

# Addendum: Board of Health Meeting

Thursday, September 17, 2020

**ADDENDUM – FIFTH MEETING  
BOARD OF HEALTH  
SEPTEMBER 17, 2020**

**7.0 ADDENDUM**

**DECLARATIONS OF CONFLICT OF INTEREST**

**i) Public Health Response to COVID-19**

- Letter from the Association of Local Public Health Agencies (alPHA) President, Council of Ontario Medical Officers of Health Chair and the alPHA Boards of Health Section Chair to the Premier of Ontario, dated September 11, 2020

**ii) 2020-21 and 2021-22 Provincial Funding**

- Letter from the Deputy Premier and Minister of Health to the Board of Health Chair, Public Health Sudbury & Districts, dated September 10, 2020

**iii) Board of Health Manual Revision**

- Revised Board of Health G-I-30 By-Law 04-88

**BOARD OF HEALTH MANUAL – By-law 04-88**

**MOTION:**

**WHEREAS on April 16, 2020, the Board of Health for Public Health Sudbury & Districts approved motion 11-20 which amended By-law 04-88 to allow for electronic participation in meetings as permitted under the, then current, provincial declaration of emergency; and**

**WHEREAS the provincial Declaration the Emergency came to an end on July 24, 2020; and**

**WHEREAS the Municipal Act was amended by the COVID-19 Economic Recovery Act, effective July 21, 2020, to permit equivalent electronic participation of boards in meetings as permitted under the declaration of emergency**

**THEREFORE BE IT RESOLVED THAT Board motion 11-20 be rescinded and Board of Health Manual by-law be approved as presented on this date.**

**iv) 2019 Public Health Sudbury & Districts Annual Report**

- 2019 Annual Report, English and French

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

September 11, 2020

Hon. Doug Ford  
Premier of Ontario  
Legislative Bldg Rm 281,  
Queen's Park,  
Toronto, ON M7A 1A1

Dear Premier Ford,

**Re: Public Health Response to COVID-19**

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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 thank you for your strong support for and recent expression of confidence in Ontario's public health system throughout the ongoing response to COVID-19.

While it may feel like the COVID-19 pandemic has been a part of our reality for much longer, scarcely more than 9 months have passed since we learned of its existence and our response continues to be dictated by a still rapidly evolving situation. As Dr. Williams has observed, we are still in uncharted territory, the circumstances remain difficult, and mistakes, along with the inescapable criticism, are to be expected.

At the same time, it is critically important to maintain public trust. It is therefore vital not only for all parts of the public health system to be working together, but also to be perceived as working together. Your public expression of confidence in the Chief Medical Officer of Health and his team last week was especially welcome in that regard.

As the COVID-19 pandemic continues to escalate on a global scale, Ontario has benefited from an unprecedented multisectoral effort to drive case counts down and keep deaths comparatively low by implementing evidence-based public health measures and continually adapting the response as the evidence has evolved.

The leadership and support provided by your office and the Minister of Health, predicated on advice from the Office of Chief Medical Officer of Health, Public Health Ontario and Ontario Health, have been especially valuable as the public health system has risen to this challenge. While not flawless, the Ontario response has been a remarkable endeavour in which no individual can be reasonably expected to shoulder the blame for the missteps or take credit for the successes.

Maintaining our pandemic-related collaborations, partnerships and communications activities across national, provincial, and municipal levels will be critical as local public health prepares for the next phase of the COVID-19 pandemic. Supporting a safe return to school, preparing for the upcoming flu season, and updating advice to our communities as winter returns are but a few of the additional challenges we will need to meet as we continue to apply our unique public health expertise in infectious disease control, outbreak management, contact tracing, and surveillance to flattening the curve.

COVID-19 remains a prevalent and highly infectious disease with no known cure, and all Ontarians have a role to play in defending ourselves against it. A clear understanding of these roles is dependent upon strong leadership from Ontario's public health system, as represented by the Chief Medical Officer of Health, Public Health Ontario, and each of our 34 local Public Health Units. We are most grateful that we have been able to count on the supports, both tangible and moral, that we have received from your Government thus far.

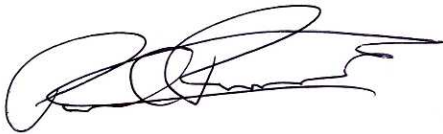
We are, of course, eagerly awaiting the day when the response to this unprecedented global emergency has concluded and we can embark on a careful evidence-based review that includes exploring opportunities for ongoing improvement.

We would welcome any opportunity to discuss this with you further. Should you wish to follow up with us, please have your staff contact Loretta Ryan, Executive Director, alPHa, at [loretta@alphaweb.org](mailto:loretta@alphaweb.org) or 416-595-0006 x 222.

Yours sincerely,



Carmen McGregor,  
alPHa President



Dr. Paul Roumeliotis,  
Chair, Council of Ontario Medical  
Officers of Health



Trudy Sachowski,  
Chair, Boards of Health  
Section

**COPY:** Hon. Christine Elliott, Minister of Health  
Dr. David Williams, Chief Medical Officer of Health  
Dr. Dirk Huyer, Coordinator, Provincial Outbreak Response  
Matthew Anderson, President and CEO, Ontario 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.

**Ministry of Health**

Office of the Deputy Premier  
and Minister of Health

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

**Ministère de la Santé**

Bureau du vice-premier ministre  
et du ministre de la Santé

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



SEP 10 2020

eApprove-72-2020-141

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

Dear Mr. Lapierre:

I am pleased to advise you that the Ministry of Health will provide the Board of Health for the Sudbury and District Health Unit up to \$830,900 in one-time funding for the 2020-21 funding year, and up to \$396,000 in one-time funding for the 2021-22 funding year, to support the public health sector's response to COVID-19, including funding for school-focused nurses and enhanced capacity for case and contact management.

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

Thank you for the important service that your public health unit provides to Ontarians, and your ongoing dedication and commitment to addressing the public health needs of Ontarians.

Sincerely,

A handwritten signature in cursive script that reads "Christine Elliott".

Christine Elliott  
Deputy Premier and Minister of Health

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

# Board of Health Manual Public Health Sudbury & Districts

## By-Law

### Category

Board of Health By-Laws

### Section

By-laws

### Subject

By-law 04-88

### Number

G-I-30

### Approved By

Board of Health

### Original Date

June 23, 1988

### Revised Date

~~April 16~~[September 17](#), 2020

### Review Date

~~April 16~~[September 17](#), 2020

### To Regulate the Proceedings of the Board of Health

The Board of Health for the Sudbury and District Health Unit enacts as follows:

### Interpretation

1. In this By-law:
  - a) “Act” means the *Health Protection and Promotion Act*. S.O. Ontario, Chapter 10 as amended;
  - b) “Board” means the Board of Health for the Sudbury and District Health Unit
  - c) “Chair” means the person presiding at the meeting of the Board;
  - d) “Chair of the Board” means the chair elected under the Act, which reads:

At the first meeting of a board of health in each year, the members of the board shall elect one of the members to be chair and one to be vice-chair of the board for the year.

- e) "Committee" means a committee of the Board, but does not include the Committee of the Whole;
- f) "Committee of the Whole" means all the members present at a meeting of the Board sitting in Committee;
- g) "Council" means the Council of any constituent municipality;
- ~~h) "Declared Emergency" means an emergency declared locally or provincially under the Emergency Management and Civil Protection Act;~~
- h) "Meeting" means a meeting of the Board;
- i) "Member" means a member of the Board;
- j) "Quorum" means a majority of the members of the Board who are present at a Board meeting ~~in person~~;
- k) "Secretary" means the Secretary of the Board of Health.
- l) "Absences" means a Board member who is not present at a Board meeting ~~in person~~ for the purpose of establishing quorum

## General

2. As per section 49. (2) of the Health Protection and Promotion Act, the Board shall have no fewer than three and no more than thirteen municipal members. R.S.O. 1990, c. H.7, s. 49 (2). In addition, the Lieutenant Governor in Council may appoint one or more persons as members of the board of health as long as the number of Lieutenant Governor in Council appointees are fewer in number than the municipal members of the board of health. R.S.O. 1990, c. H.7, s. 49 (3).

Where a vacancy occurs in a Board of Health by the death, disqualification, resignation or removal of a member, the person or body that appointed the member shall appoint a person forthwith to fill the vacancy for the remainder of the term of the member.

3. In all the proceedings at or taken by this Board, the following rules and regulations shall be observed and shall be the rules and regulations for the order and dispatch of business at the Board, and in the Committee thereof.
4. Except as herein provided, the rules of order of the Parliament of Canada, Bourinot shall be followed for governing the proceedings of this Board and the conduct of its members.

5. A person who is not a member of the Board or who is not a member of the council shall not be allowed to address the Board except upon invitation of the Chair subject to written request to the Secretary at least two weeks prior to the scheduled meeting.
6. Persons who have not requested in writing to address the Board may address the Board provided two-thirds of the Board are in agreement.
7. No persons shall smoke in the health unit buildings or on health unit premises.

### **Convening a Regular Meeting**

8. Regular monthly meetings shall be held at a date and time as determined by the Board which is normally the 3rd Thursday of the month at 1:30 p.m. with the exception of March, July, August and December when regular Board meetings are not scheduled.

It is expected that commitments to regularly scheduled Board meetings be honoured by the Board members.

The Board may, by resolution, alter the time, day or place of any meeting.

Board members are expected wherever possible to attend meetings in person.

Subject to any conditions or limitations in the Health Protection and Promotion Act and/or the Municipal Act, a member who participates in an open meeting through electronic means is deemed as present to be absent and counted for the purpose of establishing quorum. All members present, either in-person or (i.e. not present at the meeting for purposes of establishing quorum); however, if quorum is established with those in attendance in person, members participating electronically will have full participation, including voting rights. Further, electronic participation is also shall not be permitted for a meeting which is closed to the public.

The electronic means will enable the member to hear and to be heard by the other meeting participants. Normal board of health meeting rules and procedures will apply with necessary modifications arising from electronic participation.

### **Convening a Special Board Meeting**

9. A special meeting shall not be summoned for a time which conflicts with a regular meeting or a meeting previously called of (participating) council(s) or municipality(s).

A special meeting may be called by the Chair of the Board of Health.

The Secretary shall summon a special meeting upon receipt of a signed petition of the majority of Board members, constituting a quorum, for the purpose and at the time mentioned in the petition.

## **Convening a Meeting during a Declared Emergency**

~~10. Subject to any conditions or limitations in the Health Protection and Promotion Act and/or the Municipal Act, a member who participates in an open meeting through electronic will be deemed as present and counted for the purpose of establishing quorum. All members present, either in person or members participating electronically will have full participation, including voting rights. Further, electronic participation will also be permitted for a meeting which is closed to the public.~~

~~Normal board of health meeting rules and procedures will apply with necessary modifications arising from electronic participation.~~

## **Notice of Meetings**

~~11.10.~~ The Secretary shall give notice of each regular and special meeting of the Board and of any Committee to the members thereof and to the heads of divisions concerned with such meeting.

The notice shall be accompanied by the agenda and any other matter, so far as is known, to be brought before such meeting.

The notice shall be provided to each member no later than one week prior to the day of the meeting.

Lack of receipt of the notice shall not affect the validity of holding the meeting or any action taken thereat.

The notice for calling a special meeting of the Board shall state the business to be considered at the special meeting and not business other than that stated in the notice shall be considered at such meeting except with the unanimous consent of the members present and voting.

The public is made aware of regular board meetings or board committee meetings through the Public Health Sudbury & Districts website as per the *Municipal Act*, 238 subsection 2.1

## **Preparation of the Agenda**

~~12.11.~~ The Secretary, in conjunction with the Medical Officer of Health/Chief Executive Officer, shall have prepared for the use of members at the regular meetings the agenda as follows:

- Call to Order
- Roll Call
- Declaration of Conflict of Interest
- Delegations/Presentation
- Consent agenda *which normally shall include:*
  - Minutes of Previous Meeting
  - Business Arising from Minutes
  - Report of Standing Committees

- Report of the Medical Officer of Health/Chief Executive Officer
- Correspondence
- Items of Information
- New Business
- Addendum
- In-Camera
- Rise & Report
- Announcements/Enquiries
- Adjournment

~~13.~~12. For special meetings, the agenda shall be prepared when and as the Chair of the Board may direct or, in default of such direction, as provided in the last preceding section so far as is applicable.

~~14.~~13. The business of each meeting shall be taken up in the order in which it stands upon the agenda, unless otherwise decided by the Board.

### **Commencement of Meetings / Quorum**

~~15.~~14. As soon as there is a quorum after the hour fixed for the meeting, the Chair of the Board, or Vice-Chair or person appointed to act in their place and stead, shall take the chair and call the members to order.

~~16.~~15. If the person who ought to preside at any meeting does not attend by the time a quorum is present, the Secretary shall call the members to order and a presiding officer shall be appointed by majority vote to preside during the meeting or until the arrival of the person who ought to preside.

~~17.~~16. If there is no quorum within 15 minutes after the time appointed for the meeting, the Secretary shall call the roll and take down the names of the members then present, and the meeting shall then adjourn until such time as quorum is available.

~~18.~~17. Upon any member directing the attention of the Chair to the fact that a quorum is not present, the Secretary, at the request of the Chair, shall within three minutes following such request, record the names of those members present and advise the Chair, if a quorum is, or is not, present.

### **Rules of Debate and Conduct of Members at the Board**

~~19.~~18. The Chair shall preside over the conduct of the meeting, including the preservation of good order and decorum, ruling on points of order and deciding all questions relating to the orderly procedure of the meetings, subject to an appeal by any member to the Board from any ruling of the Chair.

~~20.~~19. Each deputation will be allowed a maximum of one speaker for a maximum of 10 minutes, but a member of the Board may introduce a deputation in addition to the speaker or speakers. Normally, a deputation will not be heard on an item unless there is a report from staff on the item or upon agreement of two-thirds of the Board present.

The Board shall render its decision in each case within seven days after deputations have been heard.

~~24-20.~~ When a member finds it impossible to attend any meeting, the onus is upon the member to advise the Secretary prior to the holding of such meeting of his wishes with respect to items on the agenda or matters appearing therein in which he is vitally interested.

Three consecutive absences by a member of the Board of Health will be reviewed by the Chair, following which notification will be forwarded to the appropriate municipality or council.

Board members who are elected or appointed representatives of their municipalities shall be bound by the rules of attendance that apply to the councils of their respective municipalities. Failure to attend without prior notice at three consecutive Board meetings, or failure to attend a minimum of 50% of Board meetings in any one calendar year will result in notification of the appointing municipal council by the Board chair and may result in a request by the Board for the member to resign and/or a replacement be named.

Board members appointed by the Lieutenant Governor-in Council are answerable to the Board of Health for their attendance. Failure to provide sufficient notice of non-attendance at three consecutive meetings or failure to attend a minimum of 50% of Board meetings without just cause may result in a request by the Board for the member to resign.

~~22-21.~~ If the Chair desires to leave the chair for the purpose of taking part in the debate or otherwise, the Chair shall call on another member to fill his place until he resumes the Chair.

~~23-22.~~ Every member, prior to speaking to any question or motion, shall respectfully address the Chair.

~~24-23.~~ When two or more members ask to speak, the Chair shall name the member who, in his opinion, first asked to speak.

~~25-24.~~ A member may speak more than once on a question, but after speaking shall be placed at the foot of the list of members wishing to speak.

No member shall speak to the same question at any one time for longer than ten minutes except that the Board upon motion therefore, may grant extensions of time for speaking of up to five minutes for each time extended.

~~26-25.~~ Subject to this section, no member may ask a question of the previous speaker except with the consent of such previous speaker and then only to clarify any part of the previous speaker's remarks and such question shall be stated concisely.

When it is a member's turn to speak, before speaking he may ask questions of the Medical Officer of Health/Chief Executive Officer or Secretary, in order

to obtain information relating to the report or clause in question and, with the consent of the speaker, other members of the Board may ask a question of the same official.

A member's question shall not be ironical, rhetorical, offensive, contain epithet, innuendo, satire or ridicule, be trivial, vague or meaningless, or contain questions and answers.

~~27-26.~~ Any member may require the question or motion under discussion to be read at any time during the debate, but not so as to interrupt a member while speaking.

~~28-27.~~ A member shall not:

- speak disrespectfully of the Reigning Sovereign, any member of the Royal Family, the Governor-General or a Lieutenant-Governor;
- use offensive words or unparliamentary language at the Board meetings;
- disobey the rules of the Board or decision of the Chair of the Board, on questions of order or practice or upon the interpretation of the rules of the Board;
- leave his seat or make any noise or disturbance while a vote is being taken and until the result is declared; or
- interrupt a member while speaking except to raise a point of order.

~~29-28.~~ In case any member persists in a breach of the foregoing section after having been called to order by the Chair, the Chair shall without debate put the question, "Shall the member be ordered to leave his seat for the duration of the meeting?"

If the Board votes in the affirmative, the Chair shall order the member to leave his seat for the duration of the meeting.

If the member apologizes, the Chair, with the approval of the Board, may permit him to resume his seat.

### **Questions of Privilege and Points of Order**

~~30-29.~~ A member who desires to address the Board upon a matter which concerns the rights or privileges of the Board collectively, or of himself as a member thereof, shall be permitted to raise such matter of privilege. A breach of privilege is a wilful disregard by a member or any other person of the dignity and lawful authority of the Board. A matter of privilege shall take precedence over other matters. When a member raises a point of privilege, the Chair shall use the words "Mr./Mrs. \_\_\_\_\_ state your point of privilege". While the Chair is ruling on the point of privilege, no one shall be considered to be in possession of the floor.

~~31-30.~~ When a member desires to call attention to a violation of the rules of procedure, he shall ask leave of the Chair to raise a point of order and after leave is granted, he shall state the point of order with a concise explanation and then not speak until the Chair has decided the point of order.

Unless a member immediately appeals to the Board, the decisions of the Chair shall be final.

If the decision is appealed, the Board shall decide the question without debate and its decision shall be final.

~~32-31.~~ When the Chair calls a member to order, the member shall immediately cease speaking until the point of order is dealt with then he shall not speak again without the permission of the Chair unless to appeal the ruling of the Chair.

### **Motions and Order of Putting Questions**

~~33-32.~~ A motion for introducing a new matter shall not be presented without notice unless the Board, without debate, dispenses with such notice by a majority vote and no report requiring action of the Board shall be introduced to the Board unless a copy has been placed in the hands of the members at least one day prior to the meeting, except by a majority vote, taken without debate.

~~34-33.~~ Every motion presented to the Board shall be written.

~~35-34.~~ Every motion shall be deemed to be in possession of the Board for debate after it is presented by the Chair, but may, with permission of the Board, be withdrawn at any time before amendment or decision.

~~36-35.~~ When a matter is under debate, no motion shall be received other than a motion:

- to adopt,
- to amend,
- to defer action,
- to refer,
- to receive,
- to adjourn the meeting, or
- that the vote be now taken.

~~37-36.~~ A motion to refer or defer shall take precedence over any other amendment or motion except a motion to adjourn.

A motion to refer shall require direction as to the body to which it is being referred and is not debatable.

A motion to defer must include a reason and a time period for the deferral and is not debatable.

~~38-37.~~ When a motion that the vote be now taken is presented, it shall be put to a vote without debate, and if carried by a majority vote of the members, the motion and any amendments thereto under discussion shall be submitted to a vote forthwith without further debate.

A motion relating to a matter not within the jurisdiction of the Board shall not be in order.

~~39-38.~~ Only one amendment at a time can be presented to the main motion and only one amendment can be presented to an amendment, but when the amendment to the amendment to the amendment has been disposed of, another may be introduced, and when an amendment has been decided, another may be introduced.

The amendment to the amendment, if any, shall be voted on first, then if no other amendment to the amendment is presented, the amendment shall be voted on next, then if no other amendment is introduced, the main motion, or if any amendment has carried, the main motion as amended shall be put to a vote.

Nothing in this section shall prevent other proposed amendments being read for the information of the members.

~~40-39.~~ When the question under consideration contains distinct propositions, upon the request of any member, the vote upon each proposition shall be taken separately.

~~41-40.~~ After the Chair commences to take a vote, no member shall speak to or present another motion until the vote has been taken on such motion, amendment or sub-amendment.

~~42-41.~~ Every member eligible to vote at a meeting of the Board, when a vote is taken on a matter, shall vote therein unless prohibited by statute; and, if any member eligible to vote at a meeting persists in refusing to vote, he shall be deemed as voting in the negative.

~~43-42.~~ If a member disagrees with the announcement by the Chair of the result of any vote, he may object immediately to the Chair's declaration and require that the vote be retaken.

~~44-43.~~ When a member eligible to vote at a meeting requests a roll call vote, all members eligible to vote, unless prohibited by statute, shall vote in alphabetical order with a call for the Chair's vote to be the last taken. A roll call vote and the names of those who voted for and against the resolution shall be noted in the minutes unless the Board is in-camera. The Secretary shall announce the results of the vote.

~~45-44.~~ Any member, including the Chair, may propose or second a motion and all members including the Chair shall vote on all motions except when disqualified by reasons of interest or otherwise; a tie vote shall be considered lost. When the Chair proposes a motion, he shall vacate the chair to the Vice-Chair during debate on the motion and reassume the chair following the vote.

~~46-45.~~ After any matter has been decided, any member who voted therein with the majority may move for a reconsideration at the same meeting or may give notice of a motion for reconsideration of the matter for a subsequent meeting

in the same year, but no discussion of the question that has been decided shall be allowed until the motion for reconsideration has carried, and no matter shall be reconsidered more than once in the same year. For the purposes of this section, the word “year” shall mean the period from January 1st to December 31st in the same year.

## **Adjournment**

~~47.~~46. A motion to adjourn the Board meeting or adjourn the debate shall be in order, except:

- when a member is in possession of the floor;
  - when it has been decided that the vote be now taken; or,
  - during the taking of a vote;
- but no second motion to the same effect shall be made until after some intermediate proceedings have taken place.

~~48.~~47. Every communication intended to be presented to the Board must be fairly written or printed and must not contain any impertinent or improper matter and shall be signed by at least one person.

~~49.~~48. Every such communication shall be delivered to the Secretary before the commencement of the meeting of the Board.

## **Secretary for the Board**

~~50.~~49. It shall be the duty of the Secretary:

- to attend or cause an assistant to attend all meetings of the Board;
- to keep or cause to be kept full and accurate minutes of the meetings of all the Board meetings, text of by-laws and resolutions passed by it; and
- to forward a copy of all resolutions, enactments and orders of the Board to those concerned in order to give effect to the same.

## **Appointment and Organization of Committees**

~~51.~~50. At the first meeting in any year, the Board shall appoint the members required by the Board to standing committees.

~~52.~~51. The Board may appoint committees from time to time to consider such matters as specified by the Board.

## **Conduct of Business in Committees**

~~53.~~52. The rules governing the procedure of the Board shall be observed in the Committees insofar as applicable.

~~54.~~53. It shall be the duty of the Committee:

- to report to the Board on all matters referred to them and to recommend such action as they deem necessary;

- to report to the Board the number of meetings called during a year, at which a quorum was present, and the number of meetings attended by each member of the Committee; and
- to forward to the incoming Committee for the following year any matter undisposed of.

55-54. The procedures of the Board with respect to:

- incurring of liabilities and paying of accounts;
  - contacts and expenditures;
  - petty cash;
  - tenders and quotations;
- shall be in accordance with By-law 01-88 and 01-93.

## **Corporate Seal**

56-55. The corporate seal of the Board shall be in the form impressed herein and shall be kept by the Executive Officer or the Secretary of the Board.

## **Execution of Documents**

57-56. The Board may at any time and from time to time, direct the manner in which and the person or persons who may sign on behalf of the board and affix the corporate seal to any particular contract, arrangement, conveyance, mortgage, obligation, or other document or any class of contracts, arrangements, conveyances, mortgages, obligations or documents.

## **Duties of Officers**

### **Chair and Vice-Chair**

At the first meeting of a board of health in each year, the members of the board shall elect one of the members to be chair and one to be vice-chair of the board for the year.

58-57. The Chair of the Board shall:

- preside at all meetings of the Board;
- represent the Board at public or official functions or designate another Board member to do so;
- be ex-officio a member of all Committees to which he has not been named a member;
- perform such other duties as may from time to time be determined by the Board.

59-58. The Vice-Chair shall have all the powers and perform all the duties of the Chair of the Board in the absence or disability of the Chair of the Board, together with such powers and duties, if any, as may be from time to time assigned by the Board.

When undertaking the duties outlined above, the Vice-Chair shall be paid, in lieu of his regular Board member per diem, a fee as stipulated in Board of Health policies.

~~60-59.~~ The Vice-Chair shall preside during in-camera sessions.

~~61-60.~~ When it is moved and carried that the Board recess and go in-camera, the Chair shall vacate the Chair and the Vice-Chair shall preside over the Board sitting as a Committee of the Whole

Board of Health in-camera matters shall be as per F-III-10 Freedom of Information.

The Vice-Chair shall report the proceeding to the Board and a motion of concurrence shall be voted upon.

### **Amendments**

~~62-61.~~ Any provision contained herein may be repealed, amended or varied, and additions may be made to this by-law by a majority vote to give effect to any recommendation contained in a Report to the Board and such Report has been transmitted to members of the Board prior to the meeting at which the Report is to be considered, but otherwise no motion for that purpose may be considered, unless notice thereof has been received by the Secretary two weeks before a Board meeting and such notice may not be waived and in any even no bill to amend this by-law shall be introduced at the same meeting as that at which such report or motion is considered.

### **Medical Officer of Health**

~~63-62.~~ The Board of Health may institute arrangements with the Medical Officer of Health to continue to provide medical officer of health services to Public Health Sudbury & Districts during periods of leave so as to ensure that the requirements of the governing legislation continue to be met, and such that no compensation above that provide in the existing employment agreement is paid to the Medical Officer of Health.

The Medical Officer of Health, wherever possible, will advise the Board of Health Chair if such arrangements constitute an absence or inability to act of the Medical Officer of Health as per Section 69(1) of the Health Protection and Promotion Act;

Activation of an Acting MOH appointment will be delegated to the MOH with the MOH providing notice of the Acting Appointment to the Board of Health Chair. If the MOH is unable to activate an Acting MOH appointment the activation will be done by the Board of Health Chair. The Acting Medical Officer of Health must provide written consent to the appointment.

Per Section 68(2) of the HPPA, where the office of the MOH is vacant or the MOH is absent or unable to act, the Associate MOH of the board shall act as and has all the powers of the MOH.

## **Dismissal of Medical Officer(s) of Health or Associate Medical Officer of Health**

64-63. Per Section 66 of the HPPA, a decision by the Board of Health to dismiss a Medical Officer of Health or an Associate Medical Officer of Health from office is not effective unless:

- the decision is carried by the vote of two-thirds of the members of the Board; and
- the Minister consents in writing to the dismissal.

The Board of Health shall not vote on the dismissal of a Medical Officer of Health or Associate Medical Officer of Health unless the Board has given the officer:

- reasonable written notice of the time, place and purpose of the meeting at which the dismissal is to be considered;
- a written statement of the reason for the proposal to dismiss the officer; and
- an opportunity to attend and to make representation to the Board at the meeting.

## **MOH/CEO Meeting Notice and Attendance**

65-64. The MOH/CEO is entitled to notice of and to attend each meeting of the Board of Health and every committee of the board, but the Board may require the MOH/CEO withdraw from any part of a meeting at which the Board of a committee of the board intends to consider a matter related to the remuneration or the performance of the duties of the MOH/CEO.

## **General**

66-65. In this by-law, words importing the singular number of the masculine gender only shall include more person, parties or things of the same kind than one and females as well as males and the converse.

Enacted and passed by the Board of Health, Sudbury & District Health Unit this 23<sup>rd</sup> day of June 1988.  
Reviewed and passed by the Board of Health, Sudbury & District Health Unit this 26<sup>th</sup> day of February 1990.  
Reviewed and passed by the Board of Health, Sudbury & District Health Unit this 23<sup>rd</sup> day of May 1991.  
Reviewed and passed by the Board of Health, Sudbury & District Health Unit this 29<sup>th</sup> day of June 1992.  
Reviewed and passed by the Board of Health, Sudbury & District Health Unit this 22<sup>nd</sup> day of April 1993.  
Reviewed and passed by the Board of Health, Sudbury & District Health Unit this 28<sup>th</sup> day of April 1994.  
Reviewed and passed by the Board of Health, Sudbury & District Health Unit this 27<sup>th</sup> day of April 1995.  
Reviewed and passed by the Board of Health, Sudbury & District Health Unit this 23<sup>rd</sup> day of May 1996.  
Reviewed and passed by the Board of Health, Sudbury & District Health Unit this 28<sup>th</sup> day of May 1998.  
Reviewed and passed by the Board of Health, Sudbury & District Health Unit this 22<sup>nd</sup> day of April 1999.  
Reviewed and passed by the Board of Health, Sudbury & District Health Unit this 25<sup>th</sup> day of May 2000.  
Reviewed and passed by the Board of Health, Sudbury & District Health Unit this 22<sup>nd</sup> day of February 2001.  
Revised and passed by the Board of Health, Sudbury & District Health Unit this 17<sup>th</sup> day of October 2002.  
Revised and passed by the Board of Health, Sudbury & District Health Unit this 17<sup>th</sup> day of June 2004.

Revised and passed by the Board of Health, Sudbury & District Health Unit this 15<sup>th</sup> day of November 2007.  
Revised and passed by the Board of Health, Sudbury & District Health Unit this 18<sup>th</sup> day of November 2010.  
Revised and passed by the Board of Health, Sudbury & District Health Unit this 16<sup>th</sup> day of February 2012.  
Revised and passed by the Board of Health, Sudbury & District Health Unit this 20<sup>th</sup> day of February 2014.  
Revised and passed by the Board of Health, Sudbury & District Health Unit this 15<sup>th</sup> day of October 2015.  
Revised and passed by the Board of Health, Sudbury & District Health Unit this 16<sup>th</sup> day of June 2016.  
Revised and passed by the Board of Health, Sudbury & District Health Unit this 15<sup>th</sup> day of June 2017.  
Revised and passed by the Board of Health, Sudbury & District Health Unit this 21<sup>st</sup> day of September 2017.  
Revised and passed by the Board of Health, Public Health Sudbury & Districts this 21<sup>st</sup> day of June 2018.

**BOARD OF HEALTH MANUAL – By-law 04-88**

**WHEREAS on April 16, 2020, the Board of Health for Public Health Sudbury & Districts approved motion 11-20 which amended By-law 04-88 to allow for electronic participation in meetings as permitted under the, then current, provincial declaration of emergency; and**

**WHEREAS the provincial Declaration the Emergency came to an end on July 24, 2020; and**

**WHEREAS the Municipal Act was amended by the COVID-19 Economic Recovery Act, effective July 21, 2020, to permit equivalent electronic participation of boards in meetings as permitted under the declaration of emergency**

**THEREFORE BE IT RESOLVED THAT Board motion 11-20 be rescinded and Board of Health Manual by-law be approved as presented on this date.**

# Annual Report 2019



- [Message from Dr. Penny Sutcliffe, Medical Officer of Health and Chief Executive Officer](#)
- [Message from René Lapierre Board of Health Chair](#)
- [Health Promotion](#)
  - [By the numbers](#)
- [Health Protection](#)
  - [By the numbers](#)
- [Knowledge and Strategic Services](#)
  - [Social media engagement](#)
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# Medical Officer of Health message



## Message from Dr. Penny Sutcliffe

### Medical Officer of Health and Chief Executive Officer

2019 was a tumultuous year for Ontario's public health system, including Public Health Sudbury & Districts. Locally, we leveraged our core [values](#)—humility, trust, and respect—to engage in provincial reviews of the public health system and stay the course to be there for public health in all of our communities. Our agency's commitment to strong local partnerships remained critical to our ability to understand and respond to local public health issues. Examples of this commitment include our focus on increasing our cultural competence so that we can successfully implement our [Indigenous Engagement Strategy](#). This allows us to further build meaningful relationships with Indigenous communities in our service area. In partnership with youth, academic communities, and others, we have also been working on racial equity and reducing systemic racism. Our [Racial Equity Action Framework](#) was developed to provide us with a roadmap for this important work in the realm of public health.

While we are grounded in our day-to-day practice and the on-the-ground realities of our communities, we are guided by research and evidence. We partner with Laurentian University and other post-secondary institutions to engage together in practical research and to train future public health professionals. Our continued collaboration with health system partners across Northern Ontario help us remain focused on the public health issues that we have in common but that are unique to our northern settings.

With these and other partnerships, we have built a resilient, adaptable, and responsive local public health agency. This means that our ability to understand and respond effectively to emerging issues

is strengthened—be that the issues are related to substance use, infectious diseases, or poverty reduction.

As always, I am thankful for the dedication and professionalism of our talented staff. Our agency is very ably guided by the skillful leadership of the Board of Health—whose chair and members demonstrate their unwavering commitment to public health in all decisions they make. It is my great pleasure to share a number of highlights from the past year in the *2019 Annual Report* of Public Health Sudbury & Districts.

Dr. Penny Sutcliffe

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## Message from René Lapierre

### Chair, Board of Health for Public Health Sudbury & Districts

Public Health Sudbury & Districts has made significant strides to improve our community's health. Our continued efforts and role as key partners on initiatives related to mental health, poverty reduction, and Indigenous engagement are critical to the long-term health and well-being of the communities we serve. Our public health professionals continue to be our greatest asset, and I am always impressed by their professionalism and focus on delivering outstanding public health programming and first-class customer service. It is also fitting that in 2019, we launched the [Public Health Heroes](#) program to recognize individuals and organizations whose everyday contributions help make our communities healthy.

I am impressed with the high degree of collaboration that goes into the programs and services we deliver. This collaboration is a significant factor in consistently delivering results to the communities we serve. Whether we are working with multiple partners on a community drug strategy or consulting with individuals with lived experience, our meaningful interactions with others help produce the best health outcomes.

Public Health Sudbury & Districts continues to meet and oftentimes exceed expectations, and I am confident that we will be able to continue to capitalize on opportunities to improve our community's health.

I am proud to serve as Board Chair and am pleased to present the *2019 Annual Report*.

René Lapierre

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## Health Promotion



### School health

We introduced the *Inhale, Exhale* school mindfulness program to 450 Grade 7 and 8 students across 6 schools. This mindfulness program provided experiential learning and skill-building opportunities to incorporate mindfulness into their daily lives.

Our trained public health nurses facilitated the *Reaching IN . . . Reaching OUT* and *Bounce Back and Thrive* workshops to 60 educators, parents, and caregivers. The workshops focused on strengthening

the adult's capacity to role model resilience in their daily interactions with their children to help build life-long resilience.

56 public awareness activities were delivered to post-secondary students, faculty members, and decision makers on the following topics:

- comprehensive tobacco control
  - substance use prevention
  - physical activity and sedentary behaviour
  - healthy eating behaviours
  - injury prevention
  - mental health promotion
  - healthy growth and development
  - preconception health
- 



## Community drug strategies

We worked with over 20 community partners to develop and put into action community drug strategies, including the *City of Greater Sudbury Opioid Poisonings Response Plan*. This comprehensive plan describes surveillance, communication, and harm-reduction activities and clarifies the role of key stakeholders in the community. An online [Opioid Surveillance Dashboard](#) was launched to provide a monthly, publicly available report on the opioid community response. Five drug alerts were issued over the year to help prevent overdoses and raise awareness.

To promote healthy relationships and their role in preventing opioid use, we created the *We are Jeff* video, which shows how we all can be part of the solution when it comes to community health. We also launched the [Needs Assessment and Feasibility Study \(NAFS\)](#) to explore if supervised consumption services could help address some of the drug issues in Greater Sudbury. The Community Drug Strategy continues to engage in work that is improving the health, safety, and well-being of all individuals in Greater Sudbury.

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## By the numbers

### Northern Fruit and Vegetable Program

19 570 students received fruits and vegetables weekly for 20 weeks. In total, 93 publicly-funded and First Nation elementary schools participated.

### Smoking cessation

263 nicotine replacement therapy vouchers and 984 nicotine replacement therapy products were distributed to clients who attended our Quit Smoking Clinics.

### Falls prevention

40 *Stand Up!* exercise programs were supported and delivered by partners throughout Sudbury and districts. 462 older adults were reached.

### Healthy Babies Healthy Children

2 002 home visits completed by family home visitors and 1 538 visits were completed by public health nurses for a total of 3 540 visits.

### Naloxone

2 276 naloxone kits were distributed to individuals by eligible agencies.

## School health

117 presentations, skill-building opportunities, workshops, training sessions, and consultations, were delivered to the school community on mental health promotion, healthy eating behaviours, healthy sexuality, substance use and harm reduction, healthy growth and development, physical activity and sedentary behaviour, ultraviolet exposure, and injury prevention.

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## Health Protection



### Hepatitis A outbreak

We received a report of a laboratory-confirmed case of hepatitis A virus on December 15, 2019. The case was in a food handler who worked as a clerk at the deli counter at a local grocery store. Following the first reported case, there was a second laboratory-confirmed case on January 1, 2020, at the same store.

Our community response to this outbreak was timely and comprehensive. Effective community notification was achieved through a news release, social media, and traditional media. We received over 20 000 visits to our website and over 20 000 people were reached through social media posts, and 8 media interviews were held in just 3 days. Additionally, a temporary call centre was set up and 2 164 calls were received by individuals seeking more information on hepatitis A. Also, free immunization clinics were offered 7 days a week to ensure all those concerned about exposure could receive the hepatitis A vaccine. In total, 3 022 people received the vaccine.



## Immunization records

In 2019, Public Health reviewed 26 250 student immunization records for completeness, as per requirements in the [Immunization of School Pupils Act](#). Under provincial legislation, parents and guardians must report their child's vaccinations to local public health. Public Health uses the information to ensure optimal protection of all school-aged children (4 to 17) in our jurisdiction against certain vaccine-preventable diseases. Many serious diseases spread easily, and immunizations build up and strengthen a child's immune systems, protecting them against diseases. High immunization rates in schools help to keep students safe by preventing outbreaks. Unless a child has a valid exemption, they must be appropriately immunized against designated diseases, including diphtheria, tetanus, polio, measles, mumps, rubella, meningococcal disease, pertussis (whooping cough), and varicella (chickenpox) for children born in 2010 or later.

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## By the numbers

### Harm reduction

There were 27 900 client visits or contacts to [The Point](#) for harm reduction supplies and services.

### Preventive services

457 children participated in school-based preventive services.

## Vision screening

1 760 senior kindergarten students participated in the school-based vision screening program.

## Smoke-Free Ontario Act

138 charges were issued for smoking or vaping on school property. Nine charges were issued for smoking or vaping on hospital property.

## Ontario Seniors Dental Care Program

118 inquiries were received for the new [Ontario Seniors Dental Care Program](#).

## Food premise inspections

3 745 food premise inspections were conducted.

## Health hazards

524 health hazard complaint investigations were conducted.

## Enteric outbreaks

51 enteric outbreaks were investigated.

# Knowledge and Strategic Services



## Indigenous engagement and racial equity

As an agency, it is critical that we respectfully engage with Indigenous Peoples and racialized groups. Having a skilled and competent workforce to support this work is essential. Last year represented a growth journey on these fronts.

To strengthen our capacity for a culturally competent workforce to support collaboration with Indigenous partners and community members, we focused on building our skills through 12 training and development initiatives. All staff participated in *Debwewin* or “Speaking the Truth” sessions, which focused on the history of Indigenous Peoples and the impact of colonization on health and well-being. Training sessions that provided insights and background about our agency’s Indigenous engagement protocols were offered. An Indigenous educator presented to 173 staff and spoke about Indigenous cultural humility and mindfulness.

To support racial equity, we developed an agency framework and committed to advance our vision to reduce systemic racism to ensure those affected have equal opportunities for health. Skill building and workforce development—and more specifically, Allyship training—are foundational to this work. Allyship training materials were developed to enhance our capacity to apply anti-racist and anti-oppressive approaches to all our public health practices including engagement, training, planning, implementation, and evaluation.



## Public health research

Meaningful public health programs and services must reflect the needs of the populations we serve. To be effective, they must be informed by evidence. To be able to respond to the needs and emerging issues in public health, our staff consult and collaborate with internal and external partners, community members, and decision makers to conduct research and evaluate the best available evidence.

In 2019, our staff acted in a lead or consultative role, conducting research, evaluations, needs assessments, and literature reviews, engaged with the public and community stakeholders for 23 research and evaluation projects covering a wide range of topics of public health importance. Among them included the overall evaluation of the [City of Greater Sudbury Healthy Kids Community Challenge](#) and publishing of the [Anti-texting and driving strategies: Youth perceptions, attitudes and behaviours](#) report.

Our staff will continue to respond to public health needs through the process of gathering, reviewing, and disseminating current evidence from a variety of sources. We will continue to collaborate in meaningful work and use the best available evidence to inform our work and support our communities.

# Social media engagement



## Facebook engagement

(English and French)

**4 686 page likes**



 **+555 over the year**



**99 380 post engagements**



## Twitter engagement

(English and French)

**369 753 Twitter impressions**



**3 103 Twitter engagements**



## Social media engagement

### Facebook (English and French)

- Page likes: 4 686 (+555 over the year)
- Post engagements: 99 380

### Twitter (English and French)

- Twitter impressions: 369 753
- Twitter engagements: 3 103

# By the numbers

## Public Health Heroes

8 [Public Health Heroes](#) were recognized for their efforts to put public health into action and make tangible, positive differences in their communities.

## Population health

11 mental health indicators were added to the [Public Health Sudbury & Districts Population Health Profile](#).

## Student placements

99 students completed placements, from 7 post-secondary institutions, representing 11 disciplines.

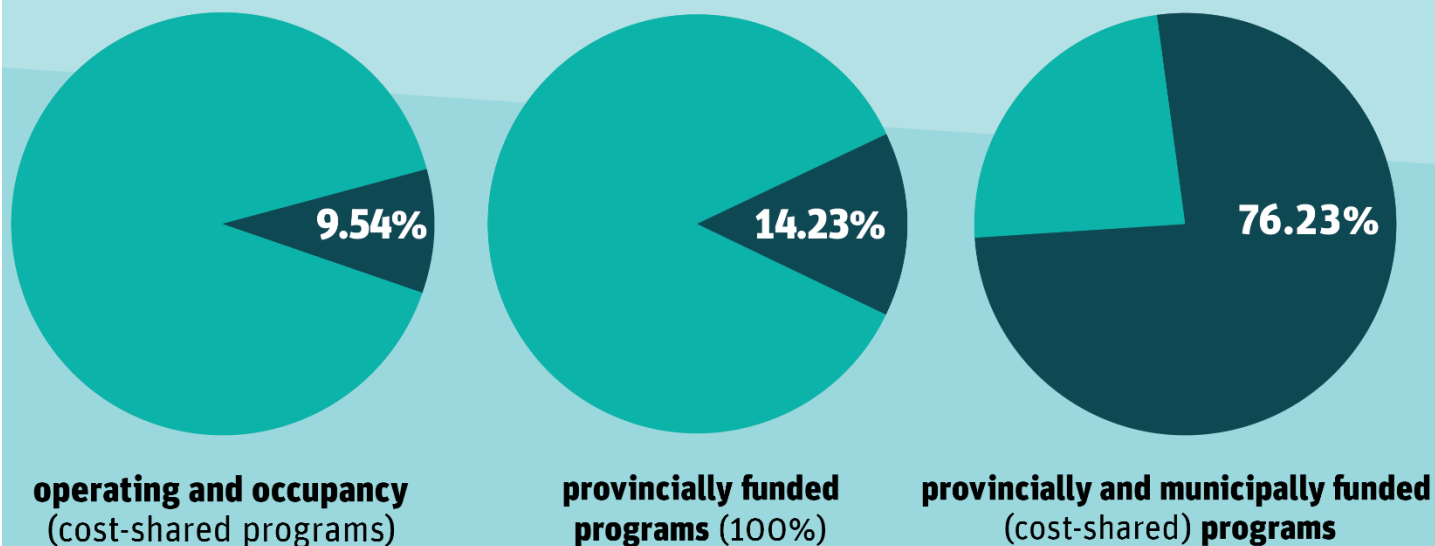
## Poverty reduction

27 Circles Leaders (participants) with their 33 children, and 56 Circles Allies (volunteers) were recruited into [Circles Sudbury](#), which is a community poverty reduction program.

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# Financials

2019 approved budget: \$27,487,136



## Financials

2019 approved budget: \$27,487,136

- 9.54% operating and occupancy for cost-shared
- 14.23% from 100% provincially funded public health programs
- 76.23% cost-shared programs

# Rapport annuel 2019



- [Message de la médecin-hygiéniste et directrice générale, D<sup>re</sup> Penny Sutcliffe](#)
- [Message du président du Conseil de Santé, René Lapierre](#)
- [Promotion de la santé](#)
  - [En chiffres](#)
- [Protection de la santé](#)
  - [En chiffres](#)
- [Services stratégiques et du savoir](#)
  - [Activité sur les médias sociaux](#)
  - [En chiffres](#)
- [Données financières](#)

# Message de la médecin-hygiéniste



## Message de la D<sup>re</sup> Penny Sutcliffe

### Médecin-hygiéniste et directrice générale

L'année 2019 a été tumultueuse pour le système de santé publique de l'Ontario, y compris pour Santé publique Sudbury et districts. À l'échelle locale, nous avons exploité nos [valeurs](#) fondamentales, soit l'humilité, la confiance et le respect, afin de procéder à des examens provinciaux sur le système de santé publique et de garder le cap pour être présents au nom de la santé publique dans toutes nos communautés. L'engagement de notre organisme à créer de solides partenariats locaux est demeuré essentiel à notre capacité de comprendre et de régler les problèmes locaux de santé publique. Par exemple, nous nous sommes concentrés sur l'idée d'augmenter notre compétence culturelle afin de pouvoir réaliser notre [Stratégie d'engagement auprès des Autochtones](#). Ainsi, nous pouvons davantage créer des relations significatives avec les communautés autochtones de notre territoire. En partenariat avec les jeunes et les milieux universitaires, notamment, nous nous sommes aussi penchés sur l'équité raciale et la réduction du racisme systémique. Notre [Cadre d'action pour l'équité sociale](#) a été élaboré pour que nous puissions disposer d'un plan pour cette tâche importante dans le domaine de la santé publique.

Bien que notre action soit fondée sur notre pratique quotidienne et les réalités sur le terrain de nos communautés, nous sommes guidés par la recherche et les données probantes. Nous faisons équipe avec l'Université Laurentienne et d'autres établissements d'enseignement postsecondaire afin de mener ensemble des études concrètes et de former de futurs professionnels de la santé publique. Notre collaboration constante avec des partenaires du système de santé dans tout le Nord de l'Ontario nous permet de rester concentrés sur les questions qui nous occupent tous en santé publique, mais qui sont uniques à notre environnement nordique.

Grâce à ces partenariats, notamment, nous avons pu créer un organisme de santé publique local qui soit résilient, adaptable et réceptif. Autrement dit, notre capacité à comprendre les enjeux nouveaux et à y répondre efficacement s'est renforcée, qu'il s'agisse de consommation d'alcool ou d'autres drogues, de maladies infectieuses ou de réduction de la pauvreté.

Comme toujours, je suis reconnaissante du dévouement et du professionnalisme de notre talentueux personnel. Notre organisme est très bien guidé par le leadership habile du Conseil de santé. Son président et ses membres démontrent leur engagement indéfectible envers la santé publique dans toutes les décisions qu'ils prennent. C'est avec grand plaisir que je transmets un certain nombre de points saillants de la dernière année dans le *Rapport annuel 2019* de Santé publique Sudbury et districts.

D<sup>re</sup> Penny Sutcliffe

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## Message de René Lapierre

### Président du Conseil de Santé publique Sudbury et districts

Santé publique Sudbury et districts a fait des progrès considérables en vue d'améliorer la santé de notre communauté. Nos efforts constants et notre rôle en tant que partenaires clés dans des initiatives touchant la santé mentale, la réduction de la pauvreté et l'engagement auprès des Autochtones sont essentiels à la santé à long terme et au bien-être des communautés que nous

servons. Nos professionnels de la santé publique demeurent notre principal atout, et je suis toujours impressionné par leur professionnalisme et leur attention à la prestation de programmes de santé publique exceptionnels et d'un service à la clientèle de premier ordre. C'est également à juste titre qu'en 2019, nous avons lancé le programme [Héros de la santé publique](#) afin d'honorer les personnes et les organismes dont l'apport quotidien contribue à rendre nos communautés saines.

Je suis impressionné par le haut degré de collaboration qui entre dans la création des programmes et des services que nous offrons. Cette collaboration est un facteur qui permet nettement d'apporter sans cesse des résultats aux communautés que nous servons. Que nous travaillions avec divers partenaires à une stratégie communautaire contre les drogues ou que nous consultations des personnes qui ont un vécu, nos interactions significatives avec les autres aident à obtenir les meilleurs résultats pour la santé.

Santé publique Sudbury et districts continue de répondre aux attentes, et souvent de les dépasser. Et je suis convaincu que nous pourrons continuer d'exploiter les occasions d'améliorer la santé de notre population.

Je suis fier d'agir comme président du Conseil et c'est avec plaisir que je présente le *Rapport annuel 2019*.

René Lapierre

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## Promotion de la santé



## Santé en milieu scolaire

Nous avons lancé le programme sur la pleine conscience en milieu scolaire *Programme de pleine conscience Inspire, Expire* auprès de 450 élèves de 7<sup>e</sup> et de 8<sup>e</sup> année dans six écoles. Ce programme a procuré des occasions d'apprentissage et de renforcement des compétences fondés sur l'expérience pour intégrer cette notion dans leur quotidien.

Nos infirmières-hygiénistes qualifiées ont donné les ateliers *Formation en habiletés de résilience et Bounce Back and Thrive* à 60 éducateurs, parents et membres de personnel de garde. Ces ateliers portaient surtout sur le renforcement des capacités des adultes à faire preuve de résilience dans leurs interactions quotidiennes avec leurs enfants afin de mieux créer une résilience à vie.

Des étudiants de niveau postsecondaire, des membres du corps enseignant et des décideurs ont pu participer à 56 activités de sensibilisation du public sur les sujets suivants :

- Lutte globale contre le tabagisme
- Prévention de la consommation d'alcool ou d'autres drogues
- Activité physique et comportement sédentaire
- Comportements alimentaires sains
- Prévention des blessures
- Promotion de la santé mentale
- Croissance et développement sains
- Santé avant la grossesse



## Stratégies communautaires contre les drogues

Nous avons collaboré avec plus de 20 partenaires communautaires afin de créer et de mettre en œuvre des stratégies communautaires contre les drogues, notamment le *Plan d'intervention de la ville du Grand Sudbury en cas d'empoisonnements aux opioïdes*. Ce plan exhaustif décrit les activités de surveillance, de communication et de réduction des méfaits et clarifie le rôle des principales parties prenantes dans la communauté. Un [tableau de bord pour la surveillance des opioïdes](#) en ligne a été lancé afin d'offrir un rapport mensuel et accessible au public sur l'intervention communautaire contre les opioïdes. Cinq alertes aux drogues ont été lancées au cours de l'année pour mieux prévenir les surdoses et accroître la sensibilisation.

Afin de promouvoir des relations saines et le rôle qu'elles jouent pour ce qui est de prévenir l'usage d'opioïdes, nous avons créé la vidéo *Nous sommes Jeff*, laquelle montre comment nous pouvons faire partie de la solution lorsqu'il s'agit de santé communautaire. Nous avons également lancé l'[Étude d'évaluation des besoins et de faisabilité](#) pour déterminer si des services de consommation supervisée pourraient aider à régler certains des problèmes de drogue dans le Grand Sudbury. L'équipe de la Stratégie communautaire contre les drogues continue d'effectuer des travaux qui améliorent la santé, la sécurité et le bien-être de toute la population locale.

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## En chiffres

### Programme de distribution de fruits et légumes dans le nord de l'Ontario

Pendant 20 semaines, 19 570 élèves ont reçu des fruits et légumes. En tout, 93 écoles élémentaires financées par le secteur public et des Premières Nations ont participé au programme.

### Renoncement au tabac

Les personnes qui ont assisté aux séances sur le renoncement au tabac ont reçu 263 bons et 984 produits pour la thérapie de remplacement de la nicotine.

### Prévention des chutes

Des partenaires ont soutenu et fourni 40 programmes *d'exercices PIED* dans Sudbury et districts, et ont permis de toucher 462 personnes âgées.

## Bébés en santé, enfants en santé

Des visiteuses au domicile familial et des infirmières-hygiénistes ont effectué respectivement 2 002 et 1 538 visites, pour un total de 3 540.

## Naloxone

Des organismes admissibles ont distribué 2 276 trousse de naloxone.

## Santé en milieu scolaire

Il s'est donné 117 exposés, occasions de renforcement des compétences, ateliers, séances de formation et consultations à la communauté scolaire. Les sujets étaient la promotion de la santé mentale, les comportements alimentaires sains, les pratiques sexuelles saines, la consommation d'alcool ou d'autres drogues, la réduction des méfaits, la croissance et le développement sains, l'activité physique et la sédentarité, l'exposition aux rayons ultraviolets et la prévention des blessures.

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## Protection de la santé



## Éclosion d'hépatite A

Nous avons reçu le signalement d'un cas d'hépatite A confirmé en laboratoire le 15 décembre 2019. C'était celui d'un préposé à la manutention des aliments qui travaillait comme commis au comptoir des charcuteries d'une épicerie locale. Après ce premier cas, un second est survenu le 1<sup>er</sup> janvier 2020, à la même épicerie.

Notre réponse communautaire à cette éclosion a été rapide et complète. La population a pu être mise au courant de manière efficace par un communiqué, les médias sociaux et les médias traditionnels. Plus de 20 000 personnes sont allées sur notre site Web. Nous avons pu en toucher 20 000 autres par les médias sociaux, et nous avons accordé huit entrevues en seulement trois jours. Par ailleurs, un centre d'appels temporaire a été mis sur pied et des séances d'immunisation gratuite ont été offertes sept jours sur sept pour que toutes les personnes concernées par l'exposition puissent recevoir le vaccin contre l'hépatite A. En tout, 3 022 personnes se sont fait vacciner.



## Dossiers d'immunisation

En 2019, Santé publique a passé en revue les dossiers d'immunisation de 26 250 élèves pour vérifier s'ils étaient complets, conformément à [Loi sur l'immunisation des élèves](#). Selon les lois provinciales, les parents et les tuteurs doivent nous aviser des vaccins que leur enfant a reçus. Santé publique se sert des renseignements pour s'assurer que tous les enfants d'âge préscolaire et scolaire (de 4 à 17 ans) de son territoire bénéficient d'une protection optimale contre certaines maladies évitables par la vaccination. Bien des maladies graves se propagent facilement, et les immunisations s'accumulent et

renforcent le système immunitaire de l'enfant, ce qui le protège contre les maladies. Les taux élevés d'immunisation dans les écoles permettent de garder les élèves en sécurité en prévenant les éclosions. Sauf si un enfant bénéficie d'une exemption valable, il doit être immunisé convenablement contre les maladies désignées, notamment la diphtérie, le tétanos, la polio, la rougeole, les oreillons, la rubéole, la méningococcie, la coqueluche et la varicelle (picote), pour les enfants nés en 2010 ou plus tard.

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## En chiffres

### Réduction des méfaits

[Le Point](#) a reçu la visite de 27 900 clients ou contacts pour des fournitures et des services de réduction des méfaits.

### Services préventifs

Des services préventifs en milieu scolaire ont été fournis à 457 enfants.

### Dépistage des troubles de la vue

Le programme de dépistage des troubles de la vue en milieu scolaire a été fourni à 1 760 élèves du jardin d'enfants.

### Loi favorisant un Ontario sans fumée

Des accusations ont été déposées dans 138 cas pour tabagisme ou vapotage sur le terrain d'une école, et dans neuf autres pour tabagisme ou vapotage sur celui d'un hôpital.

### Programme ontarien de soins dentaires pour les aînés

Le nouveau [Programme ontarien de soins dentaires pour les aînés](#) a fait l'objet de 118 demandes.

### Inspections de dépôts d'aliments

Nous avons effectué 3 745 inspections de dépôts d'aliments.

## Risques pour la santé

Nous avons examiné 524 plaintes concernant des risques pour la santé.

## Éclosions de maladies entériques

Nous avons enquêté sur 51 éclosions de maladies entériques.

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## Services stratégiques et du savoir



## Équité raciale et engagement auprès des Autochtones

En tant qu'organisme, nous devons absolument nous engager avec respect auprès des Autochtones et des groupes racialisés. Il est essentiel de disposer d'une main-d'œuvre qualifiée et compétente pour appuyer ce travail. L'an dernier, nous avons enregistré une croissance sur ces plans.

Afin de renforcer notre capacité à disposer d'une main-d'œuvre culturellement compétente pour favoriser la collaboration avec les partenaires autochtones et la population en général, nous nous sommes concentrés sur le renforcement de nos compétences par 12 initiatives de formation et de perfectionnement. Tout le personnel a participé aux séances *Debwewin* (qui consistent à « dire la vérité »), lesquelles étaient axées sur l'histoire des peuples autochtones et l'incidence de la colonisation sur la santé et le bien-être. Il s'est tenu des séances de formation qui apportaient des éclaircissements et un contexte à propos de nos protocoles d'engagement auprès des Autochtones.

Un éducateur autochtone a donné un exposé devant 173 membres du personnel et a parlé de l'humilité et de la pleine conscience culturelles des Autochtones.

Dans le but de favoriser l'équité raciale, nous avons créé un cadre organisationnel et nous nous sommes engagés à faire progresser notre vision qui consiste à réduire le racisme systémique pour que les personnes touchées aient des possibilités égales d'être en santé. Le renforcement des compétences et le perfectionnement de la main-d'œuvre, et plus précisément la formation sur l'alliance, sont fondamentaux pour ce travail. La documentation pour la formation sur l'alliance a été mise au point pour rehausser notre capacité d'appliquer des approches antiracistes et anti-oppressives à toutes nos pratiques de santé publique, notamment l'engagement, la formation, la planification, la mise en œuvre et l'évaluation.

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## Recherche en santé publique

Les programmes et services importants de santé publique doivent correspondre aux besoins des populations que nous servons. Afin d'être efficaces, ils doivent être orientés par des données probantes. Pour pouvoir répondre aux besoins et réagir aux problèmes nouveaux en santé publique, notre personnel consulte des partenaires internes et externes, des citoyens et des décideurs et collabore avec eux afin de mener des recherches et d'évaluer les meilleures données probantes qui soient.

En 2019, notre personnel a joué un rôle principal ou consultatif, a mené des recherches, des évaluations, des évaluations de besoins et des examens documentaires, et s'est engagé auprès des

parties prenantes publiques et communautaires à l'égard de 23 projets de recherche et d'évaluation qui touchaient un large éventail de sujets d'importance pour la santé publique. Il s'agissait notamment d'évaluer globalement le défi [Action communautaire Enfants en santé à la Ville du Grand Sudbury](#) et de publier le rapport [Stratégies antitextos au volant et de conduite : perceptions, attitudes et comportements des jeunes](#) (en anglais seulement) et de publier le rapport.

Notre personnel continuera de répondre aux besoins en santé publique en recueillant, en examinant et en diffusant les données probantes actuelles provenant de diverses sources. Nous allons continuer de collaborer pour les tâches importantes et d'utiliser les meilleures données probantes qui soient pour orienter notre travail et soutenir nos communautés.

## Activité sur les médias sociaux



### Activité sur Facebook

(en anglais et en français)

4686 mentions J'aime



Plus de 555 au cours de l'année



99 380 échanges  
sur Facebook



### Activité sur Twitter

(en anglais et en français)

369 753 impressions sur Twitter



3103 échanges sur Twitter



## Activité sur les médias sociaux

### Facebook [en anglais et en français]

- Mentions J'aime : 4686 [plus de 555 au cours de l'année]
- Activité sur Facebook : 99 380

## Twitter [en anglais et en français]

- Impressions sur Twitter : 369 753
  - Activité sur Twitter : 3103
- 

## En chiffres

### Héros de la santé publique

Nous avons souligné les efforts que 8 [héros de la santé publique](#) ont déployés pour mettre la santé publique à l'œuvre et apporter des changements concrets et positifs dans leur communauté.

### Santé de la population

Le [Profil de santé de la population de Santé publique Sudbury et districts](#) compte maintenant 11 indicateurs de santé mentale de plus.

### Placements d'étudiants

Nous avons placé 99 étudiants de 11 disciplines qui provenaient de sept établissements d'enseignement postsecondaire.

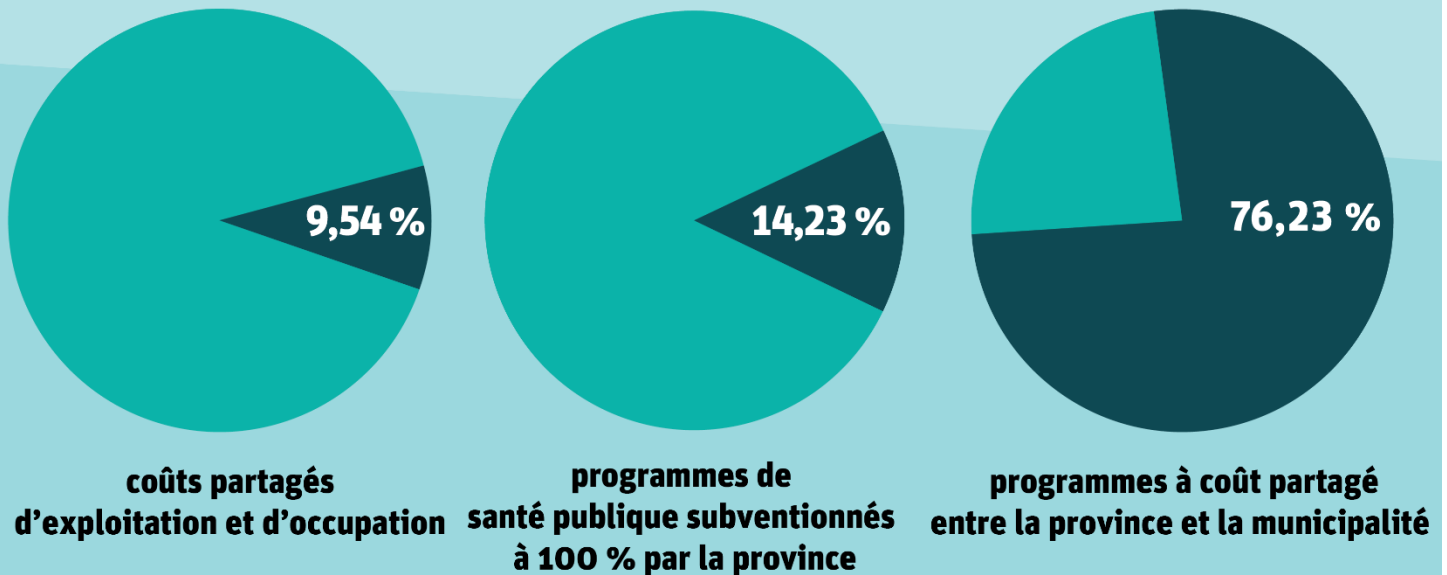
### Réduction de la pauvreté

Dans [Cercles Sudbury](#), un programme communautaire de réduction de la pauvreté, nous avons recruté 27 leaders [participants] avec leurs 33 enfants et 56 alliés [bénévoles].

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# Données financières

**Budget approuvé pour 2019 : 27 487 136 \$**



## Données financières

Budget approuvé pour 2019 : 27 487 136 \$

- 9,54 %, coûts partagés d'exploitation et d'occupation
- 14,23 %, programmes de santé publique subventionnés à 100 % par la province
- 76,23 %, programmes à coût partagé