variances for 2020.

Expenditure lines with significant changes are highlighted below, following the order of appearance in the attached schedule:

- **Media & Advertising:** The increase is related to work associated with opioids and with public mental health anti-stigma campaigns.
- **Health Services/Purchased Services:** The increase is related to the diabetes program projecting a funding surplus in 2018. The surplus was due to unfilled vacancies and late notification of program funding. The program is now running at full capacity.
- **Professional Fees:** The increase is in part related to a projected annual funding surplus reported to the Smoke-Free Ontario Prosecution grant and the increase to legal costs to align to actual. We expect demand for prosecution will escalate with the increased demand as it relates to vaping and the use of cannabis in public places.
- **Program Expenses:** The decrease in expenses are mainly due to the restatement of the 2019 operating lines and the reallocation of program expenses to other operating categories (i.e. media and translation).
- **Information Technology:** The increase is due to adjustments required to reflect recurring increases to application licensing costs.
- **Expense Recoveries:** We are projecting a decrease in the recovery of OHIP billable fees and other recoveries products. This decrease aligns the budget to actual programming recoveries.
- **Staff Development:** The increase is related to full inclusion of the staff development allocation at the beginning of the budget year. Investing in staff during this time of transformation and uncertainty is critical for ongoing staff engagement in meeting current needs and in preparing to contribute fully to the future of the public health system in our region.

3.2.4 Schedules

Appendix B provides the detailed schedules for the recommended 2020 operating budget by divisions, expenditure categories, and municipal levies. Note that these are reflective of both the mandatory cost-shared and previously 100% funded programs, now identified in the schedules as “other related programs and services”.

4. Conclusion

The recommended 2020 budget for programs and services is \$26,623,396, representing an increase of \$200,000 (0.76%) over 2019. Developing a near-zero budget that protects programs and services within the context of reduced provincial funding, increased fixed costs, and increased program pressures has required organizational realignment and staffing reductions.

The 2020 draft budget is recommended as a budget that recognizes an environment of significant change and fiscal constraints combined with ongoing public health needs. Importantly, it is a budget that strategically positions Public Health Sudbury & Districts to meet current needs as well as to actively engage in creating an effective public health system for the future in the northeast.

Ontario Public Health Standard:

Organizational Requirements – Fiduciary Requirements Domain

Strategic Priority:

Organizational Commitment

2018–2022 Strategic Priorities:

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

O: October 19, 2001
R: January 2017

Public Health Sudbury & Districts

APPENDIX A

Programs Historically Funded by MOH at 100% and Programs Funded by other Sources

Program	2019 Year End
Ministry of Health 100% Funded Programs (subject to funding formula change Jan 1 2020)	
Food Safety - Haines Funding	December 31
Harm Reduction Program	December 31
Healthy Smiles Ontario (HSO)	December 31
Infectious Disease Control	December 31
MHPS- Diabetes Prevention Program	December 31
Northern Fruit and Vegetable Funding	December 31
Ontario Senior Dental Care Program	December 31
SFO - Electronic Cigarette Act	December 31
SFO - Local Capacity Building: Prevention & Protection	December 31
SFO - Tobacco Control Area Network - TCAN	December 31
SFO - Tobacco Control Coordination	December 31
SFO - Youth Engagement	December 31
SFO -TCAN - Prevention	December 31
Special Nursing Initiative	December 31
Programs Funded by other Sources (not subject to funding formula change)	
Anonymous Testing	March 31
Getting Ahead and Circles (OTF)	March 31
Healthy Babies Healthy Children (MCCSS)	March 31
LHIN - Falls Prevention Project & LHIN Screen	March 31
Local Poverty Reduction Evaluation (CGS)	March 31
Pre/Postnatal Nurse Practitioner (MCCSS)	March 31
Supervised Consumption Study	December 31
Triple P Co-Ordination	December 31

Public Health Sudbury & Districts
Operating Budget

2020 Budget - Recommended

Appendix B

Page 1

Summary	2019	2020	
Revenue			
MOH - Mandatory Cost Shared	15,298,700	14,983,563	(315,137)
MOH - Other Related Cost Shared (2019 = 100%)	2,848,076	1,993,653	(854,423)
MOH - One-time Mitigation Grant		600,000	600,000
MOH - Unorganized Territories	826,000	826,000	-
Total MOH	18,972,776	18,403,216	(569,560)
Municipal			
Municipal - Cost Shared Programs and Other Related	7,345,618	8,080,180	734,562
Total Municipal	7,345,618	8,080,180	734,562
Other			
Interest Earned	105,000	140,000	35,000
Total Other	105,000	140,000	35,000
Total All Funding Sources	26,423,394	26,623,396	200,002
Expenditures			
Mandatory Cost Shared Programs	23,575,318	23,713,766	138,448
Other Related Cost Shared Programs	2,848,076	2,984,100	136,024
Unfunded Budget Pressures		(74,470)	(74,470)
Total Expenditures	26,423,394	26,623,396	200,002
Funding Surplus (Deficit)	0	0	(0)

Public Health Sudbury & Districts
Operating Budget

2020 Budget - Recommended

Appendix B
Page 2

Description	BOH 2019 Approved	2020 Budget	Increase (Decrease)
Revenue			
MOH - General Programs	15,298,700	14,983,563	(315,137)
MOH - Unorganized Territory	826,000	826,000	-
MOH - Diabetes Prevention Programming	139,627	97,739	(41,888)
MOH - Enhanced Food Safety - Haines Initiative	36,500	25,550	(10,950)
MOH - Safe Water Initiative	16,200	11,340	(4,860)
MOH - Harm Reduction	150,000	105,000	(45,000)
MOH - Healthy Smiles Ontario Program	585,425	409,798	(175,628)
MOH - Indigenous Partnerships	90,400	63,280	(27,120)
MOH - Infectious Diseases Control Initiative	389,000	272,300	(116,700)
MOH - Needle Exchange Program Initiative	87,100	60,970	(26,130)
MOH - Northern Fruit and Vegetable Program	177,361	124,153	(53,208)
MOH - Nursing Initiatives	392,144	274,501	(117,643)
MOH- Smoke-Free Ontario Strategy	784,319	549,023	(235,296)
MOH - Mitigation Grant		600,000	600,000
Municipal Levies	7,345,618	8,080,180	734,562
Interest Earned	105,000	140,000	35,000
Total Revenue	26,423,394	26,623,396	200,002
Expenditures			
Corporate Services			
Corporate Services	3,977,579	4,144,255	166,676
Office Admin	120,102	115,350	(4,752)
Espanola	120,699	117,509	(3,190)
Manitoulin Island	130,271	127,187	(3,084)
Chapleau	101,791	104,631	2,840
Sudbury East	16,808	17,940	1,132
Intake	328,471	337,278	8,808
Facilities Management	562,937	574,599	11,662
Volunteer Resources	4,850	3,850	(1,000)
Total Corporate Services	5,363,508	5,542,599	179,091
Clinical Services			
Clinical Services - General	1,157,626	818,629	(338,997)
Clinic	1,335,692	1,344,296	8,604
Clinical Services - Branches	221,267	223,123	1,856
Risk Reduction	98,842	98,842	-
Sexual Health	1,131,169	1,165,804	34,635
Dental	454,537	472,758	18,222
Vision Heath	71,344	68,977	(2,367)
Healthy Smiles Ontario Program	585,425	612,200	26,775
Infectious Diseases Control Initiative	389,000	389,000	-
Needle Exchange Program Initiative	87,100	87,100	-
Total Clinical Services	5,532,002	5,280,730	(251,272)
Health Promotion			
Promotion - General	1,242,506	1,245,943	3,437
School	1,426,438	1,459,229	32,791
Workplace	146,826	-	(146,826)
Branches (Espanola/Manitoulin)	324,077	336,364	12,287
Nutrition & Physical Activity Team	1,089,514	1,043,077	(46,437)
Branches (Sudbury East/Chapleau)	390,476	402,549	12,073
Injury Prevention	393,692	524,894	131,202
Tobacco, Alcohol and Cannabis	272,393	488,047	215,654
Family Team	633,751	635,138	1,387
Reproductive & Child Health	1,207,483	1,093,858	(113,624)
Drug Strategy	114,242	19,600	(94,642)
Mental Health and Addictions	305,326	624,320	318,994
Alcohol and Substance Misuse	244,533	-	(244,533)
Northern Fruit and Vegetable Program	177,361	176,100	(1,261)
Diabetes Prevention Programming	139,627	175,000	35,373
Harm Reduction	150,000	150,000	-
Smoke-Free Ontario Strategy	554,822	563,000	8,178
Total Health Promotion	8,813,067	8,937,118	124,052
Knowledge & Strategic Services			
KSS	1,805,809	2,462,000	656,192
Workplace Capacity Development	23,507	23,507	-
Health Equity Office	14,440	14,440	-
Strategic Engagement Unit	596,767	10,232	(586,535)
Indigenous Partnerships	90,400	90,400	-
Nursing Initiatives	392,144	392,100	(44)
Total RRED	2,923,067	2,992,679	69,613
Environmental Health			
Environmental Health - General	808,066	824,452	16,385
Environmental	2,451,450	2,520,968	69,518
Vector Borne Disease	86,907	87,545	638
Small Drinking Water Systems	163,130	162,574	(556)
Enhanced Food Safety - Haines Initiative	36,500	36,500	-
Safe Water Initiative	16,200	16,200	-
Smoke-Free Ontario Strategy	229,497	296,500	67,003
Total Environmental Health	3,791,751	3,944,739	152,989
Total Expenditures	26,423,394	26,697,866	274,472
Unfunded Budget Pressures		74,470	74,470
Net Surplus (Deficit)		26,623,396	200,002

* Previously 100% Funded

Public Health Sudbury & Districts
Operating Budget

Expenditures By Category

2020 Budget - Recommended
Appendix B
Page 3

	2019 Budget	2020 Proposed	Change (\$) Inc/(Dec)
Salaries	18,208,486	18,080,749	(127,737)
Benefits	5,051,144	5,207,679	156,535
Total Salaries & Benefits	23,259,630	23,288,428	28,798
Office Supplies	159,763	153,507	(6,256)
Media & Advertising	120,527	131,950	11,423
Health Services / Purchased Services	93,128	121,233	28,105
Professional Fees	48,919	82,756	33,837
Travel	295,017	302,161	7,144
Program Expenses	1,019,101	1,000,316	(18,785)
Photocopy Expenses	28,817	28,255	(562)
Telephone Expenses	195,054	197,786	2,732
Postage & Courier Services	69,322	64,972	(4,350)
Vector Borne Disease - Education and Surveillance	44,825	44,825	-
Books & Subscriptions	11,965	9,345	(2,620)
Furniture & Equipment	13,770	21,270	7,500
Rent Revenue	(69,076)	(69,076)	-
Insurance	115,636	117,849	2,213
Information Technology	588,040	608,040	20,000
Rent Surplus Transferred to Reserve	56,642	56,642	-
Translation	45,647	50,240	4,593
Memberships	32,289	29,889	(2,400)
Expense Recoveries	(893,660)	(878,193)	15,467
Rent	259,105	266,932	7,827
Building Maintenance	588,599	593,599	5,000
Utilities	214,325	219,249	4,924
Staff Development	126,008	255,891	129,883
Unfunded Budget Pressures		(74,470)	(74,470)
Total Operational Expenses	3,163,763	3,334,968	171,205
Total Expenditures	26,423,393	26,623,396	200,003

Municipal Levy

	2019	2020
Total Budget	23,575,318	26,623,396
Total Municipal Levy	7,345,618	8,080,180

		%	2019	2020		Monthly
Municipalities	Population*	Population	Levy	Levy	Difference	Billing
Assignack (Township of)	754	0.459%	33,720	37,093	3,372	3,091
Baldwin (Township of)	505	0.307%	22,555	24,811	2,256	2,068
Billings (Township of)	501	0.305%	22,408	24,649	2,241	2,054
Burpee and Mills (Township of)	273	0.166%	12,198	13,418	1,220	1,118
Central Manitoulin (Township of)	1,711	1.042%	76,545	84,200	7,655	7,017
St. Charles	1,156	0.704%	51,717	56,889	5,172	4,741
Chapleau (Township of)	1,915	1.166%	85,654	94,219	8,566	7,852
French River	2,374	1.445%	106,148	116,763	10,615	9,730
Espanola Town	4,362	2.655%	195,030	214,533	19,503	17,878
Gordon/ Barrie Island	449	0.273%	20,057	22,063	2,006	1,839
Gore Bay Town	739	0.450%	33,059	36,365	3,306	3,030
Markstay-Warren	2,328	1.417%	104,091	114,501	10,409	9,542
Northeastern Manitoulin & the Islands (Town)	2,129	1.296%	95,203	104,724	9,521	8,727
Nairn & Hyman (Township)	396	0.241%	17,707	19,478	1,771	1,623
Killarney	346	0.211%	15,503	17,054	1,551	1,421
Sables-Spanish River (Township of)	2,680	1.631%	119,811	131,792	11,981	10,983
City of Greater Sudbury	141,290	86.010%	6,317,974	6,949,767	631,793	579,147
Tehkummah (Township of)	363	0.221%	16,238	17,862	1,624	1,488
TOTAL	164,271	100%	7,345,618	8,080,180	734,562	673,348
Per Capita Rate			44.72	49.19	4.47	

Municipal Levy Increase/-Decrease over previous year	10.0%
Per Capita Increase/-Decrease over previous year	9.99%

* Population data per 2018 Ontario Population Report, Municipal Property Assessment Corporation

IN CAMERA

MOTION:

THAT this Board of Health goes in camera for personal matters involving one or more identifiable individuals, including employees or prospective employees.

Time: _____

RISE AND REPORT

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

2020 OPERATING BUDGET

MOTION:

THAT the Board of Health approve the 2020 operating budget for Public Health Sudbury & Districts in the amount of \$ 26,623,396.

Circles Initiative

Progress Report – Fall 2019

Executive Summary

Public Health Sudbury & Districts
November 2019



Public Health
Santé publique
SUDBURY & DISTRICTS

Authors

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Overview

The [Circles Initiative Progress Report](#) provides an overview and progress to date of the Circles Initiative, which was launched in 2017 following receipt of one of Ontario's Local Poverty Reduction Fund grants totalling \$217,000 in late 2016. The funding for this initiative extends to June 2020. The grant was awarded to support the implementation and evaluation of two programs connected with the Circles Initiative into Greater Sudbury: Circles Leader Training and Circles, both licensed through Circles Canada. The Bridges out of Poverty training initiative is also connected with the Circles Initiative but not directly funded through the grant. The Circles Initiative includes three linked programs:

- **Bridges out of Poverty** is a training opportunity for individuals living in middle and upper income that aims to start a conversation about poverty. Bridges out of Poverty workshops invite participants to look at poverty differently by exploring the experiences and realities of people living in poverty.
- **Circles Leader Training** is a program designed to provide individuals living in poverty with tools to transition into economic self-sufficiency through education and employment pathways. Circles Leader Training is designed to help the participants assess their current resources, learn how to build on their resources and create a personal action plan based on their hopes for a prosperous future to exit poverty.
- **Circles** is a program developed to support Leaders living in poverty while they work on their personal action plans to transition into economic self-sufficiency through education and employment pathways. Circles offers support with service navigation, added layers of social support, and community connections. Participants are called **Leaders** as they are leading the way to their future through their personalized life plans. Each Leader is matched with one to two volunteers who serve as Allies throughout the program. **Allies** provide intentional relationships that include friendship, coaching, and practical and emotional support. The goal for Circles Leaders is to achieve economic self-sufficiency within 18-48 months of joining the program. Participants, volunteers, and staff attend Circles Sudbury meetings three times per month for a shared meal and programming.

These programs offer a novel approach to poverty reduction based on principles of social mobility, social inclusion, and social capital. Together the three programs work to reduce poverty by building relationships across all economic groups to help individuals living on low income get out of poverty and build communities in which everyone can do well. The Circles Initiative is

strongly aligned with both the provincial public health mandate and municipal service delivery areas, as well as with the local public health focus on the social determinants of health and health inequities and the local population health priorities of the City of Greater Sudbury.

The planning, implementation, and sustainability of these programs is supported by an inter-sectoral partnership of 16 agencies in Greater Sudbury that form the **Partners to End Poverty Steering Committee**. The Steering Committee is represented by agencies across Greater Sudbury who are passionate about and committed to reducing poverty. They work collaboratively to examine the impact of poverty on individuals and families, identify ways to improve relationships, develop effective poverty reduction strategies, and become agents of change for our community.

The Circles program increases collaboration between community partners to tackle community-wide barriers to help reduce poverty. The Big View benefits our Leaders and their families but also focuses on the 21,000 other members across our community currently living in poverty. The Big View focus in 2018 was the need for greater compassion and understanding about the realities of living in poverty, including the challenges of service navigation. Public Health Sudbury & Districts hosted a one-day poverty simulation event on December 14, 2018, called the Greater Sudbury Poverty Challenge to help address the Big View focus in 2018. Mental health supports and access to affordable housing have been identified as key issues by Circles Leaders in Sudbury and they will be the Big View focus for 2019. A photovoice project was chosen to articulate these challenges in the lives of Circles Sudbury Leaders.

Highlights

In less than two years, the Circles Initiative has already influenced over 1,100 community members. In addition to supporting low income individuals while they work toward economic self-sufficiency, in a new multi-sector approach, this initiative has promoted poverty awareness, increased understanding, helped reduce poverty-related stigma, and inspired local change. The feedback from partners, training, and program participants has been overwhelmingly positive.

Bridges out of Poverty

- Forty-five Bridges out of Poverty workshops were delivered between June 2017 and June 2019 for a total of 849 participants from 113 community agencies
- 98% of participants enjoyed Bridges out of Poverty training
- 90% of participants left the training with a better understanding of poverty
- 100% indicated that they felt that understanding poverty was important for all members of our community

Circles Leaders Training

- Eight Circles Leader Training series have been offered with over 70 community members at different host partner sites since November 2017
- 36 Leaders have earned a high school credit towards their high school diploma for completion of this training
- 67% of graduates indicated that their stress levels decreased throughout Circles Leader Training
- 74% of graduates indicated that their self-esteem increased as a result of Circles Leader Training

Circles

- Circles Sudbury launched in February 2018
- Participants in Circles reported a 25%-27% increase in physical or mental health, family and social support, and improved relationship due to participation in the Circles Initiative
- Participants who joined in 2019 (4) reported an average increase to annual income of 31.25%
- 61% of goals identified by the Circles Leaders were related to education

- 30% of goals identified by Circles Leaders were linked to exiting poverty through full-time employment
- 45% of the short-term goals created by participants have already been completed
- 54% of participants have increased their education by obtaining an Ontario Secondary School Diploma or by pursuing post-secondary education

Community Volunteers

- 54 community members have received training and offered their time as Allies
- 14 Post-secondary students have assisted with this initiative

The Circles Initiative would not be possible without the support of the agencies connected to the Partners to End Poverty Steering Committee and other community partnerships. The partners and agencies have helped support the Circles Initiative in many ways.

Examples of in-kind contributions made by partner agencies:

- Food to support Circles Leader Training and Circles
- Vouchers for bus tickets or taxi services to support attendance in Circles Leader Training and Circles
- Staff support to deliver or co-facilitate Bridges out of Poverty, Circles Leader Training and Circles
- Staffing support through funded training opportunities
- Venues to host programming and workshop sessions for Bridges out of Poverty, Circles Leader Training and Circles.
- Placement agreements to support programming
- Assistance with recruitment and retention of community volunteers to serve as Circles Allies

The Circles program could not exist in Sudbury without the commitment, dedication and compassion of the community volunteers who serve as Allies and friends in the program. Finally, Circles Sudbury would not be possible without the brave Leaders who are working on their life goals and have trusted program staff and the broader initiative with their future wellbeing and prosperity.

Next Steps

The Public Health Sudbury & Districts' Ontario Local Poverty Reduction Fund grant is scheduled to end in June 2020. In order for the Greater Sudbury community to experience the full benefits of the Circles Initiative it is imperative that the program continue beyond the end of the granting period. Third party funding and resources will be required. The operating budget for Circles Leader Training and Circles is estimated at approximately \$135,000 annually, however many of these expenses can be reduced or eliminated by pooling resources with partner agencies. The Circles Initiative is currently seeking a partner with charitable status to serve as the main Circles Sudbury license holder. This will create opportunities to access grants not currently available to Public Health Sudbury & Districts. This will also allow for fundraising ventures with the option of tax receipts for the donors.

PROCLAMATION

Ontario Living Wage Week
November 3 to 9, 2019

Semaine du salaire minimum vital
en Ontario
Du 3 au 9 novembre 2019

WHEREAS the living wage is the hourly rate of pay at which a household can meet its basic needs and participate in community life, once government transfers have been added to the family's income and deductions have been subtracted; and

WHEREAS the living wage sets a higher standard and reflects what people need to earn to cover the actual costs of living in their community, and is not the same as the minimum wage, which is the legislated minimum all employers must pay and is set by the provincial government; and

WHEREAS more and more people are working for low wages, facing impossible choices resulting in spiraling debt, constant anxiety, and long-term health problems; and

WHEREAS the living wage gets families out of severe financial stress by lifting them out of poverty and providing a basic level of economic security including food, shelter, transportation and childcare as well as a modest amount for recreation; and

WHEREAS a living wage does not include debt repayment, retirement savings, home ownership expenses or children's education; and

WHEREAS employers who volunteer to pay a living wage and are committed to advancing justice and fairness for their employees constitutes a critical investment in the long-term prosperity of the economy by fostering a dedicated, skilled and healthy workforce; and

WHEREAS to date the Ontario Living Wage Network has certified over 250 employers in Ontario and 5 in the City of Greater Sudbury, with those employers making the commitment to pay all employees at least the living wage.

NOW THEREFORE, I, Brian Bigger, Mayor of the City of Greater Sudbury, do hereby proclaim the **week of November 3rd to November 9th, 2019** to be **Ontario Living Wage Week** in the City of Greater Sudbury.

Dated at Greater Sudbury, this 4th day of November 2019.

ATTENDU QUE le salaire minimum vital est le taux horaire de salaire avec lequel un ménage peut répondre à ses besoins fondamentaux et participer à la vie sociale, une fois que les paiements de transfert ont été ajoutés au revenu familial et que les déductions y ont été faites; et

ATTENDU QUE le salaire minimum vital établit une norme plus élevée et reflète ce que les gens doivent gagner pour couvrir les coûts réels de la vie dans leur communauté, et que ce n'est pas la même chose que le salaire minimum, qui est le minimum imposé par la loi que tous les employeurs doivent payer et qui est fixé par le gouvernement provincial; et

ATTENDU QUE de plus en plus de personnes travaillent à de faibles salaires, en faisant face à des choix impossibles qui entraînent une dette qui augmente sans cesse, une anxiété constante et des problèmes de santé à long terme; et

ATTENDU QUE le salaire minimum vital enlève à des familles un grave stress financier en les sortant de la pauvreté et en leur donnant un niveau fondamental de sécurité économique comprenant la nourriture, le logement, le transport et les services de garde, de même qu'une modeste somme pour les loisirs; et

ATTENDU QU'UN salaire minimum vital ne comprend pas le remboursement de la dette, l'épargne-retraite, les frais liés à être propriétaire de sa maison ou les études des enfants; et

ATTENDU QUE les employeurs qui paient volontairement un salaire minimum vital et qui se sont engagés à faire progresser la justice et l'équité pour leurs employés constituent un investissement essentiel dans la prospérité à long terme de l'économie en encourageant une main-d'œuvre dévouée, qualifiée et saine; et

ATTENDU QUE, jusqu'à présent, l'*Ontario Living Wage Network* a certifié plus de 250 employeurs en Ontario, dont cinq dans la Ville du Grand Sudbury, ces employeurs s'engageant à payer à tous les employés au moins le salaire minimum vital.

PAR CONSÉQUENT, je, Brian Bigger, maire de la Ville du Grand Sudbury, proclame par la présente que la **semaine du 3 au 9 novembre 2019** est la **Semaine du salaire minimum vital en Ontario** dans la Ville du Grand Sudbury.

Faite au Grand Sudbury, ce 4^e jour de novembre 2019.



Brian Bigger, Mayor/Maire

2019 NUTRITIOUS FOOD BASKET SCENARIOS

	HOUSEHOLDS WITH CHILDREN			SINGLE PERSON HOUSEHOLDS			
Household	Family of 4 (Ontario Works)	Family of 4 (Minimum Wage Earner)	Family of 4 (Average Ontario Income)	Single parent, 2 children (Ontario Works)	Single man (Ontario Works)	Single man (Ontario Disability Support Program)	Single elderly woman (OAS/GIS) ^a
	INCOME			INCOME			
Total Monthly Income (after tax)	\$2,643	\$3,646	\$7,983	\$2,420	\$838	\$1,285	\$1,739
	EXPENSES			EXPENSES			
	3 Bedroom	3 Bedroom	3 Bedroom	2 Bedroom	Bachelor	1 Bedroom	1 Bedroom
Monthly Rent (may include heat/hydro) ^b	\$1,204	\$1,204	\$1,204	\$1,052	\$641	\$855	\$855
Food ^c	\$999	\$999	\$999	\$760	\$336	\$336	\$244
Funds remaining for other basic needs	\$440	\$1,443	\$5,780	\$608	\$(139)	\$94	\$640
% of Income for Rent	46%	33%	15%	43%	76%	67%	49%
% of Income for Food	38%	27%	13%	31%	40%	26%	14%

a. Old Age Security / Guaranteed Income Supplement.

b. Rental cost calculations are from the Rental Market Report: Ontario Highlights. Canada Mortgage and Housing Corporation, Fall 2018.

c. 2019 Nutritious Food Basket data results for Public Health Sudbury & Districts.

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

Ce document est disponible en français.

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2019 Ontario social assistance rates don't support health.

A family of four receiving Ontario Works (OW) needs to spend:



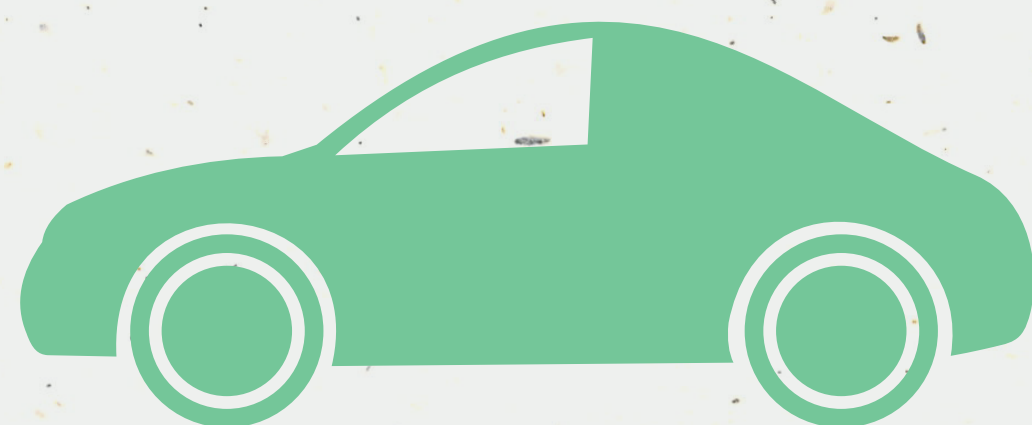
46%
Housing



38%
Food



Leaving only 16%* of their income for other basic needs:



*\$440 per month

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Public Health
Santé publique
SUDBURY & DISTRICTS

OPPORTUNITIES FOR HEALTH FOR ALL: POVERTY REDUCTION

MOTION:

WHEREAS income is one of the strongest predictors of health and local data show that low income is associated with an increased risk of poor physical and mental health in Sudbury and districts; and

WHEREAS Public Health Sudbury & Districts annual Nutritious Food Basket reports demonstrate that individuals and families reliant on the current provincial social assistance rates or that earn a minimum wage will experience challenges in supporting their health including meeting their nutrition requirements; and

WHEREAS income solutions incorporate the health enhancing influence of work while addressing food security and the health damaging impacts of insufficient income; and

WHEREAS the Sudbury Workers Education and Advocacy Centre calculated a living wage for Sudbury of \$16.98 (current provincial minimum is \$14.00), and the City of Greater Sudbury proclaimed November 3 – 9, 2019 as Living Wage Week; and

THEREFORE BE IT RESOLVED that the Board of Health for Public Health Sudbury & Districts formally endorse the principle of living wage employment and direct the Medical Officer of Health to pursue certification; and

FURTHER that the Board encourage all employers across our service area to commit to a living wage and to recognize the serious health and societal costs of inadequate income.

Briefing Note

To: René Lapierre, Chair, Public Health Sudbury & Districts Board of Health
From: Dr. Penny Sutcliffe, Medical Officer of Health and Chief Executive Officer
Date: November 14, 2019
Re: Risk Management Plan 2020-2022

☐ For Information

☐ For Discussion

☒ For a Decision

Issue:

Risk Management is an organizational requirement under the Ontario Public Health Standards. It is a responsibility of the Board of Health to provide governance direction and oversight to risk management.

In 2017, the Board approved a 2017-2019 risk management plan with the direction to conduct a comprehensive review of the plan every 3 years. A comprehensive review was completed in 2019.

During a number of meetings including a fall Board of Health training and workshop session, the Board of Health:

- reviewed, revised, and validated the risks in the previously approved 2017-2019 plan;
- identified new emerging risks in the context of health system transformation and organizational risks
- all to inform the development of a 2020-2022 risk management plan for the Board's approval.

Recommended Action:

That the Board of Health approve the 2020-2022 Risk Management Plan for Public Health Sudbury & Districts.

Background:

- Risk Management is organizational requirement 14h) under the Good Governance and Management Practices Domain in the Ontario Public Health Standards. It mandates the Board of Health to provide governance direction and oversight of risk management, delegating to senior staff the responsibility to monitor and respond to emerging issues and potential threats to the organization. Risk management is expected to include, among other issues, financial risks, human resource risks, security risks, technology risks, equity risks, and operational risks.

- As per policy and procedure, the organization engages in ongoing risk assessments at all levels of the organization using our Risk Management Framework. This framework uses a five-step approach to systematically identify, assess, and monitor risks ensuring that controls are in place to mitigate the likelihood and impact of the risk.
- The Ministry requires an annual report of our highest (“red”) risks as part of their reporting requirements in the third quarter of every year.
- In 2016, the Board directed the Executive Committee to undertake a complete review of all risks every three years. A comprehensive review of the 2017-2019 risk management plan was undertaken in 2019 to review, revise, and validate the current plan. A visioning session with the Executive Committee was held in June 2019. This session provided the Executive Committee an opportunity to identify new risks in the context of health system transformation and overall organizational risks. Following the visioning session, a survey was sent to the Executive team to review current risks and validate risk ratings.
- A Board of Health workshop and training occurred in October 2019. This session included an overview of risk management followed by a comprehensive review of the draft 2020-2022 risk management plan. Board members reviewed all proposed risks and risk ratings as well as validated and added to the mitigation strategies. Board members also engaged in a round table activity that identified new risks and threats to the agency.
- A finalized 2020-2022 risk management plan and motion is presented to the Board for their approval.

Financial Implications:

Additional costs may be identified as part of the review of specific mitigation strategies and will be considered at that time.

Strategic Priority:

#4 – Organizational Commitment

Contact:

France Quirion, Director, Corporate Services Division

Organizational Risk Management Plan: 2020 - 2022

Organizational Risk Assessment

Overall Objective: To identify future events that may impact the achievement of the agency's vision and mission

Subordinate Objective: To coordinate and align risk mitigation strategies and provide a framework for risk assessment work at different levels within the organization

Risk Categories		Rating Scale
1. Financial Risks		
1.1*	The organization may be at risk of uncertainty with government policy as it relates to public health thus expecting increased budget pressures over the next several years.	L5 I5
1.2	The organization may be at risk of financial forecasting not providing sufficient information for decision making resulting in suboptimal financial management within year.	L3 I3
1.3	The organization may be at risk as internal controls do not ever fully eliminate all potential risks of fraud.	L1 I3
1.4*	The organization may be at risk of financial costs related to transitioning to the new entity.	L5 I4
2. Governance / Organizational Risks		
2.1	The organization may be at risk as Board of Health members, individually or collectively, may not have the required competencies for effective Board Governance.	L3 I3
2.2	The organization may be at risk of not systematically ensuring that the governance implications of changes in statutes, policies, and directions have been considered.	L2 I3
2.3	The organization may be at risk as the appetite for risk culture may not be clearly defined and articulated for staff or Board of Health members.	L1 I1
2.4*	The organization may be at risk of not leveraging the knowledge and experience of current Board of Health members as the agency transitions to a new entity under one board structure.	L1 I1
3. Human Resources		
3.1	The organization may be at risk as a result of an insufficient investment in succession and business continuity planning.	L3 I3
3.2*	The organization may be at risk as staff may not have all of the necessary competencies, skills, and abilities to meet evolving needs, for example, health equity, racial equity, indigenous engagement, public mental health.	L2 I4
3.3	The organization may be at risk as some staff work offsite in uncontrolled environments.	L2 I4
3.4*	The organization may be at risk of not maintaining our current staff complement, their expertise, and recruiting new staff related to uncertain provincial policy.	L4 I4
3.5*	The organization may be at risk of erosion of our current culture, staff disengagement, and low morale, related to uncertain provincial policy through the transition years to the new entity.	L5 I5

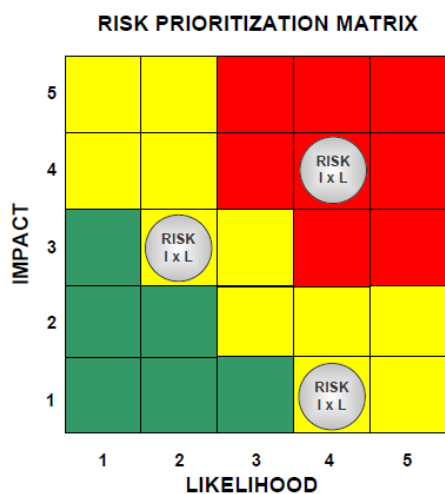
Risk Categories		Rating Scale
4. Knowledge / Information		
4.1	The organization may be at risk due to incomplete/inadequate information to make decisions or plan programs and services.	L3 I3
4.2*	The organization may be at risk of decreased support related to essential public health knowledge and information because of decreased capacity within the public health sector overall.	L5 I3
5. Technology		
5.1	The organization may be at risk of a network outage.	L3 I5
5.2	The organization may be at risk of not having a comprehensive and future oriented information technology plan and planning processes.	L4 I3
5.3*	The organization may be at risk of information technology system attacks including and/or resulting in significant data breaches.	L5 I5
6. Legal / Compliance		
6.1	The organization may be at risk of not achieving full compliance with the many and varied obligations imposed by statutes and regulations impacting on governance and management of Public Health Sudbury & Districts.	L2 I2
7. Service Delivery / Operational		
7.1	The organization may be at risk of our programs and services being under-recognized for their impact on improving the health of the population and their contribution to individual clients' health.	L4 I4
7.2*	The organization may be at risk of less effectively leading current programs and services as a result of leadership focus on public health transition.	L3 I3
8. Environment		
8.1	The organization may be at risk of natural and anthropogenic (for example, climate change) disasters or hazards.	L5 I4
9. Political		
9.1	The organization may be at risk of significant disruptions and high opportunity costs related to provincial policy changes with the provincial government.	L5 I5
9.2*	The work of public health may be at risk related to political climate.	L4 I4
10. Stakeholder / Public Perception		
10.1	The organization may be at risk of poorly defined relationships with indigenous communities, related to ambiguous jurisdiction.	L4 I4
10.2	The organization may be at risk of uncertainty around managing the expectations and obligations of the public, ministries, stakeholders, municipalities and/or the media to prevent disruption of service or criticism of Public Health Sudbury & Districts and a negative public image.	L3 I3

Risk Categories		Rating Scale
10.3*	The organization may be at risk of eroding relationships and profile with partners, communities, and municipalities, including Indigenous peoples and communities, as a result of public health transformation.	L4 I5
11. Strategic / Policy		
11.1*	The organization may be at risk of having inappropriate future oriented strategies because of the uncertainty of provincial policy direction.	L5 I5
12. Security Risks		
12.1	The organization may be at risk of threats to network security.	L3 I4
12.2	The organization, staff, and visitors may be at risk if security systems are offline.	L2 I2
13. Privacy Risks		
13.1	The organization may be at risk as internal controls may not be sufficient to fully eliminate all potential risks of privacy breaches.	L4 I2
14. Equity Risks		
14.1	The organization may be at risk of not effectively leveling up the health status with priority populations.	L5 I5
14.2*	The organization may be at risk of eroding or ineffectively building partnerships and relationships with indigenous communities.	L3 I3

 Transitional Risks

* New Risks

VALUE	LIKELIHOOD	IMPACT	PROXIMITY	SCALE
1	Unlikely to occur	Negligible Impact	More than 36 months	Very Low
2	May occur occasionally	Minor impact on time, cost or quality	12 to 24 months	Low
3	Is as likely as not to occur	Notable impact on time, cost or quality	6 to 12 months	Medium
4	Is likely to occur	Substantial impact on time, cost or quality	Less than 6 months	High
5	Is almost certain to occur	Threatens the success of the project	Now	Very High



RISK MANAGEMENT

MOTION:

WHEREAS Public Health Sudbury & Districts is committed to transparency, accountability, and continuous quality improvement; and

WHEREAS the Ontario Public Health Organizational Requirements mandate board of health to provide governance direction and oversight of risk management, delegating to senior staff the responsibility to monitor and respond to emerging issues and potential threats to the organization; and

WHEREAS the Board of Health has engaged in a risk management process in order to systematically identify/assess current risks and controls;

THEREFORE BE IT RESOLVED that the Board of Health for Public Health Sudbury & Districts approve the 2020-2022 risk management plan.

STAFF APPRECIATION DAY

MOTION:

THAT this Board of Health approve a Staff Appreciation Day for the staff of Public Health Sudbury & Districts during the upcoming holiday season. The Staff Appreciation Day may be taken between the dates of December 2, 2019, to February 28, 2020. Essential services will be available and provided at all times during the holiday period except for statutory holidays when on-call staff will be available.

ADDENDUM

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

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

ADJOURNMENT

MOTION: THAT we do now adjourn. Time: _____