



Board of Health Meeting #-03-20

Public Health Sudbury & Districts

Thursday, April 16, 2019

1:30 p.m.

Via Teleconference 1.866.219.7782, Participant Code 904138

AGENDA – THIRD MEETING
BOARD OF HEALTH
PUBLIC HEALTH SUDBURY & DISTRICTS
THURSDAY, APRIL 16, 2020 – 1:30 P.M.

By Teleconference 1.866.219.7782, Participant Code 904138

- 1. CALL TO ORDER AND TERRITORIAL ACKNOWLEDGMENT**
- 2. ROLL CALL**
- 3. REVIEW OF AGENDA/DECLARATIONS OF CONFLICTS OF INTEREST**
- 4. DELEGATION/PRESENTATION**
None
- 5. CONSENT AGENDA**
 - i) Minutes of Previous Meeting**
 - a. Second Meeting – February 19, 2020
 - ii) Business Arising From Minutes**
 - iii) Report of Standing Committees**
 - a. Board of Health Executive Committee, Unapproved Minutes dated May 17, 2020
 - iv) Report of the Medical Officer of Health / Chief Executive Officer**
 - a. MOH/CEO Report, April 2020
 - v) Correspondence**
 - a. Cannabis Consumption Establishments / Special Occasion Permits
 - Letter from the Board of Health Chair, Simcoe Muskoka District Health Unit, to the Ministry of the Attorney General, Legalization of Cannabis Branch dated March 30, 2020
 - b. Support for a Seamless Provincial Immunization Registry
 - Letter from the Board of Health Chair, Peterborough Public Health, to the Provincial Minister of Health, dated March 5, 2020
 - c. E-Cigarettes and Aerosolized Products
 - Letter from the Board of Health Chair, Grey Bruce Health Unit, to the Provincial Minister of Health, dated March 3, 2020
 - Letter from the Board of Health Chair, Grey Bruce Health Unit, to the Federal Minister of Health, dated March 3, 2020

- Letter from the Mayor, City of Hamilton, to the Federal Minister of Health and the Provincial Minister of Health, dated January 20, 2020
- d. Fully Funded Universal Health School Programs
 - Letter from the Town of Blind River to Dr. Sutcliffe dated February 28, 2020
 - Letter from Carol Hughes, MP, Algoma-Manitoulin-Kapuskasing to Dr. Sutcliffe, dated February 5, 2020
- e. 2020 Municipal Cost Share of Public Health Funding
 - Letter from the Medical Officer of Health and CEO, Eastern Ontario Health Unit, to the Minister of Health and Deputy Premier, dated February 12, 2020
- vi) **Items of Information**
 - a. Email from alPHa re excerpt - *Ontario Action Plan: Responding to COVID-19* March 25, 2020
 - b. Memo and information sheet from the Chief Medical Officer of Health re Amendments to the Municipal Act and City of Toronto Act to permit virtual meetings of the Board March 20, 2020
 - c. alPHa Information Break March 12, 2020
 - d. Ministry of Health News Release *Ontario Protecting Children and Youth from Dangers of Vaping* February 28, 2020
 - e. Thank you from Rita Pilon

APPROVAL OF CONSENT AGENDA

MOTION:

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

6. NEW BUSINESS

- i) **COVID-19 Update**
- ii) **2019 Accountability Monitoring Report**

7. ADDENDUM

ADDENDUM

MOTION:

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

8. ANNOUNCEMENTS / ENQUIRIES

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

9. ADJOURNMENT

ADJOURNMENT

MOTION:

THAT we do now adjourn. Time: ____

MINUTES – SECOND MEETING
BOARD OF HEALTH FOR PUBLIC HEALTH SUDBURY & DISTRICTS
PUBLIC HEALTH SUDBURY & DISTRICTS, BOARDROOM, SECOND FLOOR
WEDNESDAY, FEBRUARY 19, 2020 – 1:30 P.M.

BOARD MEMBERS PRESENT

Janet Bradley
James Crispo
Randy Hazlett
Jeffery Huska

René Lapierre
Bill Leduc
Glenda Massicotte

Mark Signoretti
Carolyn Thain

BOARD MEMBERS REGRETS

Robert Kirwan
Paul Myre

Ken Noland
Nicole Sykes

STAFF MEMBERS PRESENT

Sandra Laclé
Stacey Laforest
Rachel Quesnel

France Quirion
Dr. Penny Sutcliffe
Renée St. Onge

Dr. Ariella Zbar
Jamie Lamothe

MEDIA PRESENT

Media

R. LAPIERRE PRESIDING

1. CALL TO ORDER AND TERRITORIAL ACKNOWLEDGMENT

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

The Board Chair noted that the red dress hanging in the Boardroom is to honour the lives of the missing and murdered Indigenous women and girls, and their families and communities. Inspired by The REDress Project, an annual campaign created by Jamie Black, a Métis artist, Public Health Sudbury & Districts participated in the annual campaign last Friday by displaying red dresses throughout the building to bring awareness to this distressing health and justice issue. Board members were invited to read excerpts from the Final Report on the National Inquiry into Missing and Murdered Indigenous Women and Girls.

2. ROLL CALL

3. REVIEW OF AGENDA/DECLARATIONS OF CONFLICTS OF INTEREST

There were no declarations of conflict of interest.

4. DELEGATION/PRESENTATION

i) 2019 Year-In Review

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

Dr. Sutcliffe noted that senior managers, on an annual basis, provide an overview of the previous year's work of Public Health Sudbury & Districts through a year-in review presentation and statistical report, that delves into the scope and breadth of work organized according to the divisional programs and services.

Questions and comments entertained related to routine inspections/school visits and possible rational for figures in the *Harm Reduction Supplies and Services* statistics. Further to a suggestion to include year-over-year comparisons in future statistical reports, it was noted that it would be challenging to include and interpret comparisons for all statistics without including context and explanations. It was suggested that where informative to highlight, selective figures would be highlighted for year over year trends.

The Board Chair concluded that the impacts of the public health modernization are still unknown and the impacts of public health such as home visits, clean water, etc., are difficult to measure and tell the story of "what was prevented" from occurring. The annual statistical report and presentation help highlight frontline public health work to promote and protect health and to prevent disease for everyone. A related information page is included in the agenda.

5. CONSENT AGENDA

- i) Minutes of Previous Meeting**
 - a. First Meeting – January 16, 2020
- 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, February 2020
- v) Correspondence**

- a. Healthy Smiles Ontario Funding
 - Letter from the Board of Health Chair and the Chief Executive Officer, Windsor-Essex County Health Unit to the Minister of Health and Deputy Premier, dated January 17, 2020
 - b. Children Count Pilot Project
 - Letter from the Board of Health Chair and the Chief Executive Officer, Windsor-Essex County Health Unit to the Minister of Health and Deputy Premier, dated January 17, 2020
 - c. E-Cigarettes and Aerosolized Products
 - Letter from the Board of Health Chair, Porcupine Health Unit, to the Federal and Provincial Ministers of Health, dated January 9, 2020
 - Letter from the Board of Health Chair, Peterborough Public Health, to the Minister of Health, dated January 22, 2020, supporting Board of Health for Public Health Sudbury & Districts motion 48-19
 - d. Public Health Modernization
 - Letter and motion to the Premier of Ontario from the Chair of Manitoulin-Sudbury DSB dated January 24, 2020
 - alPHa response to the Ministry of Health Modernization Discussion Paper
 - Letter to the Premier from the Leader of the Official Opposition, Andrea Horwath, dated February 5, 2020
 - Letter and Public Health Modernization Submission of Public Health Sudbury & Districts to the Ministry of Health dated February 10, 2020
 - e. Measurement of Food Insecurities
 - Letter to the Federal Minister of Health the Board Chair, Kingston, Frontenac and Lennox & Addington Public Health, dated January 28, 2020
 - f. Off Road Vehicles and Bills 107 and 132
 - Letter from the Board of Health Chair, Peterborough Public Health, to the Minister of Transportation dated January 29, 2020
- vi) Items of Information**
- a. alPHa Information Break January 22, 2020
February 3, 2020
 - b. Globe and Mail Opinion *A forgotten lesson of SARS: The need for public health specialists and expertise* February 3, 2020
 - c. *Opportunities for Health for All: A Focus on Income* Report February 2020
 - d. Public Health Sudbury & Districts *2019 Highlights*
Santé publique Sudbury & Districts *2019 Faits saillants en chiffres*

06-20 APPROVAL OF CONSENT AGENDA

MOVED BY HAZLETT – LEDUC: THAT the Board of Health approve the consent agenda as distributed.

CARRIED

6. NEW BUSINESS

i) Novel Coronavirus 2019

- Briefing note from the Medical Officer of Health and Chief Executive Officer dated February 12, 2020

With an accompanying presentation, Dr. Sutcliffe reviewed the global, national, provincial and local public health context as well as actions underway to protect health and ensure local system readiness for the 2019 novel coronavirus.

The summary, relevant as of February 12, is shared for information, discussion and to address any questions Board members might have. There has been a lot of information shared through the media; however, the information tabled today highlights public health actions required from a global to local level. Dr. Sutcliffe noted that it is difficult to describe the amount of work that goes on behind the scenes to ensure readiness.

Graphs depicting cumulative and daily worldwide cases to February 18 were reviewed. As of yesterday, there were just over 2000 deaths reported and over 75,000 confirmed cases, with the majority being in China. In Canada, there were three confirmed cases in Ontario and five in British Columbia.

The characteristics of 2019-nCoV including reported cases, reported deaths and crude fatality rates were compared to other major viruses, such as SARS.

Public Health Sudbury & Districts is the lead agency for community emergency response when infectious diseases are the cause and current measures implemented and actions taken to ensure preparedness were outlined. A significant component includes communication with all partners throughout our catchment area to ensure local preparedness, including hospitals, EMS, DSAB, indigenous health centres, community chiefs and municipalities. Although there are no presumptive or confirmed cases in our area, we are very engaged to ensure common understanding of roles and responsibilities. Public Health Sudbury & Districts held an internal tabletop exercise and discussed various local scenarios.

Goals and actions of containment, which is currently underway, versus pandemic were outlined. Finally, PHSD encourages all to stay informed through credible sources.

Questions and comments were entertained and it was noted that in order to respond to an increase in calls/inquiries, a small number of staff have been equipped to take calls from health care providers and the public. Dr. Sutcliffe was thanked for her presentation.

ii) Infrastructure Modernization

- Briefing note from the Medical Officer of Health and Chief Executive Officer dated February 12, 2020

Dr. Sutcliffe commented that the detailed briefing note is for information purposes only and to provide context of Public Health Sudbury & Districts physical and technological infrastructure modernization requirements to ensure efficient operations and maintain alignment with evolving legislative requirements and service needs.

The longstanding strategic financial planning of the Board of Health that includes a relevant and adequately resourced reserve means that required work can be achieved within the Board's existing resources in addition to applying for Ministry funding such as capital infrastructure funding.

The Board of Health was apprised of the imperatives for infrastructure modernization and of the overall plan to accomplish the identified projects. Areas requiring infrastructure modernization include

- Accessibility
- Programs and services
- Infrastructure lifespan
- Environmental sustainability
- Digitization
- Privacy
- Security and enterprise risk

Assessments have been conducted by management over the years to inform prioritization and decision making about the modernization of Public Health Sudbury & Districts physical and technological infrastructure that include environment sustainability, physical accessibility, building/condition assessment, information technology external security audit, and electronic medical records.

The Board was reminded that at its October 2018 meeting, the Board of Health Finance Standing Committee received and discussed information on the Building Condition Assessment in the context of the reserve management plan. The aim was to ensure that the reserve funds established continue to be relevant and adequately resourced for these and other identified purposes. Also, implementing physical and technological infrastructure modernization projects is a responsible mitigation of risks for its enterprise Risk Management process.

Physical infrastructure needs/modernization that are required at the main office and Rainbow Centre were summarized. The technology infrastructure needs/modernization includes electronic medical records and IT security.

Questions and comments were entertained. C. Thain, also Board of Health Finance Standing Committee Chair, thanked management for conducting the analysis and keeping the Board informed. R. Hazlett shared for information, SEMA's recent motion relating to their reserve. Further to an inquiry as to whether seniors have been consulted regarding the senior dental program location, Dr. Sutcliffe clarified that a feasibility study was conducted and we will be looking at a travel grant to ensure services are accessible. It was shared that other health units have look at a mobile model to deliver their seniors dental program.

Management was applauded on the proactive and thorough thought process that has been put into infrastructure modernization.

Dr. Sutcliffe concluded that the agency will engage in all applicable procurement processes as per our policies and procedures as we move forward with these initiatives. By-Law G-I-70 requires the Board's approval for any transfers from reserves that are in excess of \$100,000 per transaction. The Board should expect future project-specific details and requests for approval, as required by this By-Law.

iii) alPHa Board of Health North East Representative

R. Lapierre recapped that last year, the Board of Health supported his nomination to the alPHa Board of Directors for a one year term. The Board's support was sought for his nomination at the alPHa AGM for a two-year term effective June 2020. Brief discussion ensued regarding the importance of keeping connected provincially given the public health modernization.

07-20 NOMINATION TO THE ALPHA BOARD OF DIRECTORS FOR THE NORTH EAST REGION

MOVED BY MASSICOTTE – THAIN: WHEREAS there is currently a vacancy for a North East representative on the alPha Board of Directors for a two-year term;

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

CARRIED

7. ADDENDUM

None.

8. ANNOUNCEMENTS / ENQUIRIES

Board members are encouraged to complete the survey for today's Board of Health meeting at a later date as the survey could not be completed today in BoardEffect. The date of the next meeting is Thursday, April 16, 2020.

9. ADJOURNMENT

08-20 ADJOURNMENT

MOVED BY HUSKA – CRISPO: THAT we do now adjourn. Time: 2:44 p.m.

CARRIED

(Chair)

(Secretary)

MEETING NOTES
BOARD OF HEALTH EXECUTIVE COMMITTEE
PUBLIC HEALTH SUDBURY & DISTRICTS, UPSTREAM, MAIN FLOOR
TUESDAY, MARCH 17, 2020 – 1 P.M.

BOARD MEMBERS PRESENT

James Crispo
Ken Noland

Jeff Huska

René Lapierre

BOARD MEMBERS REGRETS

Nicole Sykes

STAFF MEMBERS PRESENT

Rachel Quesnel

France Quirion *via t/c*

Dr. Penny Sutcliffe

P. SUTCLIFFE PRESIDING

1. CALL TO ORDER

The meeting was called to order at 1:03 p.m.

With fewer chairs in the Boardroom, Dr. Sutcliffe noted that due to COVID-19, PHSD is implementing social distancing measures and is exploring electronic options for future Board of Health meetings. we await guidance from Municipal Affairs.

2. ROLL CALL

3. ELECTION OF BOARD EXECUTIVE COMMITTEE CHAIR FOR 2020

Jeff Huska was nominated for the position of Board Executive Committee Chair for 2020.

J. Huska accepted his nomination. The following was announced

THAT the Board the Board of Health Executive Committee appoint Jeff Huska as the Board Executive Committee Chair for 2020.

J. HUSKA PRESIDING

4. REVIEW OF AGENDA / DECLARATION OF CONFLICT OF INTEREST

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

5. APPROVAL OF BOARD EXECUTIVE COMMITTEE MEETING NOTES

5.1 Board Executive Committee Meeting Notes dated May 16, 2019

01-20 APPROVAL OF BOARD OF HEALTH EXECUTIVE COMMITTEE MEETING NOTES

MOVED BY CRISPO – LAPIERRE: THAT the meeting notes of the Board of Health Executive Committee meeting of May 16, 2019, be approved as distributed.

CARRIED

6. NEW BUSINESS

02-20 IN CAMERA

MOVED BY LAPIERRE – CRISPO: THAT this Board of Health Executive Committee goes in camera to deal with advice that is subject to solicitor-client privilege, including communications necessary for that purpose. Time: 1:08 p.m.

CARRIED

03-20 RISE AND REPORT

MOVED BY NOLAND – LAPIERRE: this Board of Health Executive Committee rises and reports. Time: 2:01 p.m.

CARRIED

It was reported that one item dealing with advice that is subject to solicitor-client privilege, including communications necessary for that purpose, was discussed and one motion emanated from the in-camera session:

04-20 APPROVAL OF BOARD OF HEALTH EXECUTIVE COMMITTEE IN-CAMERA MEETING NOTES

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

CARRIED

7. ADJOURNMENT

05-20 ADJOURNMENT

MOVED BY NOLAND – CRISPO: THAT we do now adjourn. Time: 2:03 p.m.

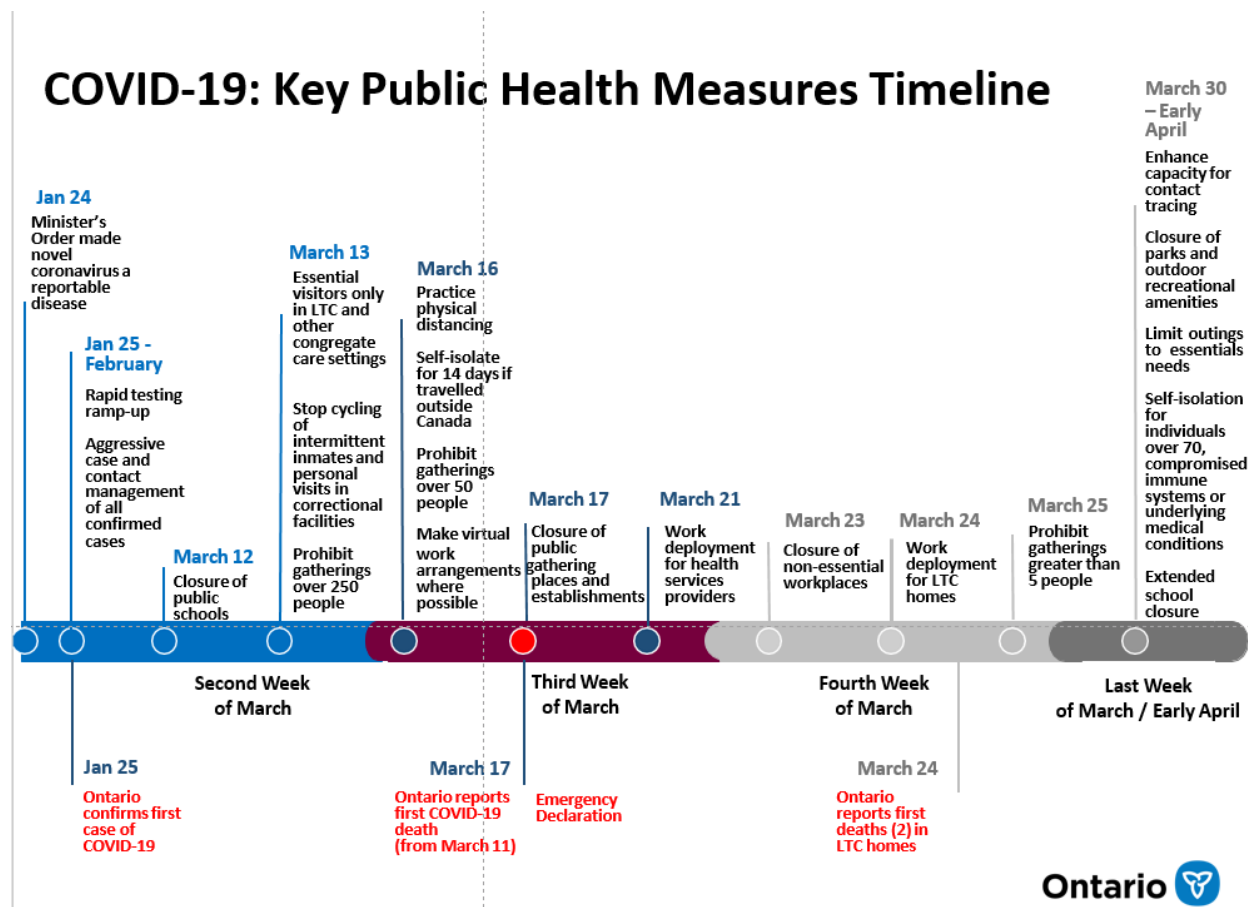
CARRIED

(Chair)

(Secretary)

Medical Officer of Health/Chief Executive Officer Board of Health Report, April 2020

Words for thought



Source: COVID-19 Command Table Technical Briefing
Date: April 3, 2020

It is a very different world since the February 19, 2020, Board of Health meeting. On March 11, 2020, the World Health Organization declared COVID-19 a pandemic and on March 17 Ontario declared a state of emergency. Coronavirus disease (COVID-19), an infectious disease, is having significant health, economic, and societal impacts worldwide. The federal and provincial governments are enacting unprecedented measures to address this rapidly-spreading virus. Locally at Public Health Sudbury & Districts, the Emergency Response Plan has been activated and our Emergency Control Group meets at least daily. The number of cases is changing quickly and in addition to contact management and tracing, key public health measures are being put in place to minimize the impact on citizens. The majority of Public Health staff is working remotely with most of this work focused on our COVID-19 response.

As Board of Health members will note, and as a consequence of our full-on response to the COVID-19 pandemic, only essential information is included in this month's MOH/CEO report and Board of Health meeting agenda.

General Report

1. Board of Health Updates

Membership

A warm welcome is extended to Jacqueline Paquin who is attending her first Board of Health meeting. J. Paquin's term is effective February 22, 2020, for a period not exceeding one year. An orientation session was held on April 2, 2020, where various topics were covered, including an overview of the Ontario public health system, public health finance, risk management, liabilities, operational processes, and accountability monitoring.

We continue to await confirmation from the Township of Chapleau regarding a replacement for Rita Pilon who tendered her resignation in December 2019.

Board of Health members Nicole Sykes and James Crispo have applied for reappointments as their terms are slated to end on May 30, 2020.

2. Human Resources

As previously communicated, Associate Medical Officer of Health, Dr. Ariella Zbar's resignation date is effective April 13, 2020. She has been a valuable member of the PHSD team and we wish her well in her future endeavours.

3. Financial Report

The February 2020 year-to-date cost-shared financial statements report a positive variance of \$376,665 for the period ending February 29, 2020. Gapped salaries and benefits account for \$94,342 or 26%, with operating expenses and other revenue accounting for \$279,996 or 74% of the variance. Monthly reviews of the financial statement ensure that shifting demands are adjusted in order to mitigate the variances caused by the timing of activities.

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

Please note the February Financial Statements reflects the 2020 Board of Health operating budget which was approved November 2019.

4. Quarterly Compliance Report

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 March 20, 2020. The Employer Health Tax has been paid as required by law, to March 31, 2020. The Workplace Safety and Insurance Board premiums have also been paid, as required by law, to March 31, 2020 and there are no outstanding issues regarding compliance with the *Occupational Health & Safety Act*, *Ontario Human Rights Code*, or *Employment Standards Act*.

Following are only essential divisional program highlights.

Health Promotion

1. Chronic Disease Prevention and Well-Being

Healthy eating behaviours

As part of early March nutrition month celebrations, information related to the 2020 Nutrition Month theme of “Healthy eating is about so much more than food” was shared through social media.

Mental health promotion

In response to the COVID-19 pandemic, web content and social media messaging was developed to help support the mental health and wellness of the community and to connect the community to various resources.

On February 25, a community engagement session was hosted to assess needs, gaps, and capacity regarding the Eating Disorders Promotion, Prevention, and Early Intervention initiative. The session was facilitated by Dr. Gail McVey and over 50 community partners attended.

Physical activity and sedentary behaviour

Throughout February and early March staff collaborated with partners to provide a variety of training opportunities on physical literacy, including for 56 students from the School of Education, 12 early childhood educators, 8 baseball coaches, and over 60 students from a variety of programs at Cambrian College.

Seniors Dental Care

Team members are providing support for those in need of urgent dental care and access to financial assistance for emergency care.

2. Healthy Growth and Development

Breastfeeding

During February and March 2020, a total of 98 breastfeeding appointments were provided to clients. Appointments were in-person at the main site as well as the Val Caron office; however, due to COVID-19, some appointments in March were provided via skype or telephone.

On March 13, 2020, two public health nurses from the Healthy Families team delivered a 4-hour breastfeeding education session to 15 staff from the labour and delivery and paediatric units at Health Sciences North. The goal of the session was to enhance the skills and understanding of protecting milk supply, assisting with latch, and identifying potential issues that infant and mother dyads may have that would affect successful breastfeeding.

Healthy pregnancies

Due to COVID-19, in-person prenatal classes were cancelled to adhere to the physical distancing measures. However, 65 people registered for Public Health Sudbury & Districts' online prenatal class during the months of February and March.

Positive parenting

In March, members of the Healthy Families and Mental Health teams worked together to create a video for social media highlighting how parents and families from Public Health Sudbury & Districts are learning to parent during COVID-19. The video was based on recommendations from the World Health Organization including maintaining a routine, staying positive, different ways of managing stressors during an uncertain time and tips on how Public Health staff are working from home with kids.

Due to restrictions to protect the public during the COVID-19 pandemic, all scheduled parenting sessions were postponed (i.e. Bounce Back and Thrive and Triple P). However, online Triple P programming was promoted and as a result 12 parents registered to take the Primary level program and 5 parents registered for the Teen level program.

3. School Health

Healthy eating behaviours

Prior to schools closing in response to COVID-19, 90 educators, social workers and support staff at a local school board attended a professional development session facilitated by registered dietitians.

Mental health promotion

A public health nurse collaborated with two local elementary schools to facilitate a 16-week pilot program, called the Program for the Education and Enrichment of Relational Skills (PEERS®), at a Grade 7 and a Grade 8 class. Through these daily social-skills training sessions,

the students built upon new skills and competencies related to starting and exiting conversations, handling arguments and bullying, minimizing rumours and gossip, and engaging in respectful relationships.

Oral health

Due to COVID-19, all oral health direct client programming has been put on hold. Team members are providing support for those in need of urgent dental care and access to financial assistance for emergency care.

Substance use and harm reduction

At a local elementary school, more than 100 Grade 7 and 8 students attended an interactive presentation aimed at increasing students' awareness on how vaping impacts health.

4. Substance Use and Injury Prevention

Comprehensive tobacco control

An interactive booth was also hosted in January for students, staff and faculty at College Boréal (36 participants) and Cambrian College (100 participants) to recognize National Non-Smoking Week.

In January and February, the Quit Smoking Clinics in Sudbury and Sudbury East had a total of 55 in-person initial visits and 68 returning visits in-person and six telephone visits. Nicotine replacement therapy was dispensed at a total of 115 occurrences across all clinic locations. Information line call volume continued to be high and 151 calls were received in addition to seven drop-in visits and two email inquiries. In March, all cessation services were transitioned from in-person appointments to telephone visits to support clients on their quit journey during Public Health Sudbury & Districts COVID-19 response.

Falls

Throughout January, February and March, Public Health Sudbury & Districts supported 14 locations in their delivery of the STAND UP program as well as 19 Assistive Devices Program clinics held at Parkside Centre for Older Adults.

Road and off-road safety

Team Safer Seats, a committee comprised of community agencies collaborated to create eight car seat safety educational videos focusing on proper harnessing, securing car seat bases, assessing your car seat, and winter car seat safety and a car seat training module became publicly available on our website for professionals who work with children's caregivers.

Substance Use

In February, Public Health Sudbury & Districts called two unplanned meetings to discuss the increased number of overdoses in our communities. The meetings resulted in recommended

changes to the drug alert “look” and distribution process based on the feedback received from partners and persons with lived experiences.

Health Protection

1. Control of Infectious Disease (CID)

During the months of February and March, nine sporadic enteric cases and four infection control complaints were investigated. Fourteen enteric outbreaks, and six respiratory outbreaks were declared in institutions. The causative organism of two of the enteric outbreaks was confirmed to be norovirus. The causative organism of two of the respiratory outbreaks was identified as influenza A, and one outbreak was due to parainfluenza.

2. Food Safety

Public health inspectors issued one charge to one food premises for an infraction identified under the Food Premises Regulation.

3. Health Hazard

In February and March, 51 health hazard complaints were received and investigated.

4. Rabies Prevention and Control

Forty-eight rabies-related investigations were carried out in the months of February and March. Two specimens were submitted to the Canadian Food Inspection Agency Rabies Laboratory for analysis and were subsequently reported as negative.

5. Safe Water

During February and March, one boil water order was issued. Furthermore, one boil water order was rescinded.

6. *Smoke Free Ontario Act, 2017* Enforcement

Fifteen individuals were charged for smoking on school property, and two retail employee were charged for selling tobacco to a person who is less than nineteen years of age.

Knowledge and Strategic Services

1. Health Equity

On March 10, the Manager, Health Equity and a Circles Leader were invited to present a community delegation to the City of Greater Sudbury City Council regarding the Circles initiative. The Circles program session was held at Tom Davies Square that evening to allow all Circles participants to be involved and engaged in the council meeting, and Cambrian College provided a “Let’s Talk Science” session for the child minding session.

On March 11, Public Health Sudbury & District’s Circles initiative partnered with the Northern Ontario School of Medicine’s Dean Speaker Series to co-host a public event at Science North titled “Fighting Stigma and Finding Support”. The event featured a talk by mental health advocate Amy Willans and an interactive photovoice art exhibit presented by Circles Leaders (participants) featuring their experiences with mental health, stigma, housing and support.

2. Research and Evaluation

As part of Laurentian University’s Research Week (February 24 to 28), Public Health Sudbury & Districts and Laurentian University awarded one new Louise Picard Public Health Research Grant to faculty from Laurentian University and staff from Public Health Sudbury & Districts for their project *Vaping: Understanding current use, needs and knowledge gaps of secondary and post-secondary students*. Researchers also shared results from two previously funded projects – one on the 2SLGBTQ+ Sudbury population’s public health needs, and one on the values, opinions, and beliefs about the social determinants of health among young adults in Sudbury.

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
Period Ending February 29, 2020

Cost Shared Programs

	Annual Budget	Budget YTD	Current Expenditures YTD	Variance YTD (over)/under	Balance Available
Revenue:					
MOH - General Program	14,983,563	2,497,261	2,497,261	(0)	12,486,302
MOH - Other Related Cost-Shared	1,993,653	492,830	482,352	10,478	1,511,301
MOH - One Time Revenue	600,000	100,000	100,000	0	500,000
MOH - Unorganized Territory	826,000	137,667	137,667	(0)	688,333
Municipal Levies	8,080,180	1,224,270	1,346,699	(122,429)	6,733,482
Interest Earned	140,000	46,536	46,537	(0)	93,463
Total Revenues:	\$26,623,396	\$4,498,563	\$4,610,515	\$(11,952)	\$22,012,881
Expenditures:					
Corporate Services:					
Corporate Services	4,199,077	659,779	718,068	(58,289)	3,481,009
Office Admin.	115,350	19,225	11,564	7,661	103,786
Espanola	117,509	18,701	18,101	600	99,408
Manitoulin	127,187	20,202	17,898	2,304	109,289
Chapleau	104,631	16,511	15,958	554	88,674
Sudbury East	17,940	2,990	3,050	(60)	14,890
Intake	337,278	51,889	58,754	(6,865)	278,524
Facilities Management	574,599	95,766	14,243	81,524	560,356
Volunteer Resources	3,850	642	0	642	3,850
Total Corporate Services:	\$5,597,421	\$885,705	\$857,636	\$28,069	\$4,739,785
Health Protection:					
Environmental Health - General	1,254,612	187,394	183,025	4,368	1,071,586
Enviromental	2,626,013	396,316	393,642	2,674	2,232,370
Vector Borne Disease (VBD)	87,545	14,050	3,571	10,479	83,975
Small Drinking Water Systems	162,574	24,804	25,694	(890)	136,880
CID	1,266,024	194,645	231,705	(37,060)	1,034,319
Districts - Clinical	223,123	34,391	34,054	337	189,069
Risk Reduction	98,842	16,474	(1,213)	17,686	100,055
Sexual Health	1,231,693	186,787	175,660	11,127	1,056,033
MOHLTC - Influenza	(0)	(612)	2,338	(2,950)	(2,338)
MOHLTC - Meningitis	0	(165)	(7,233)	7,068	7,233
MOHLTC - HPV	0	(239)	(20,579)	20,339	20,579
Northern Fruit and Vegetables Program	176,100	28,003	69,072	(41,069)	107,028
Healthy Smiles Ontario	612,200	94,965	87,665	7,300	524,535
Infectious Diseases Contol Initiatives, Infection Control PHN	479,100	73,732	72,916	816	406,184
SFO: E-Cigarettes Protection and Enforcement	36,700	5,803	2,874	2,929	33,826
SFO: Prosecution, Protection and Enforcement	259,800	954	1,880	(926)	257,920
Enhanced Food Safety - Haines Initiative	36,500	6,083	0	6,083	36,500
Enhanced Safe Water	16,200	2,700	2,700	0	13,500
Needle Exchange Program Initiative	87,100	14,517	14,517	(0)	72,583
Total Health Protection:	\$8,654,126	\$1,280,601	\$1,272,290	\$8,310	\$7,381,836
Health Promotion:					
Health Promotion - General	1,371,965	202,319	193,661	8,659	1,178,305
School	1,459,229	224,790	230,835	(6,044)	1,228,394
Districts - Espanola / Manitoulin	336,364	51,827	50,975	851	285,389
Nutrition & Physical Activity	1,043,077	161,185	115,158	46,027	927,919
Districts - Chapleau / Sudbury East	402,549	62,008	59,919	2,089	342,629
Dental	513,251	78,467	71,486	6,981	441,766
Injury Prevention	524,894	81,110	64,499	16,611	460,395
Tobacco, Vaping, Cannabis & Alcohol	488,047	75,748	52,872	22,877	435,175
Family Health	635,138	97,785	115,582	(17,797)	519,555
Healthy Growth and Development	1,093,858	168,846	111,264	57,582	982,594
Vision Health	68,977	10,907	313	10,593	68,664
Substance Misuse Prevention	19,600	3,267	4,980	(1,713)	14,620
Mental Health and Addictions	624,320	96,248	87,624	8,624	536,696
SFO: TCAN Prevention	97,200	16,200	985	15,215	96,215
SFO: TCAN Coordination	285,800	44,379	39,509	4,870	246,291
SFO: Tobacco Control Coordination	100,000	15,327	15,326	1	84,674
SFO: Youth Tobacco Use Prevention	80,000	12,379	11,452	927	68,548
Harm Reduction Program Enhancement	150,000	23,177	18,842	4,335	131,158
Diabetes Prevention	175,000	27,800	15,473	12,327	159,527
Total Health Promotion:	\$9,469,269	\$1,453,769	\$1,260,755	\$193,014	\$8,208,514
Knowledge and Strategic Services:					
Knowledge and Strategic Services	2,462,000	378,988	276,215	102,773	2,185,786
Workplace Capacity Development	23,507	3,918	2,001	1,916	21,506
Health Equity Office	14,440	2,407	(873)	3,279	15,313
Strategic Engagement	10,232	1,705	74,351	(72,646)	(64,119)
Chief Nursing Officer	121,500	20,250	20,252	(2)	101,248
Social Determinants of Health Nurses Initiatives	180,500	27,190	27,190	-	153,310
Indigenous Communities: Indigenous Partnerships	90,400	15,067	15,068	(1)	75,332
Total Knowledge and Strategic Services:	\$2,902,579	\$449,525	\$414,205	\$35,320	\$2,488,375
Total Expenditures	\$26,623,396	\$4,069,600	\$3,804,887	\$264,713	\$22,818,509
Net Surplus/(Deficit)		\$428,964	\$805,629	\$376,665	

Public Health Sudbury & Districts

Cost Shared Programs
STATEMENT OF REVENUE & EXPENDITURES
Summary By Expenditure Category
Period Ending February 29, 2020

	BOH Annual Budget	Budget YTD	Current Expenditures YTD	Variance YTD (over) /under	Budget Available
Revenues & Expenditure Recoveries:					
Funding	26,848,196	4,536,030	4,705,851	(169,821)	19,896,482
Other Revenue/Transfers	852,797	142,133	123,893	18,240	728,904
Total Revenues & Expenditure Recoveries:	27,700,993	4,678,163	4,829,744	(151,581)	20,625,386
Expenditures:					
Salaries	16,139,990	2,475,549	2,389,061	86,488	13,750,930
Benefits	4,642,659	709,513	701,659	7,854	3,941,000
Travel	255,945	36,824	15,501	21,323	240,444
Program Expenses	3,842,493	571,529	547,288	24,241	726,826
Office Supplies	66,764	7,440	11,933	(4,494)	54,831
Postage & Courier Services	64,972	10,829	8,046	2,782	56,926
Photocopy Expenses	33,506	4,001	3,785	216	29,722
Telephone Expenses	63,864	9,777	9,094	683	54,770
Building Maintenance	369,995	61,666	(13,691)	75,356	383,686
Utilities	219,249	36,542	30,226	6,315	189,023
Rent	266,932	44,489	43,260	1,229	223,672
Insurance	117,849	19,641	115,712	(96,071)	2,137
Employee Assistance Program (EAP)	35,000	5,833	11,109	(5,276)	23,891
Memberships	29,889	4,981	4,415	567	25,474
Staff Development	236,594	36,831	12,361	24,470	224,234
Books & Subscriptions	9,195	1,366	1,476	(111)	7,719
Media & Advertising	125,213	17,743	5,391	12,351	119,822
Professional Fees	367,753	61,292	46,661	14,632	321,092
Translation	49,300	6,883	7,213	(330)	42,087
Furniture & Equipment	21,270	2,712	4,940	(2,228)	16,330
Information Technology	742,560	123,760	68,676	55,084	673,884
Total Expenditures	27,700,993	4,249,199	4,024,115	225,084	21,108,499
Net Surplus (Deficit)	0	428,963	805,629	376,665	

Sudbury & District Health Unit
SUMMARY OF REVENUE & EXPENDITURES
Period Ending February 29, 2020

Program	FTE	Annual Budget	Current YTD	Balance Available	% YTD	Program Year End	Expected % YTD
100% Funded Programs							
Pre/Postnatal Nurse Practitioner	704	139,000	124,567	14,433	89.6%	<i>Mar 31/2020</i>	91.7%
OTF - Getting Ahead and Circles	706	112,271	42,648	69,623	38.0%	<i>Mar 31/2020</i>	79.2%
CGS - Local Poverty Reduction Evaluation	707	67,771	27,969	39,802	41.3%	<i>Mar. 31/2021</i>	40.0%
WOKE Age: Youth Driven Racial Equity	708	-	16,885	(16,885)	#DIV/0!	<i>Mar 31/2021</i>	91.7%
LHIN - Falls Prevention Project & LHIN Screen	736	100,000	76,818	23,182	76.8%	<i>Mar 31/20</i>	91.7%
Triple P Co-Ordination	766	59,663	6,799	52,864	11.4%	<i>Dec 31</i>	16.7%
Supervised Consumption Study	770	-	80	(80)	#DIV/0!	<i>Dec 31</i>	16.7%
Healthy Babies Healthy Children	778	1,476,897	1,304,219	172,678	88.3%	<i>Mar 31/20</i>	91.7%
Anonymous Testing	788	61,193	56,089	5,104	91.7%	<i>Mar 31/20</i>	91.7%
Ontario Senior Dental Care Program	786	810,200	22,265	787,935	2.7%	<i>Dec 31</i>	16.7%
Total		2,826,995	1,678,339	1,148,656			

March 30, 2020

Alexander Bishop, Director
Legalization of Cannabis Branch
Policy Division, Ministry of the Attorney General
720 Bay Street, 11th Floor
Toronto ON M7A 2S9

Dear Director Bishop:

Re: 20-MAG001, Cannabis Consumption Establishments / Special Occasion Permits

On behalf of the Board of Health at the Simcoe Muskoka District Health Unit (SMDHU), I am writing in support of alPHA's letter dated February 27, 2020 and the concerns expressed re: 20-MAG001, Cannabis Consumption Establishments / Special Occasion Permits.

Currently there is a lack of research to support the opening cannabis consumption establishments or issuing special event permits. Also lacking is evidence to outline the long-term impacts of normalizing cannabis use.

Presently, individuals in Ontario are permitted to possess and consume cannabis in many public and private spaces; therefore, cannabis cafes, lounges and special event permits are not required at this time. Allowing cannabis consumption establishments and special occasion permits would contribute to the normalization of cannabis use and has been demonstrated with alcohol use in our society, normalization results in proliferation of usage which increases health and social harms.

Potential harms from use and normalization of cannabis could include risks of public/over-intoxication, increased impaired driving, potential for falls and other injuries, issues of liability, enforcement issues and ultimately potential for increased hospital ER visits and hospitalizations. Any of these harms would result in increased societal and health costs.

The SMDHU Board of Health also supports alPHA's request for assurance that there will be no changes to the Smoke-Free Ontario Act regime as part of this consultation.

❑ **Barrie:**
15 Sperling Drive
Barrie, ON
L4M 6K9
705-721-7520
FAX: 705-721-1495

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

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

❑ **Gravenhurst:**
2-5 Pineridge Gate
Gravenhurst, ON
P1P 1Z3
705-684-9090
FAX: 705-684-9887

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

❑ **Midland:**
A-925 Hugel Ave.
Midland, ON
L4R 1X8
705-526-9324
FAX: 705-526-1513

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

Since legalization of cannabis is very recent and the retail market is still expanding, it would be prudent for the government to monitor and assess the impact of these regulatory changes before considering or allowing any further expansion.

Sincerely,

ORIGINAL Signed By:

Anita Dubeau, Chair
Simcoe Muskoka District Health Unit Board of Health

AD:CS:cm

Encl. (1)

cc. Association of Local Public Health Agencies
Ontario Boards of Health
Dr. David Williams, Chief Medical Officer of Health
Hon. Christine Elliott, Minister of Health
Ontario Public Health Association
Local Members of Provincial Parliament in Simcoe Muskoka
Municipal Councils in Simcoe Muskoka

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

February 27, 2020

Alexander Bishop, Director
Legalization of Cannabis Branch
Policy Division, Ministry of the Attorney General
720 Bay Street, 11th Floor
Toronto ON M7A 2S9

Re: 20-MAG001, Cannabis Consumption Establishments / Special Occasion Permits

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 express our concerns about the consideration of permitting cannabis consumption establishments and issuing special occasion permits analogous to those issued for alcohol in Ontario.

We appreciate the note on the Regulatory Registry that changes to the Smoke-Free Ontario Act (SFOA) 2017 are not being considered as part of this consultation, but would appreciate assurances that there will be no loosening of any of the regulatory restrictions that protect Ontarians from second-hand smoke in public places in any circumstance.

The SFOA's added protections from exposure to cannabis smoke in enclosed spaces are based on the known and significant health risks of inhaling smoke of any kind. We would view any motion towards considering exemptions for combustible or vapourized cannabis in any enclosed public place as an unacceptable step backwards.

Irrespective of whether this proposal is intended to exclude combustible or vapourized cannabis, it also amplifies our concerns about the ongoing liberalization and normalization of the use of harmful substances without proper consideration of their health consequences. Retail expansion of alcohol sales, unrestricted promotion of e-cigarettes and proposals such as this one are concrete examples of the government's willingness to expand the markets for these substances without developing offsetting health promotion policies to mitigate their measurable negative health and social impacts.

We look forward to providing further input to this process as it develops to ensure that these impacts are carefully considered alongside the economic drivers. In the meantime, we are again asking for assurances that there will be no reversal of any of the SFOA prohibitions on smoking or vaping in public places at any time in the future. We are also asking that provincial strategies be considered to clearly communicate the health hazards associated with cannabis consumption in general and implement measures to mitigate them.

We hope that you will take these requests into careful consideration and we would be pleased to discuss them with you further. To schedule a meeting, please have your staff contact Loretta Ryan, Executive Director, alPHA, at loretta@alphaweb.org or 416-595-0006 x 222.

Yours sincerely,



Carmen McGregor,
alPHA President

COPY: Hon. Christine Elliott, Minister of Health
Dr. David Williams, Chief Medical Officer of Health

The Association of Local Public Health Agencies (alPHA) is a not-for-profit organization that provides leadership to the boards of health and public health units in Ontario. alPHA advises and lends expertise to members on the governance, administration and management of health units. The Association also collaborates with governments and other health organizations, advocating for a strong, effective and efficient public health system in the province. Through policy analysis, discussion, collaboration, and advocacy, alPHA's members and staff act to promote public health policies that form a strong foundation for the improvement of health promotion and protection, disease prevention and surveillance services in all of Ontario's communities.

March 5, 2020

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

Sent via e-mail: Christine.elliott@pc.ola.org

Dear Minister Elliott:

Re: Support for a Seamless Provincial Immunization Registry

At its meeting on February 12, 2020, the Board of Health for Peterborough Public Health received correspondence from City of Hamilton Board of Health, dated October 30, 2019, and correspondence from the Council of Ontario Medical Officers of Health (COMOH), dated March 19, 2019.

Peterborough Public Health supports the recommendations that a seamless provincial immunization registry would address several of the challenges with the current system, including:

- eliminating the burden of parents/guardians needing to report vaccines to local public health agencies;
- reducing the risk of inaccurate information being reported by parents/guardians;
- reducing staff time and resources needed to manually input vaccine records; and
- reduce the number of suspension due to the lack of reporting by parents/guardians.

In addition, this registry would assist in the investigation of outbreaks of vaccine preventable diseases when they occur as it would allow for quick identification of those individuals who are susceptible and vulnerable.

A seamless provincial immunization registry would increase efficiencies and result in more accurate information about vaccine coverage in the population which aligns with Ministry of Health's intent to create efficiencies and improve outcomes by introducing technology solutions into health care.

Respectfully,

Original signed by

Mayor Andy Mitchell
Chair, Board of Health

/ag
Encl.

cc: Dr. David Williams, Ontario Chief Medical Officer of Health
Local MPPs
France G  linas, MPP, Health Critic
John Fraser, MPP, Health Critic
Association of Local Public Health Agencies
Ontario Boards of Health

March 3, 2020

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

Re: The Harms of Vaping and the Next Steps for Regulation

On November 22, 2019 at a regular meeting of the Board for the Grey Bruce Health Unit, the Board considered the attached Resolution from Windsor-Essex County Health Unit regarding the next steps for vaping regulation. The following motion was passed:

GBHU BOH Motion 2019-100

Moved by: Selwyn Hicks Seconded by: Anne Eadie
"THAT, the Board of Health endorse the resolution from Windsor-Essex County Health Unit regarding The Harms of Vaping and the Next Steps for Regulation as presented."

Carried

Sincerely,



Mitch Twolan
Chair, Board of Health
Grey Bruce Health Unit

Encl.

Cc: Honourable Doug Ford, Premier of Ontario
Honourable Ginette Petitpas Taylor, Minister of Health
Dr. David Willians, Chief Medical Officer of Health, Ministry 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

March 3, 2020

Honourable Patty Hajdu
Minister of Health, Canada
House of Commons
Ottawa, ON K1A 0A6
Sent via email: patty.hajdu@parl.gc.ca

Re: Comprehensive Measures to Address the Rise of Vaping in Canada

On November 22, 2019 at a regular meeting of the Board for the Grey Bruce Health Unit, the Board considered the attached correspondence from Kingston Frontenac and Lennox & Addington Public Health regarding measures to address the rise in Vaping. The following motion was passed:

GBHU BOH Motion 2019-99

Moved by: Selwyn Hicks Seconded by: Anne Eadie
"THAT, the Board of Health endorse the correspondence from Kingston Frontenac and Lennox & Addington Public Health regarding Comprehensive Measures to Address the Rise of Vaping in Canada as presented."

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



OFFICE OF THE MAYOR
CITY OF HAMILTON

January 20, 2020

VIA: Mail and Email

Hon. Patty Hajdu
Minister of Health, Canada
House of Commons
Ottawa, ON K1A 0A6
Sent via email: patty.hajdu@parl.gc.ca

Hon. Christine Elliott
Minister of Health
Ministry of Health, Ontario
777 Bay Street
Toronto, ON M7A 2J3
Sent via email: christine.elliott@pc.ola.org

RE: Endorsement of Correspondence re: Vaping Recommendations

Dear Ministers Hajdu and Elliott,

At its meeting on January 20, 2020, the City of Hamilton Board of Health endorsed correspondence regarding comprehensive measures to address the rise of vaping in Ontario (see attached) from the following Boards of Health:

- Public Health Sudbury & Districts
- Haliburton Kawartha, Pine Ridge District Health
- Middlesex-London Health Unit
- Peterborough Public Health
- Leeds, Grenville and Lanark District Health Unit

While aerosolized products, also known as e-cigarettes, are considered by some health authorities to be less harmful than combustible tobacco cigarettes, Health Canada and other health authorities have concluded that the long-term health effects from the use of aerosolized products are not yet fully known. Vaping aerosolized products has been rapidly increasing in our youth, with a 74% increase in vaping among Canadian youth aged 16-19 reported from 2017 to 2018. In Hamilton, the amount of vapour product stores and inspections have increased as well as the sales of vapour product or e-cigarettes to persons under the age of 19 in 2019 in comparison to 2018. Hamilton Public Health Services' comprehensive tobacco control interventions across prevention, protection, cessation and enforcement include preventing experimentation and escalation of tobacco and vaping use among children youth and young adults.

The City of Hamilton's Board of Health is supportive of the proposed regulations put forward by the Ontario's Ministry of Health to prohibit the promotion of vapour products

in convenience stores and gas stations effective January 1, 2020, as research shows that point of sale advertising has the strongest association with youth's interest in e-cigarette products. Despite this regulatory change, vapour products manufacturers are still able to promote their products in other settings (i.e. billboards, posters, public transit) provided they do not violate the federal Tobacco and Vaping Products Act. Commendably, on December 19, 2019 Honourable Patty Hajdu, Minister of Health, proposed that new regulations to prohibit the promotion and advertising of vaping products anywhere they can be seen or heard by youth.

Flavoured vapour products are also appealing to youth and have been linked to uptake of vaping by youth, similar to the experience with flavoured tobacco, which is now prohibited. According to the Tobacco and Vaping Products Act, many of these popular flavours such as dessert, confectionery, soft drink, energy drink, or cannabis are prohibited from being used to promote e-cigarette products including its packaging and through illustrations and design elements. Despite this, the Ontario Tobacco Research Unit (OTRU) has found that many Canadian online e-cigarette retailers are in fact promoting these flavours.

While youth use is of concern, it is also important to consider the potential for cessation among adult smokers using e-cigarettes. A systematic review of consumer preference for e-cigarette products researched the relationship between flavours and quitting smoking. Two studies found greater quit success when using menthol flavoured products, another study found quit success when using coffee flavours, while another study found that flavoured e-cigarette use was associated with a lower intention to quit smoking.

E-cigarettes utilizing the salt-based nicotine pod systems such as JUUL are very popular among youth, with some of these products containing very high concentrations of nicotine (59 mg/mL). This is alarming as children and youth are especially vulnerable to nicotine addiction as the brain is still developing until the age of 25. The European Union has limited the amount of nicotine in e-cigarettes to 20 (mg/ml) to allow for a comparable amount of nicotine that would be found in a standard cigarette, this is much lower than the current nicotine levels permitted in Canada.

On behalf of the City of Hamilton's Board of Health, I endorse recommendations from the above stated Boards of Health as well as from Minister Hajdu and Health Canada for more stringent vaping regulations, similar to those regulating tobacco products.

These recommended regulations include:

- Require a ban on flavoured e-cigarettes to help prevent the further uptake of vaping by youth;
- Restrict the nicotine concentration in all vaping products;
- Require health and toxicity warnings on all vapour products;
- Require mandatory testing and reporting for vapour products;
- Require standardized and tamper proof packaging on all vapour products;
- Require an age of 21 years for tobacco, vaping and cannabis sales;

- Develop a robust and sustainable monitoring and surveillance strategy to ensure compliance; and,
- Revise the Federal Tobacco and Vaping Products Act to ban display, promotion and advertising, mirroring the restrictions on tobacco in the Tobacco and Vaping Products Act.

Sincerely,



Fred Eisenberger
Mayor

CC:

Donna Skelly, MPP, Flamborough-Glanbrook
Andrea Horwath, MPP, Hamilton Centre
Paul Miller, MPP, Hamilton East – Stoney Creek
Monique Taylor, MPP, Hamilton Mountain
Sandy Shaw, MPP, Hamilton West-Ancaster-Dundas

David Sweet, MP, Flamborough-Glanbrook
Matthew Green, MP, Hamilton Centre
Bob Bratina, MP, Hamilton East – Stoney Creek
Scott Duvall, MP, Hamilton Mountain
Filomena Tassi, MP, Hamilton West-Ancaster-Dundas

Council of Ontario Medical Officers of Health
Association of Local Public Health Agencies (alPHa)
Ontario Boards of Health



**TOWN OF
VILLE DE BLIND RIVER**

OFFICE OF THE CLERK ADMINISTRATOR

11 Hudson St./rue Hudson
P.O. Box/C.P. 640
Blind River, Ontario P0R 1B0

BUREAU DU COMMIS ADMINISTRATEUR

February 28, 2020

Public Health Sudbury & Districts
1300 Paris Street
Sudbury ON P3E 3A3
Attention: Penny Sutcliffe, MD, MHSc, FRCPC

Public Health Sudbury & Districts Medical Officer of Health and CEO	
MAR 09 2020	
Environ Health	KSS
Clinical Services	SEU
Corporate Services	Board
Health Promotion	Committee
File () Circulate () Return () F.Y.I. ()	

Dear Ms. Sutcliffe:

We are pleased to inform you that Council supported your resolution for a universal publicly funded healthy school food program in Canada that enables all students to have the opportunity to eat healthy meals at school every day, and no child is left out due to their family's ability to pay, fundraise or volunteer with the program. One certified resolution is enclosed.

I trust this is satisfactory to your needs, should you require anything further, please do not hesitate to contact the undersigned.

Yours truly,

Kathryn Scott
CAO/Clerk

KS/kd

Encl.

RESOLUTION NO. 20-050:

MOVED BY: J. POSTERARO
SECONDED BY: S. WELLS

"BE IT RESOLVED THAT Council support the Public health Sudbury & Districts with their request for a universal publicly funded healthy school food program in Canada that enables all students to have the opportunity to eat health meals at school every day, and no child is left out due to their family's ability to pay, fundraise or volunteer with the program;
AND THAT a copy of this resolution be forwarded to the Public Health Sudbury & Districts.

CARRIED

SALLY HAGMAN
MAYOR

CERTIFICATION BY THE CLERK:

I, Kathryn Scott, CAO-Clerk of the Corporation of the Town of Blind River, do hereby certify that the above is a true copy of Resolution No. 20-050 which was passed in Open Meeting of the 18th Day of February, 2020.


Kathryn Scott



HOUSE OF COMMONS
CHAMBRE DES COMMUNES
CANADA

House of Commons

Room 960
The Valour Building
Ottawa, Ontario
K1A 0A6
Tel.: 613-996-5376
Fax.: 613-995-6661

Chambre des communes

Pièce 960
Édifice de la Bravoure
Ottawa (Ontario)
K1A 0A6
Tél. : 613-996-5376
Télééc. : 613-995-6661



Carol Hughes

MP for Algoma—
Manitoulin—Kapusksing /
Députée d'Algoma—
Manitoulin—Kapusksing

carol.hughes@parl.gc.ca
<http://carolhughes.ndp.ca>

Elliot Lake

289 prom. Hillside Dr. South
Elliot Lake (Ontario)
P5A 1N7
Tel./Tél. : 705-848-8080
Fax/Télééc. : 705-848-1818

Kapusksing

12-B, chemin Byng Rd.
Kapusksing (Ontario)
P5N 1W3
Toll Free/Sans Frais :
1-800-920-2057
Tel./Tél. : 705-335-5533
Fax/Télééc. : 705-337-6869

February 5, 2020

Penny Sutcliffe, MD, MHSc, FRCPC
Medical Officer of Health and CEO
Public Health Sudbury & District
1300 Paris St.
Sudbury, ON P3E 3A3

Dear Dr. Sutcliffe,

RE: Fully Funded Universal Healthy School Programs

Thank you for taking the time to copy me on your letter to Minister Hajdu and Minister Elliott on the Board of Health for Public Health Sudbury & Districts resolution #02-20, and for your advocacy on a universal healthy school food program.

I can advise that access to universal school nutrition program was featured in the NDPs 2019 platform, and reads as follows: "New Democrats will partner with provinces, territories, municipalities, and Indigenous communities to work towards a national school nutrition program that will give every child in Canada access to healthy food and the food literacy skills to make healthy choices for life. We'll aim to make culturally-appropriate food available to children in every community in Canada, so that all children can learn and grow."

Ensuring children have access to nutritious food, regardless of where they live and what their family can afford, can be a major determinant of academic success. Also, ensuring that school-aged children have access to healthy food can help ensure they make healthy food choices throughout their lives.

The NDP is certainly in agreement with you on this issue, and I thank you again for your advocacy on this front.

Sincerely,

Carol Hughes, MP
Algoma-Manitoulin-Kapusksing

Cornwall, February 12, 2020

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

Dear Minister Elliott:

RE: 2020 Municipal Cost Share of Public Health Funding

At its meeting on January 30, 2020, the Eastern Ontario Health Unit (EOHU) Board of Health unanimously passed the following motion number 2020-1393:

WHEREAS the Ontario Government's Public Health Modernization Consultation process is still ongoing and in fact delayed;

WHEREAS the Public Health Modernization Consultation process does not address public health funding models including municipal cost-share;

WHEREAS without prior consultation nor discussion with health units or municipalities and before a new public health structure model has been devised and implemented, the municipal public health funding share for 2020 has been increased to 30% and now extends to include programs not previously cost-shared with municipalities;

WHEREAS the 30% share across all programs, including those previously not cost-shared will result in significant and likely unsustainable increase of close to 50% to the EOHU's 3 obligated, mostly rural municipalities which have a limited tax base;

WHEREAS the EOHU's obligated municipalities have planned for a 2020 modest overall contribution increase of up to 2% which is less than their new 30% cost-share formula 2020 contribution, even offset by verbally confirmed one-time transitional funding by the Ministry of Health;

THEREFORE, BE IT RESOLVED THAT for the calendar year of 2020 the provincial Ministry of Health reverse the 30% cost-share formula and return to previous years' municipal share of 25% applicable only to previously shared mandatory programs;

and

FURTHERMORE THAT copies of this motion be forwarded to local municipalities, the Wardens Caucus of Eastern Ontario, the Association of Municipalities of Ontario (AMO), ROMA, local MPPs, MPP Steven Clark, all Ontario Boards of Health, the Association of Public Health Agencies (aPHa) in request for their support to urge the provincial Ministry of Health not to change the 2019 cost-share formula.

.../2



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www.EOHU.ca • 1 800 267-7120 • www.BSEO.ca

If you require this information in an alternate format, please call 1 800 267-7120 and press 0.

Si les renseignements sont requis dans un autre format, veuillez appeler au 1 800 267-7120 et faire le 0.

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

Sincerely,

A handwritten signature in black ink, appearing to read 'Paul Roumeliotis', with a stylized flourish at the end.

Dr. Paul Roumeliotis, MD, CM, MPH, FRCP(C)
Medical Officer of Health/CEO
Secretary, Board of Health

Copy: Municipalities of Stormont, Dundas, Glengarry, Prescott & Russell
Warden's Caucus of Eastern Ontario
Association of Municipalities of Ontario (AMO)
ROMA
City of Cornwall
Ontario Boards of Health
Association of Public Health Agencies (alPha)
Office of the Chief Medical Officer of Health
Jim McDonnell, MPP, Stormont - Dundas - South Glengarry
Amanda Simard, MPP, Glengarry - Prescott-Russell
Steven Clark, Minister of Municipal Affairs

From: Gordon Fleming <gordon@alphaweb.org>
Sent: March 25, 2020 5:45 PM
To: All Health Units <AllHealthUnits@lists.alphaweb.org>
Subject: Ontario Action Plan: Responding to COVID-19

ATTENTION
CHAIRS, BOARDS OF HEALTH
MEDICAL OFFICERS OF HEALTH & CEOs
SENIOR MANAGERS, ALL PROGRAMS

Dear alpha Member,

As you may be aware, the Minister of Finance tabled *Ontario's Action Plan: Responding to COVID-19* as part of a revised economic and fiscal update in lieu of the 2020 Ontario Budget that was initially planned for today.

An excerpt specific to public health is pulled out below, but as we are all affected by COVID-19 both professionally and personally, you are encouraged to follow the links below to read more about how the Government is reallocating resources to support the response to the pandemic.

Government News Release

<https://news.ontario.ca/mof/en/2020/03/ontarios-action-plan-responding-to-covid-19.html>

Portal Page for today's Economic Update

https://budget.ontario.ca/2020/marchupdate/index.html?_ga=2.180147943.2116303238.1584975229-1200322750.1561056291

Section 2: Supporting Health Care

<https://budget.ontario.ca/2020/marchupdate/action-plan.html#section-2>

Excerpt specific to Public Health:

Public Health

The government is investing in additional public health resources, with initiatives including:

- \$160 million in increased funding for public health to support COVID-19 monitoring, surveillance and laboratory and home testing, while also investing in virtual care and Telehealth Ontario; and
- \$61 million for publicly funded vaccines to support the province's immunization program to maintain high immunization rates and help prevent disease outbreaks.

We hope you find this information useful.

Gordon WD Fleming, BA, BSc, CPHI(C)
Manager, Public Health Issues
Association of Local Public Health Agencies
480 University Avenue, Suite 300
Toronto ON M5G 1V2
416-595-0006 ext. 223

March 20, 2020

MEMORANDUM

TO: Board of Health Chairs
Medical Officers of Health
President, Association of Local Public Health Agencies
Board of Health Section Chair, Association of Local Public Health Agencies

CC: Alison Blair, Assistant Deputy Minister, Emergency Health Services, and Public Health Modernization Executive Lead

RE: Amendments to the *Municipal Act* and *City of Toronto Act*

As you know, the Government of Ontario recently declared an emergency under the *Emergency Management and Civil Protection Act* to help contain the spread of COVID-19 and protect the public. The public health sector continues to undertake incredible efforts to respond to this declared emergency in Ontario. Thank you for your action and commitment.

To better enable municipal and Board of Health responsiveness to COVID-19 and allow for adherence to current public health recommendations for social distancing, the government amended the *Municipal Act, 2001* and *City of Toronto Act, 2006* (through the *Municipal Emergency Act, 2020*). The legislation provides that, during emergencies declared locally or provincially under the Emergency Management and Civil Protection Act, should they choose to, members of councils, local boards and committees who participate electronically in open and closed meetings may be counted for purposes of quorum.

Please see the [News Release](#) and attached Information Sheet from the Ministry of Municipal Affairs and Housing for additional information and guidance.

Please contact Chris Harold, A/Manager, Integrated Strategy and Policy Coordination, at chris.harold@ontario.ca or 437.993.2376, or Colleen Kiel, Director, Strategy and Planning Branch at colleen.kiel@ontario.ca if you have any questions.

Thank you again for your dedicated response.

Page 41 of 90

Sincerely,



David C. Williams, MD, MHSc, FRCPC
Chief Medical Officer of Health



Providing Flexibility For Municipalities To Hold Local Meetings During Emergencies

March 2020

This document is intended to give a summary of complex matters. It does not include all details and does not take into account local facts and circumstances. This document refers to or reflects laws and practices that are subject to change. Municipalities are responsible for making local decisions that are in compliance with the law such as applicable statutes and regulations. This document applies only to those municipalities whose meeting rules are governed by the *Municipal Act, 2001*. This document, as well as any links or information from other sources referred to in it, should not be relied upon, including as a substitute for specialized legal or other professional advice in connection with any particular matter.

The user is solely responsible for any use or application of this document.

What do these changes to the Municipal Act do?

The province is providing municipalities with the tools they need to ensure local decision making by municipal councils is not affected by existing quorum requirements during emergency situations, such as the one Ontario and its municipalities are currently facing.

These changes to the Municipal Act allow members of councils, committees and certain local boards who participate in open and closed meetings electronically to be counted for purposes of quorum during emergencies declared by the Province or a local Head of Council.

These provisions are optional, and municipalities continue to have the flexibility to determine if they wish to use these provisions and incorporate them in their individual procedure by-laws. Municipalities may wish to review their procedure by-laws to determine whether to provide for electronic participation in meetings, and whether to take advantage of the new provisions based on their local needs and circumstances.

What types of emergencies does this apply to?

These changes apply in the event of an emergency being declared by the Premier, Cabinet or the municipal Head of Council under the Emergency Management and Civil Protection Act. Once the emergency has ended, regular meeting rules apply.

How can a municipality use these changes?

These changes allow a municipality, should it choose to, to hold a special meeting during an emergency for the purposes of amending the procedure by-law to allow for electronic participation. During this special meeting, members participating electronically may be counted for the purposes of quorum.

Municipal councils, committees and boards can choose to amend their procedure by-laws to:

- allow the use of electronic participation at meetings,
- state whether members can participate in both open meeting and closed meetings; and
- state whether members participating electronically count towards quorum

It is up to municipalities to determine whether to use these provisions, the method of electronic participation and the extent to which members can participate electronically.

What technology should a municipality use for electronic meetings?

Municipalities, and their boards and committees can choose the technology best suited to their local circumstances to enable electronic participation of their members in decision making, as well as ensuring meetings can be open to the public.

Municipalities may want to engage with peers who have electronic participation in place on their best practices as they revise their procedure by-laws. Some municipalities may choose to use teleconferences while others may use video conferencing.

Do open meeting requirements still apply?

The Municipal Act specifies requirements for open meetings to ensure that most municipal business is conducted transparently, and with access for and in view of the public. There are limited circumstances under the Municipal Act when municipal meetings can be conducted in closed session.

Meetings held under these new provisions would still be required to follow existing meeting rules including providing of notice of meetings to the public, maintaining meeting minutes, and subject to certain exceptions, that meetings continue to be open to the public.

Which local boards are covered by this proposal?

Local boards subject to the meeting rules in the Municipal Act include municipal service boards, transportation commissions, boards of health, planning boards, and many other local boards and bodies.

Some local boards will not be covered, for example, police services, library and school boards have different rules about their meetings, which are found in other legislation. A municipality is best positioned to determine whether a local entity is considered a local board and if in doubt, can seek independent legal advice regarding the status of any local entities and whether these new provisions would apply to them.

What else can a municipality do to plan for an emergency?

Municipal councils, committees, and boards have the ability to delegate certain actions to staff, especially during an emergency, to ensure operational continuity in the event that they cannot meet. Municipalities can also consult with their Community Emergency Management Coordinator, the Medical Officer of Health of their local public health unit and seek legal advice to ensure the appropriate meeting procedures and delegations are in place to address emergency situations.

Select References

- Municipal Act, 2001: <https://www.ontario.ca/laws/statute/01m25>
- The Ontario Municipal Councillor's Guide 2018: <https://www.ontario.ca/document/ontario-municipal-councillors-guide-2018>

Key Concepts

Optional Use – these provisions are optional. With these changes in place, municipalities continue to locally determine the contents of procedure by-laws. Municipalities may wish to review the procedure by-laws to determine whether to provide for electronic participation in meetings, and whether to take advantage of the new provisions if they meet local needs.

Time Limited – Counting electronic participants for quorum purposes and allowing electronic participation in closed meetings are only available during emergencies. Once the emergency has ended, regular meeting rules will apply.

Special Meetings – These new provisions would allow municipalities to hold a special meeting with electronic participation in order to amend an applicable procedure by-law if amendments to the local procedure by-law have not been made prior to the declaration of an emergency.

Ministry Contacts

If you have questions regarding how these new provisions may impact your municipality, contact your local Municipal Services Office with the Ministry of Municipal Affairs and Housing.

- **Central Municipal Services Office**
Telephone: 416-585-6226 or 1-800-668-0230
- **Eastern Municipal Services Office**
Telephone: 613-545-2100 or 1-800-267-9438
- **Northern Municipal Services Office (Sudbury)**
Telephone: 705-564-0120 or 1-800-461-1193
- **Northern Municipal Services Office (Thunder Bay)**
Telephone: 807-475-1651 or 1-800-465-5027
- **Western Municipal Services Office**
Telephone: 519-873-4020 or 1-800-265-4736

Additional Resources

For information about the 2019 Novel Coronavirus (COVID-19) municipalities may wish to contact their local public health agencies or visit www.ontario.ca/coronavirus for up-to-date information on cases, and how Ontario is working to protect the health and well-being of all Ontarians.



Information Break

March 12, 2020

This update is a tool to keep alPHA's members apprised of the latest news in public health including provincial announcements, legislation, alPHA activities, correspondence and events.

Update on Public Health Modernization

On March 6, alPHA sent a letter to the Minister of Health, the Hon. Christine Elliott, asking her government to consider pausing the public health modernization initiative until the COVID-19 emergency is declared over. The correspondence also requests that the province immediately reverse the download of the provincial portion of the funding envelope to ensure that the current demands on the public health system are met. On March 9, alPHA's letter made headlines in the Toronto Star; association president Carmen McGregor was quoted often.

[Download the March 6 letter here](#)

[View the Toronto Star article on alPHA's letter of March 6](#)

alPHA continues to welcome health unit submissions to the provincial consultations for posting to its website (link below). Please email them to Gordon Fleming at gordon@alphaweb.org
[Visit alPHA's Public Health Modernization resource web page](#)

Coronavirus Disease 2019: COVID-19

alPHA continues to communicate timely information to members about COVID-19 response, planning and preparedness. Staff participate in daily briefings and share Ministry of Health situation reports with the field each day. COMOH members continue working closely with the Chief Medical Officer of Health to stay on top of the outbreak, and protect health and well-being. For convenience, below are important resources on COVID-19 for public health professionals:

[Visit the Ministry of Health's page on guidance for the health sector](#)

[View the Ministry's website on the status of Ontario COVID-19 cases](#)

[Go to Public Health Ontario's COVID-19 website](#)

[Visit the Public Health Agency of Canada's COVID-19 website](#)

Winter 2020 Symposium & Section Meetings

Thank you to everyone who attended the Winter 2020 Symposium and Section Meetings held last month in Toronto. More than 110 members attended the leadership workshop and engaged with the Ministry of Health on public health modernization, among other activities. alPHA has drafted summary proceedings of the event (link below) and have uploaded a few slide presentations approved for circulation on its website (link below; login and password required).

[Download the Winter 2020 Symposium proceedings](#)

[View the presentations from the Winter 2020 Symposium & Section Meetings here](#)

Save the Date: 2020 alPHA Annual Conference*

The 2020 alPHA Annual General Meeting and Conference will take place June 7-9 at the Chestnut Conference Centre, 89 Chestnut Street in downtown Toronto. (Note: these are the new dates, which have changed from the previously announced dates). Planning is underway to bring participants a relevant and timely program of sessions and guest speakers, so look in this space for further updates. In the meantime, please note the following important dates:

April 8 - Resolutions amending alPHA's Constitution due

April 14 - Distinguished Service Award nominations due

April 23 - Resolutions (non-Constitutional) due

May 29 - Board of Health nominations to alPHA Board due

[Visit the alPHA 2020 Annual Conference page](#)

** Due to the rapidly evolving situation of COVID-19, final confirmation as to whether the conference will proceed as planned in June will be determined at a later date.*

Public Health News Roundup

[Ontario announces refined COVID-19 measures](#) - 2020/03/12

[WHO declares COVID-19 a pandemic](#) - 2020/03/11

[Province introduces COVID-19 screening at long-term care homes](#) - 2020/03/11

[Ontario announces twice daily updates on COVID-19 on its website](#) - 2020/03/09

[Provincial health and tourism ministers make joint statement on COVID-19](#) - 2020/03/06

[Ontario to release 2020 Budget on March 25](#) - 2020/05/04

[Province announces enhanced response structure for COVID-19](#) - 2020/03/02

[Ontario proposes new regulations to restrict sale of vapour products](#) - 2020/02/28

[Minister Elliott introduces legislation to modernize delivery of home and community care](#) - 2020/02/25

[WHO releases report on joint mission with China on COVID-19](#) - 2020/02/24

[CAMH releases data on Ontario youth's usage of e-cigarettes and cannabis](#) - 2020/02/20

[Heart & Stroke releases report on women's heart health](#) - 2020/02/06

TOPHC 2020 Cancelled

Public Health Ontario, along with partners alPHa and the Ontario Public Health Association, has cancelled TOPHC 2020 due to Coronavirus Disease 2019 (COVID-19) activity. The decision was made in recognition of those across the sector who are working hard on this important issue, and whose activities take priority. Registrations will be fully refunded.
[Learn more her about the cancellation here](#)

Fitness Challenges

Due to COVID-19 activity and demands on local public health, the annual alPHa Fitness Challenges for health unit employees and board of health members have been put on hold until further notice. We thank you for your patience and understanding.

Upcoming Events - Mark your calendars!

*****CANCELLED***The Ontario Public Health Convention (TOPHC) 2020** - March 25-27, 2020; Beanfield Centre, 105 Princes' Blvd., Toronto. Learn more [here](#).

June 2020 Annual General Meeting & Conference* - June 7-9, 2020, Chestnut Conference Centre, 89 Chestnut St., Toronto.
[View the notice and calls](#). ** Due to the rapidly evolving situation of COVID-19, final confirmation as to whether the conference will proceed as planned in June will be determined at a later date.*

This email was sent to lerouxh@phsd.ca from the Association of Local Public Health Agencies (<http://www.alphaweb.org>).
To stop receiving email from us, please UNSUBSCRIBE by visiting: <http://www.alphaweb.org/members/EmailOptPreferences.aspx?id=15240578&e=lerouxh@phsd.ca&h=0b1f91a077e346d5bed9cd025f143f3a53130c97>
Please note that if you unsubscribe, you will no longer receive notices, important announcements, and correspondence from alPHa.

*News Release***Ontario Protecting Children and Youth from Dangers of Vaping**

February 28, 2020

Province Building Healthier and Safer Communities by Expanding Prevention Initiatives and Services to Help Quit Vaping

TORONTO — Following extensive consultation, Ontario is taking further action to protect children and youth from the health risks of vaping, while maintaining adults' access to smoking cessation options.

Today, Christine Elliott, Deputy Premier and Minister of Health, announced that Ontario is proposing regulatory changes that, if approved, would limit where flavoured and high nicotine vapour products are sold at retail. At the same time, the province will expand prevention initiatives and services to quit vaping.

"Young Ontarians are increasingly using and becoming addicted to nicotine vaping products, putting their health at risk," said Elliott. "I've heard directly from concerned parents who grow more worried each and every day about the health of their kids. As a mother myself, I know there's a clear case for action to curb the alarming increase in youth vaping. That's why we are taking a balanced approach that protects our children and youth while also avoiding fuelling an underground market for unsafe vapour products."

Ontario has consulted with health care experts, industry partners, parents and youth to develop protective measures to help keep children and youth safe. The proposed changes include:

1. Increasing access to services to help people quit vaping by expanding Telehealth Ontario;
2. Restricting the retail sale of flavoured vapour products to specialty vape stores and cannabis retail stores, which are restricted to people aged 19 and over, with the exception of menthol, mint and tobacco flavours;
3. Restricting the retail sale of high nicotine vapour products (more than 20mg/ml) to specialty vape stores;

4. Working with major online retailers of vapour products and stakeholders to ensure compliance with age-based sales restrictions for online sales;
5. Requiring specialty vape stores to ensure that vapour product displays, and promotions are not visible from outside their stores;
6. Enhancing mental health and addiction services and resources to include vaping and nicotine addiction; and
7. Establishing a Youth Advisory Committee to provide advice on vaping issues.

Ontario is also calling on the federal government to implement a national tax on vaping products.

"Vaping and the associated risks are a national health concern," said Rod Phillips, Minister of Finance. "I have strongly advocated to the federal government to work with Ontario and other provinces and territories on a national approach to taxing vapour products. Keeping kids safe is a national health concern and the evidence is clear - a tax could be an effective way to deter young people from vaping."

A national vaping tax would minimize regulatory burden and ensure a consistent tax treatment across the country.

Ontario expects the proposed regulation changes, if approved, would come into effect on May 1, 2020, except for the regulatory amendment to restrict the retail sale of high nicotine vapour products, which the province expects would come into effect on July 1, 2020, if approved, to align with the federal changes to labelling of nicotine on products.

QUICK FACTS

- These proposals are in addition to previous action to ban the promotion of vapour products in non-specialty stores, as well as a Minister's Order requiring public hospitals in Ontario to report statistical, non-identifying information related to incidences of vaping-related severe pulmonary disease.
- Evidence indicates there has been a 74 per cent increase in vaping among Canadian youth between the ages of 16 to 19 from 2017 to 2018 (Hammond et al, 2019).
- In 2017, nearly 11 per cent of Ontario youth between grades 7 to 12 used e-cigarettes in the past year, with 19 per cent in grade 12 (Ontario Student Drug Use and Health Survey, 2017).

- Experience suggests increasing costs could be an effective way to reduce vaping use by young people as they are more price-sensitive than other consumers. Higher prices would further deter those who have never smoked from trying these products in the first place, helping to reduce the risks of nicotine addiction and unknown long-term health effects.

BACKGROUND INFORMATION

- [Ontario Protecting Children and Youth from Vaping](#)

ADDITIONAL RESOURCES

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

CONTACTS

David Jensen
Communications Branch
416-314-6197
media.moh@ontario.ca

Hayley Chazan
Senior Manager, Media Relations
416-726-9941
hayley.chazan@ontario.ca

Ministry of Health
<http://ontario.ca/health>

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

Thank You

Greetings Mr. Lenny, PHSD Board of Directors,
and Rachel;

A note to express grateful thanks.

- Thanks to all, for the beautiful floral bouquet!
The flowers brighten every day, and my neighbour
(a retired florist) has given me tips to keep them
healthy and maximise their "longevity".
- Thinking of you often, your media releases are
followed and forwarded. Wishing every agency
involved with CORONAVIRUS battle much success.

Rita (still a fan)

APPROVAL OF CONSENT AGENDA

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

Public Health Sudbury & Districts

2019 Accountability Monitoring Report



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

Provincial Organizational Requirements

Within the organizational requirements category, we report on four domains of accountability per the Ontario Public Health Standards (OPHS): delivery of programs and services, fiduciary requirements, good governance and management practices, and public health practice. Reporting is on compliance with the Ministry of Health organizational requirements (as requested through ministry attestations), and compliance with our locally-determined organizational indicators that reflect the local context.

Provincial & Local Program Requirements

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

Board of Health Strategic Priorities

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

Executive Summary

Overall, the results of the report illustrate that we are meeting our accountability monitoring goals. The measurement and monitoring strategies that are in place, and which are highlighted in the report, provide evidence for decision making and continuous quality improvement. Our progress is continually monitored and adjustments to our practice are made to meet desired outcomes.

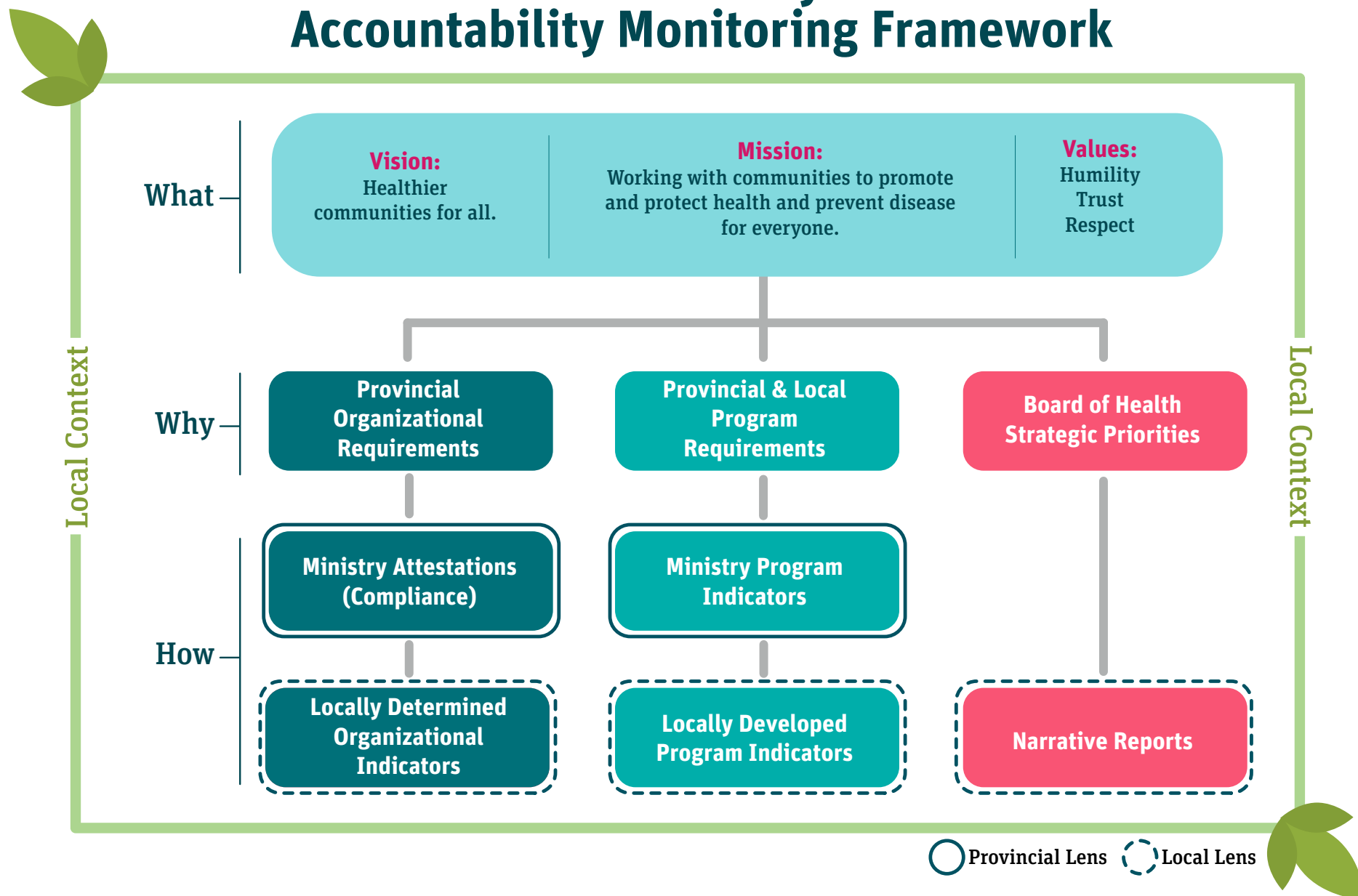
Key Findings

- Compliant with 94 of 96 provincial organizational requirements.
- On track with meeting the 12 Public Health Sudbury & Districts' locally determined organizational indicators.
- Eight provincial ministry program indicators reported, two of which are not applicable.
- 16 locally developed program indicators, one of which is under development.
- Eight Strategic Priorities Narratives that highlight descriptive stories of Public Health Sudbury & Districts' programs and/or services that demonstrate the four Strategic Priorities "in action".

Reporting Timelines



Public Health Sudbury & Districts Accountability Monitoring Framework





Provincial Organizational Requirements

Ministry Attestations

Table 1: Organizational Requirement Reporting - 2018–2022

Domain	Requirement	2018	2019	2020	2021	2022
1. Delivery of Programs and Services	1. The board of health delivered programs and services in accordance with the Ontario Public Health Standards.					
	2. The board of health complied with programs provided in the <i>Health Protection and Promotion Act</i> .					
	3. The board of health undertook population health assessments that included the identification of priority populations, social determinants of health and health inequities, and measure and report on them.					
	4. The board of health publicly disclosed results of all inspections or other required information in accordance with the <i>Ontario Public Health Standards</i> .		*			
	5. The board of health prepared for emergencies to ensure 24/7 timely, integrated, safe, and effective response to, and recovery from, emergencies with public health impacts, in accordance with ministry policy and guidelines.					
	6. The board of health collected and analyzed relevant data to monitor trends over time, emerging trends, priorities, and health inequities, and reported and disseminated the data and information in accordance with the <i>Ontario Public Health Standards</i> .					
	7. The board of health had a strategic plan that established strategic priorities over 3 to 5 years. The plan included input from staff, clients, and community partners, and there is a process in place to review the plan at least every other year.					







 Met or exceeded standard
  Non-compliant with standard
  Not included as a ministry indicator in this year
 * Explanatory note

Table 1 (continued): Organizational Requirement Reporting - 2018–2022

Domain	Requirement	2018	2019	2020	2021	2022
1. Delivery of Programs and Services	8. The board of health developed and implemented a program of public health interventions in accordance with the <i>Chronic Disease Prevention and Well-Being Program Standard</i> , using a comprehensive health promotion approach as outlined in the <i>Chronic Disease Prevention Guideline, 2018</i> (or as current), that addressed chronic disease risk and protective factors to reduce the burden of illness from chronic diseases in the public health unit population.					
	9. The board of health enforced the <i>Skin Cancer Prevention Act (Tanning Beds)</i> , 2013 in accordance with the Tanning Beds Protocol, 2019 (or as current).					
	10. The board of health conducted routine inspections of all high and moderate risk fixed food premises as per the Food Safety Protocol, 2019 (or as current).		*			
	11. The board of health developed and implemented a program of public health interventions that promoted healthy built and natural environments in accordance with the <i>Healthy Environments Program Standard</i> .					
	12. The board of health developed and implemented a program of public health interventions in accordance with the <i>Healthy Growth and Development Program Standard</i> , using a comprehensive health promotion approach as outlined in the <i>Healthy Growth and Development Guideline, 2018</i> (or as current), that supported healthy growth and development in the public health unit population.					
	13. The board of health completed inventory counts as specified in the Vaccine Storage and Handling Protocol, 2018 (or as current).					

 Met or exceeded standard
  Non-compliant with standard
  Not included as a ministry indicator in this year
 * Explanatory note

Provincial Organizational Requirements




Table 1 (continued): Organizational Requirement Reporting - 2018–2022

Domain	Requirement	2018	2019	2020	2021	2022
1. Delivery of Programs and Services	14. The board of health conducted routine inspections of small drinking water systems and recreational water facilities as per the <i>Recreational Water Protocol, 2019</i> (or as current) and <i>Safe Drinking Water and Fluoride Monitoring Protocol, 2019</i> (or as current).					
	15. The board of health developed and implemented a program of public health interventions in accordance with the <i>School Health Program Standard</i> , using a comprehensive health promotion approach as outlined in the <i>School Health Guideline, 2018</i> (or as current) to improve the health of school-aged children and youth.					
	16. The board of health developed and implemented a program of public health interventions using a comprehensive health promotion approach, as outlined in the <i>Substance Use Prevention and Harm Reduction Guideline, 2018</i> (or as current) and the <i>Tobacco, Vapour and Smoke Guideline, 2018</i> (or as current), that addresses risk and protective factors to reduce the burden of substance use in the public health unit population.					
	17. The board of health developed and implemented a program of public health interventions using a comprehensive health promotion approach, as outlined in the <i>Injury Prevention Guideline, 2018</i> (or as current), that addressed risk and protective factors to reduce the burden of preventable injuries in the public health unit population.					
2. Fiduciary Requirements	1. The board of health complied with the terms and conditions of the <i>Ministry-Board of Health Accountability Agreement</i> .					
	2. The board of health placed the grant provided by the ministry in an interest bearing account at a Canadian financial institution and reported interest earned to the ministry.					
	3. The board of health reported all revenues it collected for programs or services in accordance with the direction provided in writing by the ministry.					

 Met or exceeded standard
  Non-compliant with standard
  Not included as a ministry indicator in this year
  * Explanatory note

Table 1 (continued): Organizational Requirement Reporting - 2018–2022

Domain	Requirement	2018	2019	2020	2021	2022
2. Fiduciary Requirements	4. The board of health reported any part of the grant that was not used or accounted for in a manner requested by the ministry.					
	5. The board of health repaid ministry funding as requested by the ministry.					
	6. The board of health ensured that expenditure forecasts were as accurate as possible.					
	7. The board of health kept a record of financial affairs, invoices, receipts and other documents, and prepared annual statements of their financial affairs.					
	8. The board of health complied with the financial requirements of the <i>Health Protection and Promotion Act</i> (e.g., remuneration, informing municipalities of financial obligations, passing by-laws, etc.), and all other applicable legislation and regulations.					
	9. The board of health used the grant only for the purposes of the <i>Health Protection and Promotion Act</i> and provided or ensured the provision of programs and services in accordance with the <i>Health Protection and Promotion Act</i> , <i>Ontario Public Health Standards</i> , and the <i>Ministry-Board of Health Accountability Agreement</i> .					
	10. The board of health spent the grant only on admissible expenditures.					
	11. The board of health complied with the <i>Municipal Act, 2001</i> , and ensured that the administration adopted policies with respect to its procurement of goods and services.					
	12. The board of health conducted an open and competitive process to procure goods and services.					
	13. The board of health ensured that the administration implemented appropriate financial management and oversight to ensure the following were in place:					
	13. a) A plan for the management of physical and financial resources;					

 Met or exceeded standard
  Non-compliant with standard
  Not included as a ministry indicator in this year
 * Explanatory note

Provincial Organizational Requirements

Table 1 (continued): Organizational Requirement Reporting - 2018–2022

Domain	Requirement	2018	2019	2020	2021	2022
2. Fiduciary Requirements	13. b) A process for internal financial controls based on generally accepted accounting principles;					
	13. c) A process to ensure that areas of variance were addressed and corrected;					
	13. d) A procedure to ensure that the procurement policy was followed across all programs/services areas;					
	13. e) A process to ensure the regular evaluation of the quality of service provided by contracted services in accordance with contract standards; and,					
	13. f) A process to inform the board of health regarding resource allocation plans and decisions, both financial and workforce related, that are required to address shifts in need and capacity.					
	14. The board of health had financial controls in place that met the specified attributes and objectives as per Schedule D of the <i>Ministry-Board of Health Accountability Agreement</i> .					
	15. The board of health negotiated and had in place service level agreements for corporately provided services.					
	16. The board of health had and maintained insurance.					
	17. The board of health maintained an inventory of all tangible capital assets developed or acquired with a value exceeding \$5,000 or a value determined locally that is appropriate under the circumstances.					
	18. The board of health disposed of an asset which exceeded \$100,000 in value, with the ministry's prior written confirmation.					
	19. The board of health ensured that the grant was not carried over from one year to the next, unless pre-authorized in writing from the ministry.					





 Met or exceeded standard
  Non-compliant with standard
  Not included as a ministry indicator in this year
  * Explanatory note

Table 1 (continued): Organizational Requirement Reporting - 2018–2022

Domain	Requirement	2018	2019	2020	2021	2022
	20. The board of health maintained a capital funding plan which included policies and procedures to ensure that funding for capital projects was appropriately managed and reported.					
	21. The board of health complied with the Community Health Capital Programs policy.					
3. Good Governance & Management Practices	1. The board of health operated in a transparent and accountable manner and provided accurate and complete information to the ministry.					
	2. The board of health ensured that members were aware of their roles and responsibilities, and emerging issues and trends, by ensuring the development and implementation of a comprehensive orientation plan for new board members and a continuing education program for board members.					
	3. The board of health carried out its obligations without a conflict of interest and disclosed to the ministry an actual, potential, or perceived conflict of interest.					
	4. The board of health complied with the governance requirements of the Health Protection and Promotion Act (e.g., number of members, election of chair, remuneration, quorum, passing by-laws, etc.), and all other applicable legislation and regulations.					



Met or exceeded standard



Non-compliant with standard



Not included as a ministry indicator in this year

* Explanatory note

Provincial Organizational Requirements

Table 1 (continued): Organizational Requirement Reporting - 2018–2022

Domain	Requirement	2018	2019	2020	2021	2022
3. Good Governance & Management Practices	5. The board of health complied with medical officer of health appointment and reporting requirements of the Health Protection and Promotion Act, and the ministry's Policy Framework on Medical Officer of Health Appointments, Reporting, and Compensation. This includes, but is not limited to, having or ensuring:					
	5. a) The appointment and approval of a full-time Medical Officer of Health at a minimum of a 0.8 full-time equivalent (28 to 32 hours or 4 days per business week on-site at the public health unit);					
	5. b) The appointment of a physician as Acting Medical Officer of Health at a minimum of a 0.8 full-time equivalent (28 to 32 hours or 4 days per business week on-site at the public health unit), where there was no Medical Officer of Health or Associate Medical Officer of Health in place;					
	5. c) The Medical Officer of Health reported directly to the board of health (solid line relationship) on matters of public health significance/ importance;					
	5. d) The Medical Officer of Health was part of the senior management team;					
	5. e) Staff responsible for the delivery of public health programs and services reported directly to the Medical Officer of Health without any need to report to intermediaries (solid line relationship); and,					
	5. f) Compliance with eligibility criteria under the Medical Officer of Health and Associate Medical Officer of Health Compensation Initiative.					



 Met or exceeded standard
  Non-compliant with standard
  Not included as a ministry indicator in this year
  * Explanatory note

Table 1 (continued): Organizational Requirement Reporting - 2018–2022

Domain	Requirement	2018	2019	2020	2021	2022
	6. The board of health ensured that the administration established a human resources strategy which considered the competencies, composition and size of the workforce, as well as community composition, and included initiatives for the recruitment, retention, professional development, and leadership development of the public health unit workforce.					
	7. The board of health ensured that the administration established and implemented written human resource policies and procedures which were made available to staff, students, and volunteers.					
	8. The board of health ensured all policies and procedures were regularly reviewed and revised and included the date of the last review/revision.					
	9. The board of health engaged in community and multi-sectoral collaboration with LHINs and other relevant stakeholders in decreasing health inequities.					
	10. The board of health engaged in relationships with Indigenous communities in a way that was meaningful for them.					
	11. The board of health provided population health information, including social determinants of health and health inequities, to the public, community partners, LHINs, and health care providers in accordance with the Foundational and Program Standards.					
	12. The board of health developed and implemented policies or by-laws regarding the functioning of the governing body, including:					
	12. a) Use and establishment of sub-committees;					
	12. b) Rules of order and frequency of meetings;					



Met or exceeded standard



Non-compliant with standard

Not included as a ministry
indicator in this year

* Explanatory note

Provincial Organizational Requirements

Table 1 (continued): Organizational Requirement Reporting - 2018–2022

Domain	Requirement	2018	2019	2020	2021	2022
3. Good Governance & Management Practices	12. c) Preparation of meeting agenda, materials, minutes, and other record keeping;					
	12. d) Selection of officers;					
	12. e) Selection of board of health members based on skills, knowledge, competencies, and representatives of the community, where boards of health were able to recommend the recruitment of members to the appointing body;					
	12. f) Remuneration and allowable expenses for board members;					
	12. g) Procurement of external advisors to the board such as lawyers and auditors (if applicable);					
	12. h) Conflict of interest;					
	12. i) Confidentiality;					
	12. j) Medical officer of health and executive officers (where applicable) selection process, remuneration, and performance review;					
	12. k) Delegation of the medical officer of health duties during short absences such as during a vacation/coverage plan.					
	13. The board of health ensured that by-laws, policies and procedures were reviewed and revised as necessary, and are reviewed at least every two years.					
	14. The board of health provided governance direction to the administration and ensured that the board of health remained informed about the activities of the organization regarding the following:					
	14. a) Delivery of programs and services;					
	14. b) Organizational effectiveness through evaluation of the organization and strategic planning;					
	14. c) Stakeholder relations and partnership building;					








 Met or exceeded standard
  Non-compliant with standard
  Not included as a ministry indicator in this year
  * Explanatory note

Table 1 (continued): Organizational Requirement Reporting - 2018–2022





Domain	Requirement	2018	2019	2020	2021	2022
3. Good Governance & Management Practices	14. d) Research and evaluation;					
	14. e) Compliance with all applicable legislation and regulations;					
	14. f) Workforce issues, including recruitment of medical officer of health and any other senior executives;					
	14. g) Financial management, including procurement policies and practices;					
	14. h) Risk management;					
	15. The board of health had a self-evaluation process of its governance practices and outcomes that were completed at least every other year.					
	16. The board of health ensured that the administration developed and implemented a set of client service standards.	*	*			
	17. The board of health ensured that the medical officer of health, as the designated health information custodian, maintained information systems and implemented policies/ procedures for privacy and security, data collection and records management.					
4. Public Health Practice	1. The board of health ensured that the administration established, maintained, and implemented policies and procedures related to research ethics.					
	2. The board of health designated a Chief Nursing Officer and met specific requirements under Schedule B of the <i>Ministry-Board of Health Accountability Agreement</i> . This included but is not limited to:					
	2. a) The Chief Nursing Officer role was implemented at the management level or participated in senior management meetings;					
	2. b) The Chief Nursing Officer reported directly to the Medical Officer of Health or Chief Executive Officer;					

 Met or exceeded standard
  Non-compliant with standard
  Not included as a ministry indicator in this year
 * Explanatory note

Provincial Organizational Requirements

Table 1 (continued): Organizational Requirement Reporting - 2018–2022

Domain	Requirement	2018	2019	2020	2021	2022
4. Public Health Practice	2. c) The Chief Nursing Officer articulated, modelled, and promoted a vision of excellence in public health nursing practice, which facilitated evidence-based services and quality health outcomes in the public health context.					
	3. The board of health used a systematic process to plan public health programs and services to assess and report on the health of local populations, describing the existence and impact of health inequities and identifying effective local strategies to decrease health inequities.					
	4. The board of health employed qualified public health professionals in accordance with the Qualifications for Public Health Professionals Protocol, 2018 (or as current).					
	5. The board of health supported a culture of excellence in professional practice, ensuring a culture of quality and continuous organizational self-improvement.					
5. All Domains	1. The board of health had a formal risk management framework in place that identified, assessed, and addressed risks.					
	2. The board of health produced an annual financial and performance report to the general public, as well as its Strategic Plan.					

 Met or exceeded standard
  Non-compliant with standard
  Not included as a ministry indicator in this year
  * Explanatory note

Notes: Program Highlights– Ministry Attestations

Of the 96 provincial organizational requirements all but two were met in 2019.

The following provides additional information on these two requirements and one select requirement from 2019.

1.0 Delivery of Programs and Services

4 Public disclosure of inspection results

- Inspection results, convictions, and orders were posted; however, some of the other ministry requirements, such as, disclosure of charges laid in accordance with various protocols, disclosure of complaint investigations, and disclosure of tanning bed inspections, were not completed due to logistical challenges and restraints within the reporting software and clarification required from the ministry. Work is actively underway to proactively disclose all information per the Ontario Public Health Standards and inspection findings continue to be available upon request.

10 Food Safety Protocol

- Two seasonal food premises (out of a total of 322 seasonal and 1316 year-round food premises) were not inspected in accordance with the terms listed in the Food Safety Protocol. The Public Health Inspector did not attend during the food premises' period of operation.

16 Client service standards

- In 2019, Client Service Standards were developed and implemented with staff.
- For further information on this requirement refer to explanatory notes from [2018 accountability monitoring plan report](#).

Locally Determined Organizational Indicators

Public Health Sudbury & Districts' Organization-Specific Performance Monitoring Indicators are meant to provide the Board of Health with information about the “current state” of key focus areas, and to allow for monitoring of their progress year after year. Both individually and as a whole, the indicators demonstrate our commitment toward performance excellence and our Vision of “Healthier communities for all”.

Table 2: Locally Determined Organizational Indicators 2018–2022

Domain	Indicator	2018	2019	2020	2021	2022
1. Delivery of Programs and Services	1. Number of inclusive partnerships	34	58*	-	-	-
	2. Social media engagement					
	a. Facebook: post engagement	51 418	99 183*	-	-	-
	b. Twitter: engagement	3 592	2 963*			
	3. Number of externally peer-reviewed products	6	16	-	-	-
	4. Number of collaborative relationships with Indigenous communities and groups	59	63	-	-	-
	5. Emergency preparedness					
	a. Basic emergency management training - all managers are trained	95%	100%			
	b. Basic emergency management training - all PHIs are trained	100%	100%			
	c. Mandatory emergency training (internal) - all Board members are trained/up to date	N/A	79%*	-	-	-
	d. Mandatory emergency training (internal) - all staff are trained/up to date	90%	80%*			

* Explanatory note

Table 2 (continued): Locally Determined Organizational Indicators 2018–2022

Domain	Indicator	2018	2019	2020	2021	2022
2. Fiduciary Requirements	6. Board of Health Finance Committee business agenda items reflect committee responsibilities per the terms of reference	Yes	Yes	-	-	-
3. Good Governance & Management Practices	7. Completion rate of Board of Health evaluations ¹					
	a. Monthly evaluations	92%	81.5%	-	-	-
	b. Annual evaluation	86%	81.5%			
	8. Participation at The Ontario Public Health Convention (TOPHC)	9	9*	-	-	-
	9. Implementation status of the National Standard of Canada for Psychological Health and Safety in the Workplace	See 2018 report notes	4 completed 7 in progress*	-	-	-
	10. Workforce development					
4. Public Health Practice	a. Number of hours of preceptorship	9 003	10 170	-	-	-
	b. % of salary expenditures used for staff development	1.40%	1.10%*			
4. Public Health Practice	11. Number of Louise Picard Public Health Research Grants funded annually	6	5	-	-	-
	12. Quality improvement maturity	Beginning	Emerging*	-	-	-

¹ 14 Board of Health Members

* Explanatory note

Notes: Locally Determined Organizational Indicators

Public Health Sudbury & Districts' locally determined organizational indicators measure our performance as an organization and further demonstrate its commitment to excellence and accountability.

1.0 Delivery of Programs and Services

1. Number of inclusive partnerships

- An inclusive partnership is measured by the number of partnerships where we work with stakeholders who are directly impacted by the planning, implementation, and delivery of programs and services.

2. Social media engagement

- Facebook engagement is monitored by examining total number of clicks and/or reactions/comments/shares of a post and Twitter engagement is monitored by collecting data on engagement which includes number of clicks, retweets, likes, and replies.
- A comprehensive agency-wide social media strategy was launched in 2018. Public Health program campaigns and strategies now have a direct channel to increase community engagement, knowledge, reach, and awareness of the role of public health.

5c. Mandatory emergency training (internal) - all Board members are trained/up to date

- At 2019 year end, 11 out of 14 Board of Health members were trained/up to date on the mandatory emergency training.

5d. Mandatory emergency training (internal) – all staff are trained/up-to-date

- At 2019 year end, 186 of 233 eligible staff were up to date on the mandatory emergency training. Current processes are being reviewed to improve and ensure that trainings are completed within the time-frames identified.

3.0 Good Governance & Management Practices

8. Participation at The Ontario Public Health Convention (TOPHC)

- This indicator measures participation in presentations or workshops.

9. Implementation status of the National Standard of Canada for Psychological Health and Safety in the Workplace

- There are 11 key steps identified by the Mental Health Commission of Canada for implementing the National Standard.

10b. Workforce development

- Recent funding announcements impacted funding availability for staff development, temporarily delaying training opportunities.

4.0 Public Health Practices

12. Quality improvement maturity

- A total of 84 staff completed a survey assessing our maturity level as it relates to quality improvement. Overall, survey responses categorize our organization in the emerging phase, meaning respondents perceive that we are operationalizing our newly adopted Quality Improvement Framework and have begun building and fostering a culture of continuous quality improvement.



Provincial & Local Program Requirements

Ministry Program Indicators

The Ministry of Health uses indicators to monitor progress and measure success of boards of health. Below are indicators developed and tracked by the Ministry of Health.

Table 3: Ministry Program Indicators

Standard	Indicator	2018	2019	2020	2021	2022
1. Food Safety	1. Proportion of food premises that shift between moderate and high risk based on annual risk categorization assessment					
	Number of food premises that shift from high to moderate risk		68*	-	-	-
	Total number of food premises that shift from moderate to high risk		40			
	2. Percentage of Salmonella and E. Coli foodborne outbreaks investigated for which a probable source was identified		N/A*	-	-	-
2. Safe Water	1. Recreational Water: Percentage of re-inspections of spas per year		14%*	-	-	-
	2. Recreational Water: Percentage of recreational water premises with no critical infractions in the last year (pools, spas, wading pools, splash pads, and receiving basins for water slides)		40%*	-	-	-



Not included as a ministry indicator in this year

* Explanatory note

Table 3 (continued): Ministry Program Indicators

Standard	Indicator	2018	2019	2020	2021	2022
2. Safe Water	3. Percentage of Class B pools with no critical infractions		61%*	-	-	-
	4. Percentage of spas with no critical infractions		14%*	-	-	-
	5. Percentage of wading pools with no critical infractions		N/A*	-	-	-
	6. Percentage of splash pads and receiving basins with no critical infractions		100%*	-	-	-



Not included as a ministry
indicator in this year

* Explanatory note

Notes: Ministry Program Indicators

Public Health Sudbury & Districts' ministry program indicators measure our performance as an organization and further demonstrate our commitment to excellence and accountability.

1.0 Food safety

1. In addition to the 68 food premises that shifted from high to moderate risk, an additional 5 premises shifted from high to low risk in 2019.
2. There were no Salmonella or E. coli outbreaks reported in 2019.

2.0 Safe Water

1. 4 of the 29 re-inspected spas required re-inspection.
2. 4 of the 10 Class A pools had no critical infractions.
3. 20 of the 33 Class B pools had no critical infractions.
4. 1 of the 7 spas inspected had no critical infractions.
5. There are no wading pools in Public Health Sudbury & Districts catchment area.
6. 17 of the 17 splash pads and receiving basins had no critical infractions.

Locally Developed Program Indicators

Per the 2018 Ontario Public Health Standards, additional program indicators were developed in order to monitor progress and measure success in achieving program outcomes. These indicators are reflective of work carried out under both program and foundational standards.

Table 4: Locally Developed Program Indicators

Standard	Indicator	2018	2019	2020	2021	2022
Chronic Disease Prevention and Well-Being	1. Number of Chronic Disease Prevention and Well-Being interventions that have healthy public policy as a goal		57	-	-	-
Food Safety	2. Percentage and total number of registrants in food handler training and certification courses who have successfully passed the course		99% 1 458	-	-	-
Healthy Environments	3. Percentage of health hazard complaints within the community responded to within 24-hours following notification		99.5%	-	-	-
Healthy Growth and Development	4. Percentage of first-time mothers who reported having received prenatal education (online or in-class) from Public Health Sudbury & Districts		44%	-	-	-
	5. Percentage of mothers who report any breastfeeding at 6 months		47.5%	-	-	-
School Health	6. Number of children in senior kindergarten who completed vision screening by public health		1 760	-	-	-


 No data to report

Table 4 (continued): Locally Developed Program Indicators

Standard	Indicator	2018	2019	2020	2021	2022
School Health	7. Number of sessions offered where adult influencers/decision makers/students are planning on making changes to personal practices or policy		Under development	-	-	-
Substance Use and Injury Prevention	8. Number of North East Tobacco Control Area Network led initiatives		10	-	-	-
	9. Number of North East Tobacco Control Area Network initiatives implemented by Public Health Sudbury & Districts		9	-	-	-
	10. Number of Stay On Your Feet initiatives implemented by Public Health Sudbury & Districts		23	-	-	-
	11. Number of naloxone doses distributed through the Public Health Sudbury & Districts naloxone distribution program		15 429	-	-	-
	12. Number of client visits to the Needle Exchange Program		900	-	-	-
	13. Number of drug strategy initiatives implemented by Public Health Sudbury & Districts		95	-	-	-


 No data to report

Table 4 (continued): Locally Developed Program Indicators

Standard	Indicator	2018	2019	2020	2021	2022
Population Health	14. Number of visits to the Community Drug Strategy opioid surveillance webpage		1 248	-	-	-
Effective Public Health Practice	15. Number of research and evaluation projects where recommendations are being implemented		18	-	-	-
Health Equity	16. Number of healthy public policy and advocacy activities to decrease health inequities in which public health staff play a leadership role		7	-	-	-



No data to report



Board of Health Strategic Priorities

Values



Humility

We are modest and self-reflective. We respond to the needs of others, are open to feedback, and seek to understand biases in order to develop and maintain genuine relationships.



Trust

We are honest and dependable, and show integrity in our actions. We encourage transparency and accountability in decision-making, collaboration, and service delivery. We work truthfully and honour our commitments.



Respect

We treat all individuals with mutual respect and sensitivity. We show regard and consideration for our team members, partners, and communities, and we value all contributions.

Strategic Priorities



Equitable Opportunities

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



Meaningful Relationships

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



Practice Excellence

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



Organizational Commitment

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

2019 Strategic Priorities Narrative Topics

The following presents a list of the Strategic Priorities Narrative topics that were presented in 2019.

Equitable Opportunities

- ❖ [Greater Sudbury Poverty Challenge](#)
- ❖ [Baby Café breastfeeding support group: Our community likes it a-latté!](#)

Meaningful Relationships

- ❖ [Working with community partners to create a local opioids emergency response plan](#)
- ❖ [Fostering relationships to improve access to oral health care](#)

Practice Excellence

- ❖ [Addressing local data gaps in sleep health](#)
- ❖ [Best practices with bathing beach water testing](#)

Organizational Commitment

- ❖ [The Continuous Quality Improvement Framework](#)
- ❖ [First Aid Emergency & Opioid Overdose Response Policy](#)



Public Health
Santé publique
SUDBURY & DISTRICTS

ADDENDUM

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

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

ADJOURNMENT

MOTION: THAT we do now adjourn. Time: _____