Board of Health Meeting 05-21

Public Health Sudbury & Districts

Thursday, November 18, 2021

1:30 p.m.

Virtual Meeting

Public Health
Santé publique
SUDBURY & DISTRICTS

AGENDA – FIFTH MEETING
BOARD OF HEALTH
PUBLIC HEALTH SUDBURY & DISTRICTS
VIRTUAL MEETING
THURSDAY, NOVEMBER 18, 2021 – 1:30 P.M.

1. **CALL TO ORDER AND TERRITORIAL ACKNOWLEDGMENT**

2. **ROLL CALL**

3. **REVIEW OF AGENDA/DECLARATIONS OF CONFLICTS OF INTEREST**

4. **DELEGATION/PRESENTATION**

   i) **Racial Equity: Public Health Sudbury & Districts**
      – Shana Calixte, Manager, Health Promotion Division

5. **CONSENT AGENDA**

   i) **Minutes of Previous Meeting**
      a. Fourth Meeting – October 21, 2021

   ii) **Business Arising From Minutes**

   iii) **Report of Standing Committees**
      a. Board of Health Executive Committee Unapproved Minutes dated October 21, 2021
      b. Board of Health Finance Standing Committee Unapproved Minutes dated November 2, 2021

   iv) **Report of the Medical Officer of Health / Chief Executive Officer**
      a. MOH/CEO Report, November 2021

   v) **Correspondence**
      a. Advocacy for Public Health Funding
      – Letter from the President, Association of Local Public Health Agencies, to the Minister of Health, dated November 10, 2021
      – Letter from the Board of Health Chair, Windsor Essex County Health Unit, to the Minister of Health and Deputy Premier, dated November 4, 2021
      – Letter from the Medical Officer of Health and Executive Officer, and the Board of Health Chair, North Bay Parry Sound District Health Unit, to the Minister of Health, dated November 1, 2021

b. Health System Transformation
– Letter from the Board of Health Chair, Peterborough Public Health, to the Deputy Premier and Minister of Health, dated November 5, 2021

c. Prescription for Ontario: Doctor's 5-Point Plan for Better Health Care
– Letter from the President, Association of Local Public Health Agencies, to the CEO, Ontario Medical Association, dated November 1, 2021

vi) Items of Information

a. Association of Local Public Health Agencies Summary: 2021 Ontario Economic Outlook and Fiscal Review: Build Ontario dated November 4, 2021

b. World Health Organization: COP 26 Special Report on Climate Change and Health: The Health Argument for Climate Action

APPROVAL OF CONSENT AGENDA

MOTION:

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

6. NEW BUSINESS

i) Board of Health Manual

– Briefing note to the Board of Health Chair from the Medical Officer of Health dated November 12, 2021

BOARD OF HEALTH MANUAL

MOTION:

THAT the Board of Health, having reviewed the proposed revisions within the Board of Health Manual, approve the Manual as presented on this date.

ii) MOH/CEO Renewal Employment Contract

MOH/CEO RENEWAL EMPLOYMENT CONTRACT

MOTION:

WHEREAS the term of the current employment contract agreement for the Medical Officer of Health/CEO for the Sudbury & District Health Unit is until December 31, 2021; and

WHEREAS the Board of Health Executive Committee has historically reviewed the MOH/CEO contract agreement; and

WHEREAS the Board of Health Executive Committee Terms of Reference stipulate that the Executive Committee of the Board of Health may, from time to time, be assigned responsibilities by the Board of Health in areas such as: policy, personnel, and property; and

WHEREAS responsibilities assigned to the Board of Health Executive Committee must be delegated by majority vote of the full Board;

THEREFORE BE IT RESOLVED THAT the Board of Health assign to the Board of Health Executive Committee the responsibility to review a renewal agreement and recommend the updated agreement to the Board of Health for approval.

iii) MOH/CEO Position Description (Revised)

MOH/CEO POSITION DESCRIPTION

MOTION:

BE IT RESOLVED THAT the Sudbury & District Board of Health endorse the revised position description for the Medical Officer of Health/Chief Executive Officer, dated November 2021.

iv) 2022 Public Health Sudbury & Districts Operating Budget

a. Briefing Note and Appendices from the Medical Officer of Health and Chief Executive Officer to the Board of Health Chair dated November 12, 2021
b. Letter from the Deputy Premier and Minister of Health, to the Board of Health Chair, Public Health Sudbury & Districts, dated November 2, 2021

IN CAMERA

IN CAMERA

MOTION:

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

RISE AND REPORT

RISE AND REPORT

MOTION:

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

2022 OPERATING BUDGET

MOTION:

THAT the Board of Health approve the 2022 operating budget for Public Health Sudbury & Districts in the amount of $28,020,382.

v) Staff Appreciation Day and Public Health Heroes

- Briefing Note from the Medical Officer of Health dated November 12, 2021

STAFF APPRECIATION DAY AND PUBLIC HEALTH HEROES

MOTION:

BE IT RESOLVED THAT this Board of Health recognize the tremendous contributions of Public Health Sudbury & Districts staff throughout the pandemic, and recognize all staff as Public Health Heroes; and

FURTHER, that this Board of Health approve a Staff Appreciation Day for the staff of Public Health Sudbury & Districts during an extended period encompassing the upcoming holiday season. The Staff Appreciation Day may be taken between the dates of December 1, 2021, to March 31, 2022. Essential services will be available and provided at all times except for statutory holidays when on-call staff will be available.

7. ADDENDUM

ADDENDUM

MOTION:

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

8. ANNOUNCEMENTS

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

9. ADJOURNMENT

ADJOURNMENT

MOTION:

THAT we do now adjourn. Time: ____

Public Health
Santé publique
SUDBURY & DISTRICTS

MINUTES – FOURTH MEETING
BOARD OF HEALTH FOR PUBLIC HEALTH SUDBURY & DISTRICTS
PUBLIC HEALTH SUDBURY & DISTRICTS, VIRTUAL MEETING
THURSDAY, OCTOBER 21, 2021 – 1:30 P.M.

BOARD MEMBERS PRESENT

Claire Gignac
Randy Hazlett
Jeffery Huska
Robert Kirwan
René Lapierre
Paul Myre
Ken Noland
Jacqueline Paquin
Mark Signoretti
Carolyn Thain

BOARD MEMBERS REGRETS

Bill Leduc
Glenda Massicotte
Natalie Tessier

STAFF MEMBERS PRESENT

Stacey Gilbeau
Sandra Laclé
Rachel Quesnel
France Quirion
Dr. Penny Sutcliffe
Renée St. Onge

MEDIA PRESENT

Media

R. LAPIERRE PRESIDING

1. CALL TO ORDER AND TERRITORIAL ACKNOWLEDGMENT

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

2. ROLL CALL

3. REVIEW OF AGENDA/DECLARATIONS OF CONFLICTS OF INTEREST

There were no declarations of conflict of interest. It was noted there is no in-camera session for today's meeting.

4. DELEGATION/PRESENTATION

i) Healthy Babies Healthy Children Early Intervention Program Update

– Sandra Laclé, Director, Health Promotion Division

S. Laclé was invited to present on the Healthy Babies Healthy Children (HBHC) program. It was noted that the program manager, Annie Berthiaume, could not present as she is currently temporarily seconded to COVID-19 work.

The 100% provincially funded HBHC program is a prevention and early intervention program that aims to optimize newborn and child healthy growth and development and to reduce health inequities for marginalized families receiving services.

Program components and adjustments that have been required during and due to COVID-19 pandemic were reviewed. By end of 2021, we anticipate surpassing last year's 2020 program enrollment. There is an increased number of visits per family compared to 2019 and caseload complexities. COVID-19 impacts that have been observed on the program include longer wait times, virtual platform is not optimal, missed opportunities, increased family stress and isolation as well as the need for breastfeeding clinic services.

The HBHC program will continue to ensure full-service delivery, increase community referrals to the program and provide specialized staff training. There will be an ongoing review of delivery model (virtual/in-person) as well as of workload and capacity should the demand for the program increase this fall and winter.

It was pointed out that PHSD had identified HBHC as a priority high risk program that must continue during our COVID-19 response. Although provincial funding has been flatlined, the provincial Ministry of Health has recently provided commendation for the innovative approaches to our HBHC program service delivery.

Questions and comments were entertained relating to the service delivery model and data collection. Kudos were extended to program director, manager and HBHC team for their continued work with the HBHC program.

5. CONSENT AGENDA

i) Minutes of Previous Meeting

a. Third Meeting – June 17, 2021

ii) Business Arising From Minutes

iii) Report of Standing Committees

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

a. MOH/CEO Report, October 2021

v) Correspondence

a. Early Intervention Services for Children and Families 2021-22 Service Delivery Plan for PHSD

– Memo from the Ministry of Children, Community and Social Services, dated September 20, 2021

b. Health System Transformation

– Letter from the Mayor, City of Hamilton, to the Minister of Health and Long-Term Care, dated September 15, 2021

c. Vaccination Certificates

– Letter from the President, Association of Local Public Health Agencies, to the Premier of Ontario dated September 1, 2021

d. Funding for Infection Prevention and Control

– Letter from the Board of Health Chair, Chief Executive Officer and the Medical Officer of Health, Northwestern Health Unit, to the Deputy Premier and Minister of Health, dated August 27, 2021

e. Advocacy for Public Health Funding

– Letter from the Board of Health Chair, Grey Bruce Health Unit, to the Deputy Premier, dated October 13, 2021
– Letter from to the Board of Health Chair, Haliburton, Kawartha, Pine Ridge District Health Unit, to the Deputy Premier and Minister of Health, dated September 16, 2021
– Letter from the Medical Officer of Health, Northwestern Health Unit, to the Deputy Premier and Minister of Health, dated August 27, 2021
– Letter from the Board of Health Chair, Peterborough Public Health, to the Deputy Premier and Minister of Health, dated August 6, 2021
– Letter from the Board of Health Chair, Southwestern Public Health, to the Deputy Premier and Minister of Health, dated July 20, 2021
– Letter from the Medical Officer of Health and Board of Health Chair, North Bay Parry Sound District Health Unit, to Minister of Health, dated June 24, 2021
– Letter from the Board of Health Chair, Peterborough Public Health, to the Deputy Premier and Minister of Health, dated June 23, 2021
– Letter from the Board of Health Chair, Simcoe Muskoka District Health Unit, to the Minister of Health, dated June 21, 2021
– Letter from the Board of Health Chair, Public Health Sudbury & Districts, to the Minister of Health, dated June 21, 2021
– Letter from the Board of Health Chair and the CEO and Chief Nursing Officer, Windsor-Essex County Health Unit, to the Deputy Premier and Minister of Health and the Premier of Ontario, dated June 17, 2021

f. Congratulatory Letter – C. Gignac
- Letter of Congratulations from the Deputy Premier and Minister of Health to Claire Gignac on her reappointment to the Board of Health dated August 19, 2021

g. Response to COVID-19
- Memorandum from the Toronto Board of Health, to the Members of Provincial Parliament and Boards of Health, dated August 15, 2021

h. Ministry of Health's Regional Associate Chief Medical Officers of Health
- Memorandum from the Chief Medical Officer of Health dated September 8, 2021

vi) Items of Information

a. alPHa Information Break
June 21, 2021
July 20, 2021
August 13, 2021
September 20, 2021

b. Message from the Boards of Health Section Chair, Association of Local Public Health Agencies
August 30, 2021

26-21 APPROVAL OF CONSENT AGENDA

MOVED BY PAQUIN – KIRWAN: THAT the Board of Health approve the consent agenda as distributed.

CARRIED

6. NEW BUSINESS

i) COVID-19 Pandemic Update

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

Dr. Sutcliffe provided a status update on Public Health Sudbury & Districts COVID-19 response, resources, and recovery. It was shared that the Public Health Sudbury & Districts work continues to focus on the COVID-19 response and planning is underway to commence the recovery and restoration.

COVID-19 case status for Sudbury & District and NE Ontario were shared. From March 2020 to October 20, 2021, there have been 2 604 total cases in Sudbury & Districts and there are currently 92 active cases. COVID-19 vaccination coverage rates, broken down by PHSD regions and by age, were reviewed. An overview of the current focus for case and contact management as well as for the vaccination program were provided as well as the anticipated focus and work ahead in these areas.

Resource allocation has been critical to effectively respond to COVID-19. The resources allocated to COVID-19 have been significant, for many months, including redeploying of staff to work at the expense of regular public health programs and services. The COVID-19 work has required an unprecedented quantity of resources, particularly human resources. Dr. Sutcliffe shared the details of staff redeployment to COVID-19 along with statistics indicating the heavy toll the intense and longstanding work is taking on staff wellbeing. A review of temporary staff recruitment was also shared.

Actual and projected COVID-19 expenses total $33, covered by a combination of the cost-shared budget and the provincial COVID-19 extraordinary funds.

The recovery plan shared with the Board in June has proven to be optimistic. PHSD has been further discussing the ongoing COVID-19 work, implications, and the need to continue to invest in COVID-19 for foreseeable future. There have been tremendous changes in the scope of public health work and increases in workload. PHSD must address the *public health* wait list and mitigate impacts of pandemic and the pandemic response on community health effects.

Planning for 2022 is informed by the 2021 COVID-19 experience; however, the public health response is not feasible with current PHSD staff complement. Also, the health risks associated with cessation/reduction of non-COVID-19 public health programming are increasingly urgent and requires a more sustainable balance between COVID-19 response and OPHS (Ontario Public Health Standards) priority programs. PHSD will work immediately to strike a more sustainable balance between temporary staff recruitment, permanent staff overtime, and the redeployment of permanent staff to COVID-19.

Planning assumptions for 2022 include:

- The intensity of COVID-19 response in 2022 will be at 2021 level until April 2022 followed by gradual reduction over time
- Ministry of Health COVID-19 extraordinary funds will be available to boards of health in 2022 for eligible expenses not covered within cost-shared budget
- Anticipated government relaxation of COVID-19 precautions will increase risk of transmission
- Increased vaccination coverage rates and vaccine eligibility will mitigate the risk of transmission and disease severity

Dr. Sutcliffe concluded by thanking our very own public health heroes who continue to go above and beyond every day.

Questions and comments were entertained and included education and enforcement of public health measures as well as reporting of weekend COVID-19 cases on Mondays. Dr. Sutcliffe committed to reviewing how data is reported on Mondays to ensure clarity for daily confirmed case counts.

The Board of Health observed that the number of resignations and the mental health impact the COVID-19 response has had on staff are concerning. Dr. Sutcliffe shared that this is front of mind. Supports are available for staff and a series of staff training workshops facilitated by an outside agency will be held over the coming weeks.

Dr. Sutcliffe provided clarification regarding vaccine hesitancy and flexibility for public health units to enhance provincial restrictions locally in the event of increased case counts.

It was acknowledged that negative public behaviours have been seen at the vaccine clinics and experienced by the case and contact management staff. PHSD has promoted kindness, patience and treating each other with respect.

Dr. Sutcliffe shared approaches for educating, effective messaging, and reaching specific demographics, including elders and collaborations with partners for these shared responsibilities and strategies which include influencers, social media, and accessibility.

The Ontario Government launched a designated week to focus on supporting vaccination among pregnant and breastfeeding individuals, and those planning to become pregnant. Throughout next week, local messaging will be available on PHSD social media channels. There will also be vaccination clinic opportunities for this population where Public Health Sudbury & Districts staff will be available to answer any questions.

In response to an inquiry regarding the PHSD vaccination policy, it was noted that PHSD is walking its talk with a strong staff vaccination policy that also applies to Board of Health members and overall excellent compliance. The health care sector is not yet subject to provincial vaccination policy; however, is apparently being contemplated.

Dr. Sutcliffe was thanked for her presentation.

ii) 2021-22 Ministry of Health Funding

- Briefing Note from the Medical Officer of Health dated October 14, 2021
- Letter from the Deputy Premier and Minister of Health, to the Board of Health Chair, Public Health Sudbury & Districts, dated July 22, 2021

The briefing note provides details regarding base and one-time funding for this fiscal year. This additional information is being shared as these are unusual times. The funding includes significant provincial contribution for the COVID-19 response.

Dr. Sutcliffe was pleased to share that the funding allocation for 2021 has been received per the 2021 Board of Health approved budget for mandatory cost-shared programs and 100% provincially funded programs of with a small increase of $47,017 to the Smoke-Free Ontario program.

PHSD received approval to carryforward $606,237 of unspent funds from the Infection Prevention and Control (IPAC) Hub program to 2020/2021. These funds must be spent by March 31, 2022. A funding letter for 2021-22 received yesterday has been included with today's Board of Health addendum. It is hoped that this will become annualized funding.

The one-time mitigation grant to offset the change in funding policy, now in its second year, is being extended a third time for 2022 as first announced at the 2021 virtual Association of Municipalities of Ontario (AMO) conference on August 18, 2021.

Reconciliation of the COVID-19 expenses continues and it is expected that provincial funding will be released shortly for additional extraordinary expenses.

7. ADDENDUM

27-21 ADDENDUM

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

CARRIED

DECLARATIONS OF CONFLICT OF INTEREST

There were no declarations of conflict of interest.

i) 2021-22 IPAC Hub Funding Letter

a) Letter from the Deputy Premier and Minister of Health, to the Public Health Sudbury & Districts Board of Health Chair, dated October 19, 2021

Shared for information, as discussed under 6 ii)

ii) Advocacy for Public Health Funding

a) Letter from the Board of Health Chair, Simcoe Muskoka District Health Unit, to the Minister of Health, dated October 21, 2021

In addition to the letters under 5 v e), a letter from Simcoe Muskoka District Health to the Minister advocating for COVID-19 mitigation funding has been received since the Board of Health agenda package was released. This advocacy aligns with a letter sent to the Minister by our Board of Health Chair following the June Board of Health meeting.

iii) alPHa Fall Symposium and Boards of Health Section Meeting, November 19, 2021

a) Draft Symposium Program "Ontario's Public Health System Response & Recovery"
b) Draft Board of Health Section Meeting Agenda

Board of Health members interested in attending the virtual alPHa fall symposium, November 19, 2021, are asked to advise R. Quesnel via email, quesnelr@phsd.ca.

iv) alPHa Information Break Newsletter dated October 21, 2021

The alPHa newsletter, received today, is shared for information.

8. ANNOUNCEMENTS

- Board of Health members were invited to complete the survey in BoardEffect for today's Board of Health meeting.
- The next Board of Health meeting will be held on Thursday, November 18, 2021, at 1:30 p.m.

9. ADJOURNMENT

28-21 ADJOURNMENT

MOVED BY GIGNAC – THAIN: THAT we do now adjourn. Time: 2:58 P.M.

CARRIED

____________________________ (Chair)

____________________________ (Secretary)

Public Health
Santé publique
SUDBURY & DISTRICTS

UNAPPROVED MEETING NOTES
BOARD OF HEALTH EXECUTIVE COMMITTEE
THURSDAY, OCTOBER 21, 2021 – 3 P.M.
VIRTUAL MEETING

BOARD MEMBERS PRESENT

Claire Gignac
Jeff Huska
Ken Noland
Randy Hazlett
René Lapierre

STAFF MEMBERS PRESENT

Rachel Quesnel
Dr. Penny Sutcliffe

R. QUESNEL PRESIDING

1. CALL TO ORDER

The meeting was called to order at 3:04 p.m.

2. ROLL CALL

3. ELECTION OF BOARD EXECUTIVE COMMITTEE CHAIR FOR 2021

Nominations were held for the position of Board Executive Committee Chair and J. Huska was nominated. Nominations were closed and 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 2021**.

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 October 15, 2020

01-21 APPROVAL OF BOARD OF HEALTH EXECUTIVE COMMITTEE MEETING NOTES

MOVED BY LAPIERRE – NOLAND: THAT the meeting notes of the Board of Health Executive Committee meeting of October 15, 2020, be approved as distributed.

CARRIED

6. NEW BUSINESS

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

02-21 IN CAMERA

MOVED BY NOLAND – GIGNAC: THAT this Board of Health Executive Committee goes in camera to deal with personal matters about an identifiable individual, including municipal or local board employees. Time:3:09 p.m.

CARRIED

03-21 RISE AND REPORT

MOVED BY GIGNAC – NOLAND: THAT this Board of Health Executive Committee rises and reports. Time:3:36 p.m.

CARRIED

It was reported that one item was discussed relating to a *personal matter about an identifiable individual, including municipal or local board employees* and the following motion emanated:

04-21 APPROVAL OF BOARD OF HEALTH EXECUTIVE COMMITTEE IN-CAMERA MEETING NOTES

MOVED BY LAPIERRE and HAZLETT: THAT this Board of Health Executive Committee approve the meeting notes of the October 15, 2020, 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

05-21 ADJOURNMENT

MOVED BY HAZLETT – GIGNAC: THAT we do now adjourn. Time: 3:40 p.m.

CARRIED

_________________________________ _________________________________
(Chair) (Secretary)

Public Health
Santé publique
SUDBURY & DISTRICTS

UNAPPROVED MINUTES
BOARD OF HEALTH FINANCE STANDING COMMITTEE
TUESDAY, NOVEMBER 2, 2021 – 1 P.M.
VIRTUAL MEETING – TEAMS

BOARD MEMBERS PRESENT

Carolyn Thain
Randy Hazlett
René Lapierre
Mark Signoretti

STAFF MEMBERS PRESENT

France Quirion
Rachel Quesnel, Recorder
Dr. Penny Sutcliffe

GUESTS PRESENT

Lora Barazzuol, Budget and Reporting Officer
Keeley O'Neil, Accounting Manager

C. THAIN PRESIDING

1. CALL TO ORDER

The meeting was called to order at 1:02 p.m. Recently recruited finance team members were introduced: Manager of Accounting, Keeley O'Neil, and Lora Barazzuol, Budget and Reporting Officer. Retired Manager, Colette Barrette was acknowledged for her longstanding commitment to the organization, including a careful handover to the new team.

2. ROLL CALL

3. REVIEW OF AGENDA/DECLARATIONS OF CONFLICTS OF INTEREST

There were no declarations of conflict of interest.

4. APPROVAL OF BOARD OF HEALTH FINANCE STANDING COMMITTEE MINUTES

4.1 Board of Health Finance Standing Committee Notes dated June 7, and June 10, 2021

06-21 APPROVAL OF MEETING NOTES
MOVED BY LAPIERRE – SIGNORETTI: THAT the meeting notes of the Board of Health Finance Standing Committee meetings of June 7 and June 10, 2021, be approved as distributed.

CARRIED

5. NEW BUSINESS

5.1 2020 YEAR-TO-DATE FINANCIAL STATEMENTS

a) September 2021 Financial Statements

The financial statements ending September 30, 2021, show a positive variance of $2,317,235, before considering COVID-19 extraordinary costs. The statements recognize the $11.2M received from the Ministry of Health in COVID-19 extraordinary funding, however, partner expenses are not yet recognized. Additional funding is expected to be based on our quarterly reports that are based on actual and projected expenditures. Some boards of health are experiencing significant cash flow challenges and so funding announcements should be forthcoming. F. Quirion reminded the Committee that only those COVID-19 expenditures that cannot be managed within the Board-approved budget are eligible for reimbursement from the COVID-19 extraordinary fund.

The current variance for the 100% provincially funded Ontario Senior's Dental Care Program at September 30, 2021, were outlined as well as for the IPAC Hub and LHIN Falls Prevention programs.

5.2 2022 Operating Budget

a) Briefing Note: Context and Assumptions

The proposed 2022 operating budget considers the ongoing requirement for Public Health Sudbury & Districts to respond to the COVID-19 pandemic as well as the increasing pressure to reinstate programs and services that were reduced or suspended as a result of staff redeployment (75% of base staffing resources) to support the COVID-19 response.

To deliver the COVID-19 vaccine and CCM programs, PHSD recruited temporary staff (projected at over $4.2M) and significant overtime for permanent staff (projected at over $4.1 million). The COVID-19 response and intensity of the work have had a significant burden on staff and their wellbeing and the Board has been apprised that a more sustainable balance is being pursued to reduce overtime and manage the COVID-19 response on the go forward. There is growing urgency to address the backlog in public health programs and services caused by staff redeployment to COVID-19 work and the impacts of the pandemic on community health.

It is expected that public health will be required to continue with its robust COVID-19 response and vaccination program into 2022, such as for those aged 5-11, and expect more cases with more complexities. Also, the transformation of the Ontario public health system work stopped abrupted in 2020 due to COVID-19; however, it is widely assumed that it will be revisited post-provincial election and post-pandemic.

Dr. Sutcliffe reviewed the financial context as described in the briefing note, including the understanding that boards of health will be eligible for reimbursement for COVID-19 costs through 2022.

Given the volatility and uncertainties posed by the pandemic, assumptions are required in order to plan for 2022. The assumptions made for the proposed 2022 budget, as summarized in the briefing note, were reviewed.

Questions and comments were entertained. With indicators such as resignations, leaves, and retirements, the Committee members voiced concerns regarding the impact COVID-19 response on PHSD workforce and supported to continue to, formally and informally, acknowledge the work of staff. Dr. Sutcliffe noted that close attention is being paid to this by PHSD and the public health sector across the province. PHSD has offered staff development workshops related to resiliency and selfcare through October and November for all staff. PHSD continues to maintain excellent relationships with all staff groups.

Dr. Sutcliffe noted the rise in fixed costs and inflation rates that are expected to climb, in addition to the rising costs of benefits. In response to an inquiring about long-term budgeting, Dr. Sutcliffe noted that there are many unknowns and not enough data to do robust budget planning for 2023 or 2024. At this point of the budget planning, we have used data available/known to us and outlined many assumptions to meet our responsibilities for 2022.

R. Hazlett raised concerns about projections for future significant funding shortfalls if the provincial mitigation grant ceases beyond 2022. He added that PHSD should be proactive in its planning to identify where efficiencies can come from including re-examining required programs and services versus assuming ongoing municipal funding to cover these costs. Dr. Sutcliffe acknowledged that the provincial legislation puts the responsibility for funding local public health on municipalities and that boards are required to provide legislated programs and services. Having no increase in provincial funding base for many years, even without the change in provincial funding policy, means an erosion of capacity. This has been managed over the years with careful analysis for efficiencies and reductions, but that otherwise is mitigated by municipal funding. She noted that there are many unique challenges at this time due to COVID-19 pressures and unknown provincial direction regarding the public health system

transformation. The Medical Officer of Health and senior management team review the financial situation on an ongoing basis to anticipate and manage challenges. It was noted that challenges faced locally will be faced by the entire system.

b) 2022 Summary of Budget Pressures

The 2021 BOH approved budget column reflects the 2021 ministry's funding announcement which resulted in an increase of $47,016 (Smoke Free Ontario), which was a return to the 2019 approved funding level for all cost-shared programs. The draft 2022 budget is reflected at this adjusted funding level.

The Ministry has again committed to provide the one-time mitigation funding of $1,179,500, the same level as 2020 and 2021. This one-time funding has been included in our recommended 2022 budget.

For 2022, interest revenue has been decreased by $40,000 to better reflect current interest rates.

Total operating expenses are expecting to increase by only $128,149 and total salaries and benefits are expecting to increase by $477,810. This results in a projected 2022 budget shortfall of $(645,959), without considering COVID-19 extraordinary expenditures.

Projected COVID-19 extraordinary expenses (i.e. that cannot be managed within the board-approved budget) for the vaccine and case and contact management programs are noted for 2022 at $10.8M:

- Jan-April 2022 operating at 100% of 2021 projected expenses
- May-August 2022 dropping to 75% of expenses
- September-December 2022 at 50%.

The 2022 draft budget expenditures represent an increase of 2.2% and a starting 2022 budget position shortfall of $645,959. To address this shortfall, various funding scenarios were discussed as per the schedules in the package, with scenario shortfalls ranging from over $200,000 to over $50,000.

c) 3-Year Financial Projections

The 3-year financial projection table depicts the financial situation when factoring in the full impact of the removal of one-time mitigation funds and no increase to municipal levies. A long-term financial projection shows an accumulated deficit of $3,352,058 by 2024. This is based solely on what we know today, and many things can change between now and next year.

d) 2022 Recommended Operating Budget

The 2022 budget schedules present revenues, from all sources, and a total of 2.2% increase in expenditures. Salaries and benefits were explained and result an overall increase of 1.98%. Operating expenses increase by 3.82%, driven by increases to fixed costs as previously explained.

Variances in program expenses and expense recoveries are a direct result of the shift to 100% funded programs that are not cost-shared such as SFO. Revenue is removed from the expenses details and allocated to general revenue resulting in adjustments. Fixed costs are increased to reflect increased inflation rate. Staff development is calculated at 1.3% of eligible salaries, of which 0.5% has been included in the draft 2022 budget, leaving 0.8% for in-year adjustment.

The 2022 proposed budget reflects an increase of 2.2% for total expenditures

Dr. Sutcliffe shared that the draft budget presented has been subject to a lot of work, on top of a lot of COVID-19 work. The Team was congratulated on a 2.2% total increase over the existing base.

07-21 IN CAMERA

MOVED BY SIGNORETTI – LAPIERRE: THAT this Board of Health Finance Standing Committee goes in camera for personal matters involving one or more identifiable individuals, including employees or prospective employees. Time: 2:06 pm

CARRIED

08-21 RISE AND REPORT

MOVED BY LAPIERRE – HAZLETT: THAT this Board of Health Finance Standing Committee rises and reports. Time: 2:29 pm

CARRIED

09-21 APPROVAL OF BOH INCAMERA

MOVED BY HAZLETT – LAPIERRE: THAT this Board of Health Finance Standing Committee approve the meeting notes of the November 2, 2020, 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

It was noted that PHSD has continued to delivery programs and services identified as high risk such as inspections, HBHC, septic permits, etc. The Committee members shared its amazement at PHSD staff's accomplishments and the need to ensure that staff remain healthy and rested. The importance of capturing all COVID-19 expenses was emphasized.

It is recommended that the 2022 budget be approved at an overall budget increase of 2.2%, which results in a municipal increase of 7%.

R. Hazlett indicated a 7% levy increase is not reasonable for municipalities and, given the current reserves, that he would support a municipal increase of no more than 3%.

It was noted that the proposed 2022 budget is under 3% with an increase of 2.2% over the 2021 budget. Dr. Sutcliffe also provided an update on the current PHSD reserves.

R. Hazlett requested the following motion be tabled with a recorded vote.

10-21 2022 OPERATING BUDGET – MUNICIPAL LEVY

MOTION: HAZLETT – LAPIERRE: THAT this Board of Health Finance Standing Committee recommends a 3% municipal levy for the 2022 Operating Budget to the Board of Health for approval.

Randy Hazzlett	Yea
Rene Lapierre	Nay
Mark Signoretti	-
Carolyn Thain	Nay

DEFEATED

M. Signoretti rejoined the virtual meeting at this point.

09-21 2022 OPERATING BUDGET

MOVED BY LAPIERRE – SIGNORETTI - THAT this Board of Health Finance Standing Committee recommend the 2022 Operating Budget of $28,020,382 as presented at the Finance committee meeting of November 2, 2021, to the Board of Health for approval.

Randy Hazzlett	Nay
Rene Lapierre	Yea
Mark Signoretti	Yea
Carolyn Thain	Yea

CARRIED

Dr. Sutcliffe will prepare a 2022 budget briefing note for the Board of Health along with a recommendation for the November 18 Board of Health meeting.

6. ADJOURNMENT

10-21 ADJOURNMENT

MOVED BY SIGNORETTI – LAPIERRE: THAT we do now adjourn. Time: 3:07 p.m.

CARRIED

______________________________ ______________________________

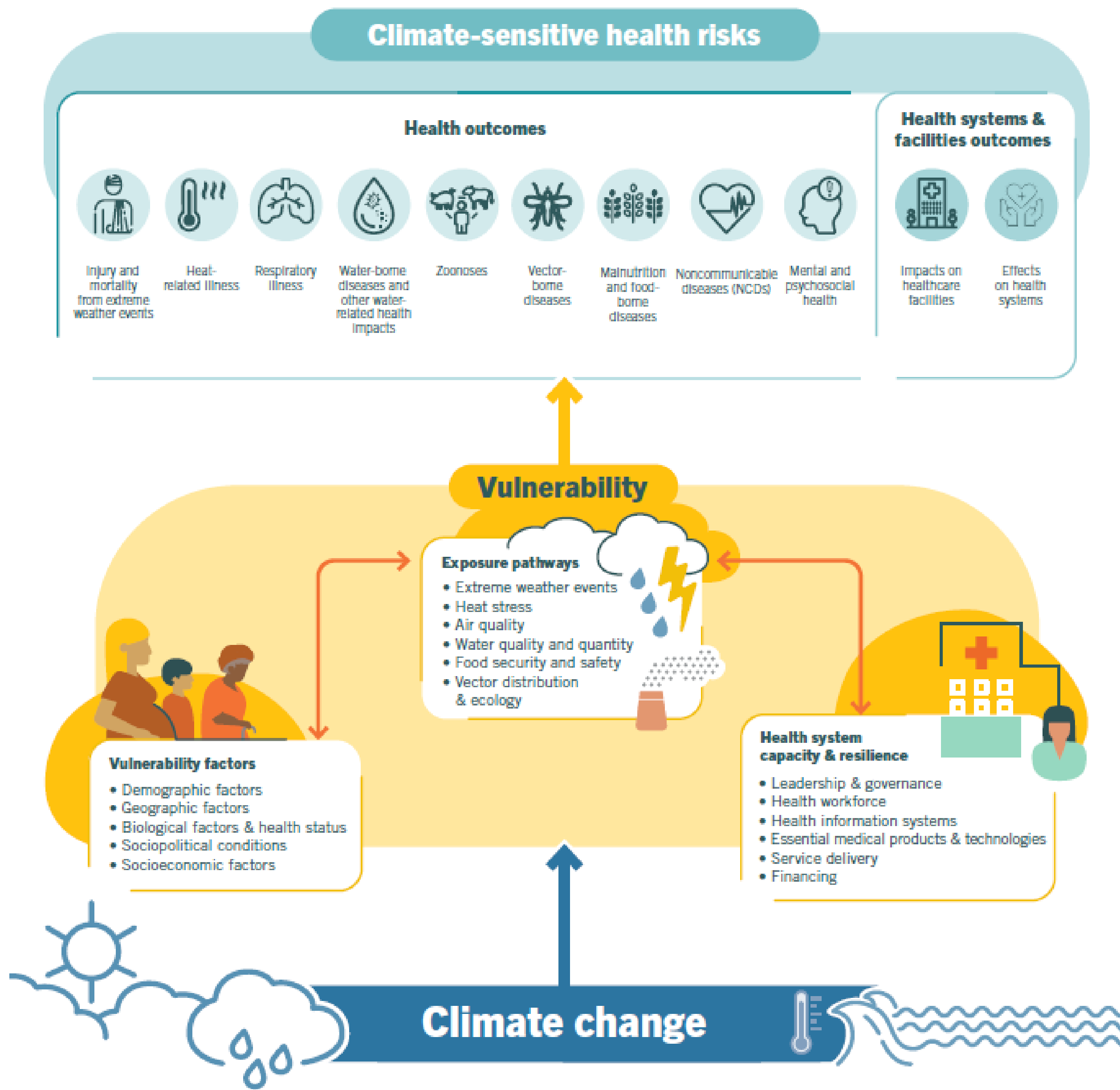
(Chair) (Secretary)

Public Health
Santé publique
SUDBURY & DISTRICTS

Medical Officer of Health/Chief Executive Officer Board of Health Report, November 2021

Words for thought

The Health Argument for Climate Action



Source: COP26 special report on climate change and health: the health argument for climate action. Geneva: World Health Organization; 2021. Licence: CC BY-NC-SA 3.0 IGO.

> Extreme heat, floods, droughts, wildfires and hurricanes: 2021 has broken many records. The climate crisis is upon us, powered by our addiction to fossil fuels. The consequences for our health are real and often devastating.
>
> Climate change impacts health in all countries, but it hits people in low- and middle-income countries the hardest, especially small island developing states, whose very existence is under threat from rising sea levels. Any delay in acting on this global health threat will disproportionately affect the most disadvantaged around the world. The COVID-19 pandemic is a visceral example of the inequitable impacts of such a global threat. To fully address the urgency of both these crises, we need to confront the inequalities that lie at the root of so many global health challenges.
>
> Health and equity are central to achieving the goals of the Paris Agreement and to making COP26 a success. Protecting health requires action well beyond the health sector, in energy, transport, nature, food systems, finance and more. The ten recommendations outlined in this report – and the action points, resources and case studies that support them – provide concrete examples of interventions that, with support, can be scaled up rapidly to safeguard our health and our climate…
>
> The health arguments for rapid climate action have never been clearer. I hope this report can guide policymakers and practitioners from across sectors and across the world to implement the transformative changes needed.
>
> Let's get to work.
>
> ***Dr Tedros Adhanom Ghebreyesus Director-General World Health Organization***

At the time of writing, the UN Climate Change Conference of the Parties (COP26) is almost over. The stakes are high for many reasons including the protection of individual and global health. The document referenced in *Words for Thought* shares 10 recommendations for urgent actions that are needed to tackle the climate crisis, restore biodiversity, and protect health. An extract from the report is included in the consent agenda for this meeting.

The COVID-19 pandemic has taught us that resources and talent can be galvanized for collective action that benefits many *but* that equity must be proactively protected and promoted in this work. I look forward to building on the lessons learned locally from the pandemic and applying them to the even greater challenge posed by the climate crisis.

General Report

1. Board of Health

Board of Health meetings

There is no regularly scheduled Board of Health meeting in December. The date of the next Board of Health meeting is scheduled for Thursday, January 20, 2022, at 1:30 p.m.

Meeting requests for the regular Board of Health meetings will be sent to all Board of Health members. Board of Health meeting dates for 2022 are available in BoardEffect under Events and listed on phsd.ca.

Virtual Board of Health meeting
Board of Health meetings will continue to be MS Teams virtual meetings in the new year and the feasibility of in-person meetings or a hybrid model will continue to be assessed.

Flu vaccination
Board of Health members who have not had their flu vaccination yet can contact the Board Secretary or Public Health Sudbury & District intake at 705.522.9200, ext. 0 to book an appointment.

Mandatory Board of Health training – 2021
Every Board of Health member is required to complete the following mandatory annual Board of Health training for the ***Baby Friendly Initiative (BFI) and emergency preparedness*** by reviewing these materials:

- BFI training module as well as the Policies & Procedures (x4) and key messages.

  The online instructions, Policies & Procedures, and key messages have been saved in BoardEffect and can be found under Libraries – Board of Health – Annual Mandatory Training: Baby Friendly Initiative (BFI)

  Please note that:

  (i) the BFI online training module will have to be viewed from a computer as the module software is not accessible from your iPads;

  (ii) the links within the module (except for the video on slide 22 on the importance of breastfeeding) will not work for you. Instead, please review the attached materials; and

  (iii) it is not necessary for you to complete the Post Test section of the module.

- Emergency Preparedness PowerPoint has been saved in BoardEffect and can be found under Libraries – Board of Health – Annual Mandatory Training: Emergency Preparedness Training for Board Members

Current completion rate for each mandatory training is 1/14.

Once these two mandatory training materials have been reviewed, please email quesnelr@phsd.ca to confirm completion. Do not email training@phsd.ca as indicated on the BFI training module and the Emergency Preparedness PowerPoint.

Board of Health manual
Board of Health Manual Policy A-III-10 stipulates that *Board of Health by-laws, policies and procedures will be reviewed and revised as necessary, and at least every two years*. Due to the COVID-19 response, a review of the complete Board of Health Manual in 2021 was deferred to 2021. This year’s review focused on most important/critical required revisions.

MOH/CEO performance appraisal

Board of Health members and Senior Management Executive Committee members are thanked for completing the MOH/CEO performance appraisal survey. The Board of Health Executive Committee met on October 21, 2021, to review the survey results and subsequently, the Board of Health Chair met with the MOH/CEO and concluded the performance appraisal.

2. Associate Medical Officer of Health

Recruitment continues for an Associate Medical Officer of Health. The position has been vacant since April 2020. Meanwhile we are fortunate to have the services of a retired Medical Officer of Health who is able to provide locum coverage for the Medical Officer of Health on a periodic basis.

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

Public Health Sudbury & Districts will be launching our United Way Campaign on November 24, 2021, which will run until December 8, 2021. The contributions raised will support funding of social service programs within the Greater Sudbury area that help so many in our community. This year, the United Way Planning Committee set a goal of $8,000. We met this goal last year and hope to do so once again during our 2021 campaign.

4. National Addictions Awareness Week

This year, National Addictions Awareness Week is from November 21 to 27. Public Health Sudbury & Districts has released its INSIGHTS campaign featuring testimonials from experts in our community from a variety of backgrounds and experiences. They share their informed perspective on why supervised consumption and treatment services can play an important part in reducing the harms of substances in our community. These testimonials will be promoted in our community for the next 3 months. View the first 4 testimonials here.

5. Local and Provincial Meetings

COVID-19 meetings at the provincial and local levels continue to take place on a regular basis.

As the North COMOH representative, I will be attending the alPHa Board of Directors virtual meeting on November 18 along with R. Lapierre who is the North East Board of Health representative.

6. Financial Report

The financial statements ending September 2021 show a positive variance of $2,317,236 before considering COVID-19 extraordinary expenses. These statements recognize $11,206,992 in COVID-19 extraordinary funding received from the Ministry of Health. After netting out COVID-

19 expenses of $7,209,073 to the funding revenue, COVID-19 is showing a positive variance of $3,997,919resulting in an overall positive variance of $6,315,155 for the period ending September 30, 2021. This balance is the result of timing related to the recognition of COVID-19 expenses and will be adjusted with expected expense submisions from partnerships.

Partnership costs for the delivery of the COVID-19 Vaccine Program will be factored into future financial statements. When accounting for partnerships cost as of June 30, 2021, the total combined variance decreases to $3,057,335. This will be reflected in future financial statements.

7. Infrastructure Modernization

1300 Paris Street

The overall project is progressing well. General demolition is complete with metal studs framing completed on the main level and work starting on second level. Electrical rough-ins have also started. Material shortages continue to put pressure on the construction schedule and are being monitored closely. Preparation work on the exterior wall is complete. Cladding materials are delayed, and we are awaiting further delivery date information.

Elm Place

The project is progressing well with gypsum board and is 99% complete. We remain optimistic that the HVAC unit will arrive by mid-November. Flooring for the unit has arrived. Millwork, equipment, and furniture are scheduled to arrive on site for installation in the month of November.

8. 2020 Annual Report

In accordance with the public reporting requirements in the *Ontario Public Health Standards*, the 2020 Annual Report for Public Health Sudbury & Districts will be published the week of the Board of Health meeting. The report highlights Public Health's extensive efforts to plan for and respond to the COVID-19 pandemic locally and reduce the spread of the virus in the Sudbury and Manitoulin districts. The report also highlights essential Public Health services that continued throughout the pandemic, including work related community drug strategies, family health programming, and food safety and health hazard inspections. An electronic copy of the report will be provided at the November 18, 2021, Board of Health meeting. The report will be available in both English and French and will be posted online and shared through our social media channels.

Following are the divisional program highlights which includes the twice yearly Corporate Services report.

Corporate Services

1. Accounting

The provincial funding announcement was received on July 22, 2021, resulting in the restatement of the 2021 Board-approved budget. The funding announcement resulted in an increase of $47,016 to the mandatory cost-shared funding envelope, returning to the 2019 approved funding level for all cost-shared programs.

This period saw the retirement of the Manager of Accounting, and the hiring of her replacement. The hiring of a new position was added to the Accounting team in June 2021, Lora Barazzuol joined the organization as the new Budget & Reporting Officer, responsible for the organization's budgeting and financial reporting requirements.

Accounting has also been supporting the preparation of the 2022 operating budget, as presented to the Board of Health Finance Standing Committee.

2. Facilities

Facilities supported the relocation of programs and services from 1300 Paris Street to temporary locations including the relocation to Lasalle Blvd, the Gerry McCrory Countryside Arena, and to the ground level of 1300 Paris Street, providing the needed vacated space for the infrastructure modernization project.

Facilities continues to ensure physical environments of all offices meet the COVID-19 safety measures. In order to support the reintegration of the Needle Exchange Program at our Elm Place location, a temporary waiting room was created to provide COVID-19 safe spaces for clients.

General repair and maintenance projects were also completed. All systems and equipment have been maintained as per CSA standards and legislative requirements.

3. Human Resources

COVID-19 staff deployment and recruitment

Recruitment is ongoing to ensure the organization continues to respond as required to the COVID-19 pandemic.

The requirements to support the public health response for the COVID-19 pandemic have become the norm and the agency has implemented a structure change to support our ongoing requirements while maintaining high risk programs and services.

Majority of our workforce continues to work remotely with some doing in person work for those programs deemed to be critical and only possible with in person delivery.

The School Health, Vaccine Preventable Diseases and COVID-19 Prevention division with support from other divisions through reassignments and newly hired staff continue to support for vaccination clinics and for COVID-19 response in schools.

Health and Safety

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

Additional measures required for COVID-19 remain in place to ensure the safety of staff and others who visit our offices and are communicated to staff.

The COVID-19 Vaccination Policy was implemented effective September 1 requiring all staff, volunteers, contractors etc., to be fully vaccinated by October 1. A total of 99% of active employees are fully vaccinated. Inactive employees; those Individuals who are currently on STD, LTD, pregenncy or parental leaves, are being asked to provide proof of vaccination prior to returning to the workplace following the end of their leaves. When factoring active and inactive employees, PHSD's vaccination rate is 96%.

The Psychological Health and Wellness Committee (PHWC) continues to meet regularly to support and address psychological health and wellness and to protect and promote mental health of our workers. Public Health Sudbury & Districts is a Mindful Employer demonstrating the agency's commitment to mental health in the workplace.

The PHWC has been focusing on creating opportunities for staff to connect in our virtual environment which has included staff breaks to join and connect with colleagues.

In an effort to support all staff as we work through ongoing response activities and start to plan ahead for recovery, four training sessions are being offered this fall on topics ranging from sustainability and self care to resilience and emotional intelligence. It is the hope that these training sessions will provide additional tools to support staff through these challenging times.

The committee continues to work with others in the organization to focus on mental health during this difficult time. Additional members have been added and welcomed which will help to support this essential work.

Accessibility for Ontarians with Disabilities Act (AODA)

Public Health Sudbury & Districts continues to meet the requirements of the Accessibility for Ontarians with Disabilities Act. The Accessibility Plan and agency policies are available to the public on the website.

During COVID-19 pandemic, the organization continues to maintain focused attention on the accessibility of programs, services, and activities, both for the public and internally. Inclusion of vulnerable populations in public health pandemic response is ongoing.

Privacy

Due to COVID-19 and the requirements for remote working, Ministry programming changes etc., the agency continues to adapt its practices to ensure that health information is being protected from unauthorized use/access as required by the new Personal Health Information Protection Act (PHIPA).

New staff continue to receive privacy and access to information training during onboarding and orientation.

Agency compliance with mandatory breach reporting required by PHIPA to the Information and Privacy Commissioner of Ontario has been maintained. There are 5 breaches reported to date in 2021 compared to 6 in 2020. These mainly involve inappropriate access through misdirected mails/communication. When breaches occur, the agency takes the appropriate actions to immediately contain, resolve, and implement measures to mitigate future breaches.

Access to information requests

To date, Access to Information requests are minimal. The following table provides a 5-year history on the numbers of requests.

Year	**# of requests**
2016	9
2017	12
2018	4
2019	14
2020	4
2021	8 year to date

Labour Relations

Public Health Sudbury & Districts successfully negotiated a 2-year agreement with the Canadian Union of Public Employees (CUPE) which will expire March 31, 2023, and we are currently in bargaining with The Ontario Nurses Association (ONA). ONA has applied for conciliation and the conciliation meeting is scheduled for November 29, 2021.

Working during the COVID-19 pandemic, under the *Re-Opening Ontario (A Flexible Response to COVID-19) Act*, 2020, S.O. 2020, C. 17 and Ontario Regulation 116/20: Work Deployment Measures for Boards of Health, the organization is committed to maintaining ongoing communication and collaboration with both bargaining units and involves them where possible in items that impact members. Both bargaining units have been supportive and helpful to identify items that need to be addressed.

4. Information Services

IT continues to be extremely busy supporting the onboarding requirements of new/additional staff in support of the COVID-19 response while also supporting the new IT infrastructure requirements of the new Elm Place office and 1300 Paris Street.

The organization was migrated to Teams from Skype for Business Online (retired) and have transitioned to our Exchange 2019 environment.

The Information Security training, while it is historically around or below the industry average of 3.7%, the program was paused temporarily in August (due to a large influx of targeted phishing campaigns). The resumption of the program in October has resulted in a very large spike (jumping up to 15%) that we are monitoring going forward.

The organization is currently reviewing our 20 plus year old Call Manager phone system as well as our SAN and compute infrastructure in light of the warranties expiring at the end of year.

5. Volunteer Resources

During May to September 2021, there was a total of 87 active clinical volunteers supporting the COVID-19 vaccination clinics. Clinical volunteers supported the COVID-19 vaccination clinics with client service, directional flow through the clinics, and screening at the entrance.

As of October 2021, the COVID-19 vaccination clinical volunteer resources program has a total of 56 remaining volunteers out of the 137 hired volunteers in 2021.

Due to the COVID-19 response and social distancing measures, all volunteer program related positions have been put on hold.

6. Quality and Monitoring

The Client Satisfaction Survey provides everyone who interacts with Public Health Sudbury & Districts an opportunity to share their feedback and contribute to program and service improvements. It is offered to all clients, community members, partners, and stakeholders who interact with Public Health Sudbury & Districts. The survey can be completed in person or online in both English and French. The survey continues to be available during our COVID-19 response.

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

Lean

Lean reviews continue to be part of the organization's continuous quality improvement work. Lean continues to be a key driver throughout the COVID-19 response. Lean methodology is

used each day, specifically with streamlining processes, brainstorming strategies, mapping and recommending COVID-19 vaccination clinic models, and monitoring the projected ideal state of clinic throughput.

Risk Management

Our risk management framework was adopted to monitor and respond to emerging issues and potential threats to the agency. As part of our risk mitigation efforts, all organizational risks are to be monitored regularly and follow reporting timelines. Due to the COVID-19 response, the Senior Management Executive Committee's regular review schedule has been put on pause.

Health Promotion

1. Chronic Disease Prevention and Well-Being

Seniors Dental Care

Oral Health Program staff have been continuing to provide preventive oral health services to clients of the Ontario Seniors Dental Care Program (OSDCP) at our main office. Staff have also been continuing to provide OSDCP enrollment support and coordinate client referrals to our contracted dental providers. Two new providers have been secured for the provision of denture related services. Recruitment for a clinical dentist for the new seniors' dental clinic at Elm Place will commence in November.

2. Healthy Growth and Development

Breastfeeding

During October, a total of 64 breastfeeding appointments were provided to clients both virtually and in-person.

Health Information Line

During the month of October, public health nurses from the Healthy Families team continued to provide information to the public via the health information line. Calls were with regards to parenting support, healthy pregnancies, breastfeeding, healthy growth and development, infant feeding, and car seat information.

Healthy Babies Healthy Children

During the month of October, the Healthy Babies Healthy Children program continued to provide services to approximately 200 clients across the Sudbury and Manitoulin District areas. A total of 370 visits were provided (124 by public health nurses and 246 by family home visitors).

Healthy pregnancies

As part of the Ministry of Health's COVID-19 vaccine during pregnancy "blitz week" in October, a public health nurse on the Healthy Families team attended a special clinic for individuals that

are planning to become pregnant, pregnant or breastfeeding at the Mackenzie Street Library. The public health nurse was available to anyone in attendance that had questions regarding healthy pregnancies and breastfeeding. Other local resources were also available to new parents. Four other special clinics were offered in our district office location for this specialized population as well.

Also, a video was created highlighting supporting statements from Dr. Jocko (Chief of Obstetrics and Gynecology at Health Sciences North), the Sudbury Community Midwives, and three local mothers. The video was launched on our social media channels as well as posted to our website in the hopes that it will encourage those that are hesitant to get the COVID-19 vaccine to do so.

The online prenatal program continues to be available online. During the months of October, 60 people registered to learn more about topics such as infant care, breastfeeding, and early stages of parenting.

Positive parenting

During the month of October, the Triple P Steering Committee met to discuss successes and challenges with offering virtual programming to parents across the districts. Upcoming opportunities for parents were shared as well as further training on different levels that are available to take from Triple P Ontario. The group also discussed the current community model of Triple P as well as the existing referral processes. A work group has been formed with the purpose of creating a survey for all partnering agencies and practitioners to complete with the intent of streamlining processes where possible.

3. Racial Equity

The one-hour online Allyship training module has been fully translated to French and is now available online. Translations have been in collaboration with Centre de santé Communautaire du Grand Sudbury and Contact interculturel francophone de Sudbury. Translation of the three-hour experiential workshop is also in progress.

A presentation on the racial equity work at Public Health Sudbury & Districts was made to the provincial Mental Health Promotion in Public Health Community of Practice, on October 28, 2021.

4. School Health

Oral health

The Health Smiles Ontario preventive dental program continued to provide dental cleanings for eligible children at the main office and district offices. Enrolled children receive preventive care twice a year. Many children experienced a reduction in oral health care due to COVID-19 restrictions and the team is seeing an increase in the number of children requiring access to emergency dental services.

5. Substance Use and Injury Prevention

Comprehensive tobacco control

For the month of October, there were 20 calls received on the Quit Smoking Clinic telephone line.

The Quit Smoking Clinic services are currently on hold, and individuals seeking support are being referred to other programs throughout Ontario.

Substance use

In October, Public Health Sudbury & Districts participated in an open forum hosted by the City of Greater Sudbury for neighbouring businesses of the supervised consumption and treatment service site that is being planned for Energy Court in Greater Sudbury. The Forum provided a venue to update business owners adjacent to the site and to respond to their questions. Sudbury has submitted two applications for an exemption to operate. One application is for an Urgent Public Health Needs site and the other is for a Supervised Consumption site. In consultation with the Federal Government about the applications, it is our understanding that the Government requires a structure to be located on the land and ready to operate before they can conduct a site visit and provide an exemption to operate.
There was a drug warning issued on October 8, 2021, to alert about an increase in suspected opioid overdoses in Greater Sudbury.

The Community Drug Strategy Steering Committee met on September 21. This meeting updated members on initiatives happening in the community and increased awareness of current trends surrounding drug use. On October 19, the Community Drug Strategy Communications Working Group met to determine committee priorities and media messaging.

Harm reduction – Naloxone

In October, 127 people were trained, and 1228 doses of naloxone were distributed across our catchment area. In addition, Reseau ACCESS Network distributed 770 doses in this same month.

Smoke Free Ontario Strategy

The North East Tobacco Control Area Network (TCAN) with the support of CTV has successfully run two initiatives through the fall months: Smoke-Free Campuses and Smoke-Free Multi Unit Housing. Currently, Quit Smoking Testimonials, which includes 4 videos, are running until the end of the year on CTV. The TCAN also completed work in partnership with the Lung Health Foundation on a media plan for a vaping prevention and cessation initiative called “Quash.” “Quash” is an app-based tool for young people to quit or reduce their vaping use.

School Health, Vaccine Preventable Diseases and COVID Prevention Division

1. School Health and Behaviour Change

Healthy sexuality

The team provided curriculum linked information and resources as requested by schools. A presentation on contraception was delivered to one secondary school.

Mental health promotion

The team continues to provide up-to-date information and resources to school community members. The team has met with Mental Health Leads from local school boards to take part in joint planning and implementation of programming for the 2021-2022 school year. Of note, weekly targeted mindfulness programming is currently being implemented in one secondary school.

Substance use and harm reduction

Resources on substance use were shared with one community partner who works with schools in the Sudbury-East area.

Violence and bullying

A resource geared toward parents was shared with local school boards to support the implementation of the newly released *Policy/Program Memorandum: Keeping Students Safe: Policy Framework for School Board Anti-Sex Trafficking Protocols.*

COVID behaviour change

The team continues to develop social media messages pertaining to personal protective measures. Examples include campaigns and messaging, such as: Be Kind, Be Like and the ‘Swiss Cheese’ model showcasing the importance of multiple layers of protection including vaccination as well as masking, physical distancing, hand washing, and good ventilation. The model shows how no single intervention on its own is perfect at preventing the spread of COVID-19, but in combination we can limit the risk of spreading and getting COVID-19.

For Halloween, a news release was issued on October 21, 2021. The team developed a series of social media messages and posted information to the website on celebrating a COVID-safe Halloween, Diwali, and Remembrance Day, respectively.

The team continues to complete appropriate and timely updates to the agency website as well as develop supporting social media messages regarding the Government of Ontario’s *A Plan to Safely Reopen Ontario and Manage COVID-19 for the Long Term*.

COVID vaccine communication

COVID-19 vaccine promotion via social media platforms and website is ongoing. In response to the Government of Ontario's announcement on expanded third dose of the mRNA COVID-19 vaccine on November 3, 2021, the team developed various communications including an Advisory Alert, a news release, as well as social media and web content, to inform the community of eligibility criteria for booster doses, and local vaccine clinic opportunities. In the coming weeks, it is also anticipated that the COVID-19 vaccine will be approved for children aged 5 to 11. In preparation, a letter was recently sent to parents and guardians of children within this age group via school boards, alerting them to the anticipated rollout and directing them to our website as a credible source of information. A post to social media channels (Facebook and Twitter) was also developed.

The team launched the *Great Questions! Answering your questions about the COVID-19 vaccine* video campaign. Youth are encouraged to submit their questions to Public Health about the COVID-19 vaccine or personal protective measures (like wearing a mask). Participants can email youth_questions@phsd.ca a video or written question where our team of professionals will answer via social media channels. The goal is to answer as many of youth's questions about COVID-19, reduce vaccine hesitancy, and help our community stay COVID-safe.

The team also worked in partnership with the Family Health team to create a fact sheet regarding the importance of receiving a COVID-19 vaccine geared toward those who are pregnant, thinking of becoming pregnant, or breastfeeding.

2. Vaccine Preventable Diseases and COVID Case and Contact Management

The Vaccine Preventable Diseases team hosted four staff and Board of Health influenza immunization clinics at Elm Place offices on October 20, 21, 27, and 28.

Twelve influenza vaccination clinics have been planned across Greater Sudbury for the month of November. COVID-19 vaccine will also be offered at these clinics. For district offices, Public Health Sudbury & Districts partnered with the Manitoulin-Sudbury District Services Board to offer influenza vaccine to district communities.

A media release was issued on October 27, 2021, announcing influenza clinics in Greater Sudbury and the partnership with Manitoulin-Sudbury District Services Board.

During the month of October, a total of 81 influenza vaccines were administered at internal Public Health Sudbury & Districts clinics.

3. COVID and Schools

Staff conducted four Infection Prevention and Control visits in schools that were in outbreak status due to COVID-19. The team supported case and contact management and worked with the schools and daycare operators to provide education and guidance during the outbreak.

Staff also conducted COVID-19 consultations, education, and awareness building activities with parents and with school, daycare, and summer camp staff. Support and guidance on symptom management, illness prevention, personal protection strategies, and infection prevention and control were provided.

The team provided updates to school boards on various topics such as guidance on Halloween and Remembrance Day celebrations in schools and information regarding when to use a rapid antigen test (RAT) and when to use a polymerase chain reaction (PCR) test.

Health Protection

1. Control of Infectious Diseases (CID)

During the month of October, staff followed-up with 312 new local cases of COVID-19 and their contacts.

Inspectors followed-up on 41 complaints, and 36 consultations and requests for service related to compliance with COVID-19 preventative measures.

Fourteen respiratory outbreaks were declared in the month of October. The causative organism for 12 of the outbreaks was identified as COVID-19. The cause of the other 2 outbreaks could not be confirmed. Staff continue to monitor all reports of respiratory illness.

During the month of October, seven sporadic enteric cases, and three infection control complaints were investigated.

Infection Prevention and Control (IPAC) Hub

Fourteen IPAC assessments, audits, and education sessions at congregate settings, as well as four follow-up calls were completed.

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

Sexual health clinic

The Elm Place office site completed a total of 288 telephone assessments related to STIs, blood-borne infections and pregnancy counselling in October, resulting in 86 onsite visits.

Needle exchange program

In September, harm reduction supplies were distributed, and services received through 1,560 client visits across the Public Health Sudbury & Districts' region.

4. Health Hazard

In October, 35 health hazard complaints were received and investigated. One of these complaints involved marginalized populations.

5. Ontario Building Code

During the month of October, 38 sewage system permits, 8 renovation applications, 2 zoning, and 5 consent applications were received.

6. Rabies Prevention and Control

Thirty-two rabies-related investigations were carried out in the month of October.

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

7. Safe Water

Public health inspectors investigated five blue-green algae complaints in the month of October, with laboratory results pending.

During October, 47 residents were contacted regarding adverse private drinking water samples. Public health inspectors investigated 7 regulated adverse water sample results, as well as drinking water lead exceedances at 2 local schools.

One drinking water order was issued.

8. *Smoke-Free Ontario Act*, 2017 Enforcement

In October, Smoke-Free Ontario Act Inspectors charged one individual for smoking in a workplace vehicle, as well as three individuals for smoking on hospital property.

9. Emergency Preparedness and Response

On October 20, 2021, staff participated in an emergency exercise with the City of Greater Sudbury, first responders, and Vale. The purpose of the exercise was to test the municipal notification and response framework in response to a hazardous material spill.

Knowledge and Strategic Services

1. Health Equity and Indigenous Engagement

Team members have continued to collaborate with the First Nations and Urban Indigenous Vaccine Planning Committee to support ongoing vaccine delivery based on community preferences and capacity among First Nations and Indigenous Health Centres. In September and October, third doses of the COVID-19 vaccine (78 in total) were administered to residents of Elder Care Lodges in collaboration with First Nations. First Nation partners have also been engaged and onboarded to COVax and have signed vaccine storage and handling agreements based on their community preferences. Team staff have worked with communities (9 partners) to successfully upload the majority of their paper immunization records into the provincial system to allow them to access the new provincial vaccine receipts and QR codes.

Team members have continued to support the COVID-19 vaccination program with a particular focus on priority or vulnerable populations. This has included planning of different vaccination approaches for third doses of the COVID-19 vaccine to older adults residing in congregate settings (e.g., mobile clinics, vaccine to client). Immunization opportunities are planned to commence on the week of November 8. Additional outreach has been conducted with all remaining congregate settings to ensure Public Health has current information on the number of residents, ages, and special needs or circumstances relevant to receiving their COVID-19 vaccine.

The team has also supported engagement and planning with partners for additional vaccination clinics for the homeless and precariously housed population to support individuals experiencing homelessness connected with the outdoor encampment in Memorial Park where an outbreak has been declared. Clinics held in October have included a mobile bus clinic at the N'Swakamok Native Friendship Centre and two pop up clinics held in Memorial Park at the same time as the COVID-19 testing sessions for individuals. A total of 43 vaccinations were provided to this population across three clinics with additional clinic opportunities being planned in partnership with community agencies supporting marginalized populations in Greater Sudbury.

Staff are preparing agency and media messaging for National Treaties Recognition Week, as well as International Inuit Day and Indigenous Veterans Day.

2. Population Health Assessment and Surveillance

The Population Health and Surveillance team continues to provide ongoing support with internal, external (public, media, ministry), and operational planning data requests essential for the management and decision support of COVID-19 and program priorities. This has included a dedicated focus and exposure analysis on COVID-19 status through the Case and Contact Management (CCM) database in collaboration with the Health Protection Division. Work continues across the agency to improve data quality and managing outbreaks. Team members also continue to maintain and update population data within the agency COVID-19 Vaccination

Tracking database to ensure accurate data are captured and delivered on local vaccination metrics across our service area. This has been particularly demanding given recent rises in cases and outbreaks in the local service area and with planning needs to support expanded eligibility for third doses of the COVID-19 vaccine.

3. Research and Evaluation

Knowledge and Strategic Services team members have continued to implement next steps to inform the Public Health Sudbury & Districts COVID-19 Recovery Plan. The draft plan has been shared with management to validate draft assumptions, guiding principles and workplan. Team members are currently conducting focused discussions across the agency with management teams to identify recovery and overall Ontario Public Health Standards (OPHS) priority programming for 2022.

As previously noted, Knowledge and Strategic Services team members have led the administration of a number of surveys to understand vaccination motivators, barriers, and hesitancy to inform ongoing vaccine planning efforts. The results of the survey targeting members of the public are now available at the Public Health website (link) and have been disseminated via social media platforms and to other public health units and partners, including vaccine implementation committees. The survey of primary care providers was also completed and results circulated to primary care committee members to provide them with insights on local vaccine hesitancy. The results will also be used to inform planning efforts for upcoming clinics.

4. Staff Development

Public Health staff members have been on the front lines of an intense and prolonged COVID-19 response within a rapidly changing and uncertain environment. In effort to support staff through ongoing response activities and start to plan ahead for recovery, Staff Development planned and offered four training sessions on topics ranging from sustainability and self-care to resilience and emotional intelligence. The training sessions will provide additional tools to support staff and managers through challenging times. To maximize staff participation, each training session was offered twice, including a targeted session for managers.

5. Strategic Engagement Unit and Communications

Public Health continues to provide credible, reliable health information to help people make informed decisions about vaccination and the importance of following COVID-safe behaviours. These efforts are supported by community members and like-minded partner agencies who further amplify and support public health messaging and response efforts by also communicating directly with their own client groups. Providing timely, accurate information to the community regarding, for example, case characteristics, vaccination coverage rates,

outbreaks and potential COIVD-19 exposures, as well as COVID-19 precautions to take to stay safe, remains a key focus for the agency.

Respectfully submitted,

Original signed by

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

Public Health Sudbury & Districts

STATEMENT OF REVENUE & EXPENDITURES

For The 9 Periods Ending September 30, 2021

Cost Shared Programs

	Annual Budget	Budget YTD	Current Expenditures YTD	Variance YTD (over)/under	Balance Available
Revenue:					
MOH - General Program	14,983,563	11,237,672	11,237,672	0	3,745,891
MOH - Other Related Program	1,806,221	1,376,742	1,376,746	(4)	429,475
MOH - One Time Mitigation Grant	1,179,500	884,625	884,627	(2)	294,873
MOH - Unorganized Territory	826,000	619,500	619,500	(0)	206,500
Municipal Levies	8,484,189	6,363,142	6,363,142	(0)	2,121,047
Interest Earned	140,000	49,829	49,829	0	90,171
Total Revenues:	$27,419,473	$20,531,510	$20,531,515	$(6)	$6,887,958
Expenditures:					
Corporate Services:					
Corporate Services	4,638,766	3,533,248	3,751,372	(218,124)	887,394
Office Admin.	115,350	86,512	59,645	26,867	55,705
Espanola	119,440	88,228	82,835	5,393	36,605
Manitoulin	129,622	95,688	98,282	(2,595)	31,339
Chapleau	102,536	75,557	86,033	(10,476)	16,503
Sudbury East	18,104	13,578	13,507	70	4,596
Intake	345,062	252,161	255,155	(2,995)	89,907
Facilities Management	574,599	430,949	480,172	(49,223)	94,427
Volunteer Resources	3,850	1,283	0	1,283	3,850
Total Corporate Services:	$6,047,328	$4,577,203	$4,827,002	$(249,799)	$1,220,326
Health Protection:					
Environmental Health - General	1,415,968	994,673	971,881	22,792	444,087
Enviromental	2,541,894	1,767,747	1,400,231	367,515	1,141,662
Vector Borne Disease (VBD)	88,162	54,360	38,220	16,140	49,942
Small Drinking Water Systems	181,995	132,996	88,173	44,823	93,822
CID	1,193,061	939,258	910,896	28,362	282,165
Districts - Clinical	227,749	166,528	163,809	2,719	63,940
Risk Reduction	185,943	96,191	48,566	47,625	137,377
Sexual Health	1,171,539	851,458	822,561	28,897	348,978
MOHLTC - Influenza	0	0	(2,189)	2,189	2,189
MOHLTC - Meningittis	0	0	(901)	901	901
MOHLTC - HPV	0	0	(1,709)	1,709	1,709
SFO: E-Cigarettes, Protection and Enforcement	260,500	167,697	155,782	11,914	104,718
Infectious Diseases Contol Initiatives	389,000	284,269	247,277	36,992	141,723
Food Safety: Haines Funding	18,250	7,604	0	7,604	18,250
Total Health Protection:	$7,674,060	$5,462,779	$4,842,598	$620,180	$2,831,462
Health Promotion:					
Health Promotion - General	954,735	700,209	631,549	68,660	323,186
Districts - Espanola / Manitoulin	333,954	244,161	182,272	61,889	151,683
Nutrition & Physical Activity	1,218,644	888,199	556,983	331,216	661,660
Districts - Chapleau / Sudbury East	219,598	160,592	140,255	20,337	79,343
Injury Prevention	27,874	20,905	0	20,905	27,874
Tobacco, Vaping, Cannabis & Alcohol	344,382	252,659	217,683	34,977	126,699
Family Health	791,330	578,387	552,087	26,300	239,243
Healthy Growth and Development	45,700	24,408	13,504	10,905	32,196
Mental Health and Addictions	431,145	318,617	325,212	(6,594)	105,933
Dental	538,539	394,130	356,950	37,180	181,588
Healthy Smiles Ontario	612,200	448,304	405,801	42,503	206,399
Vision Health	70,486	51,951	0	51,951	70,486
SFO: TCAN Coordination and Prevention	383,000	247,617	222,110	25,507	160,890
SFO: Tobacco Control Coordination	100,000	73,076	30,735	42,341	69,265
SFO: Youth Tobacco Use Prevention	80,000	57,776	54,652	3,124	25,348
Harm Reduction Program Enhancement	150,000	109,726	89,867	19,859	60,133
Diabetes Prevention	175,000	129,260	37,287	91,973	137,713
Total Health Promotion:	$6,476,587	$4,699,978	$3,816,946	$883,032	$2,659,641
School Health, Vaccine Preventable Diseases and CC					
School Health, VPD, COVID Prevention - General	499,502	365,020	436,603	(71,583)	62,899
School	1,746,304	1,276,585	605,537	671,048	1,140,766
VPD and COVID CCM	1,923,998	1,405,999	1,197,379	208,619	726,619
Total SVC:	$4,169,804	$3,047,604	$2,239,519	$808,084	$1,930,285
Knowledge and Strategic Services:					
Knowledge and Strategic Services	2,611,414	1,870,564	1,671,998	198,565	939,416
Workplace Capacity Development	23,507	17,630	1,036	16,594	22,471
Health Equity Office	14,440	10,830	1,577	9,253	12,863
Nursing Initiatives: CNO, ICPHN, SDoH PHN	392,100	286,534	262,757	23,777	129,343
Strategic Engagement	10,232	7,674	131	7,543	10,101
Total Knowledge and Strategic Services:	$3,051,693	$2,193,231	$1,937,499	$255,732	$1,114,194
Total Expenditures:	$27,419,473	$19,980,796	$17,663,565	$2,317,230	$9,755,907
Net Surplus/(Deficit) Before Covid Activity	$0	$550,714	$2,867,950	$2,317,236	
COVID-19 Extraordinary and Mass Immunization Costs (net of one-time funding)			$3,997,919	$3,997,919	
Net Surplus/(Deficit) Including COVID	$0	$550,714	$6,865,869	$6,315,155	

Public Health Sudbury & Districts

Cost Shared Programs

STATEMENT OF REVENUE & EXPENDITURES
Summary By Expenditure Category
For The 9 Periods Ending September 30, 2021

	BOH Annual Budget	Budget YTD	Current Expenditures YTD	COVID-19 Expenditures YTD	Variance YTD (over) /under	Budget Available
Revenues & Expenditure Recoveries:						
MOH Funding	27,477,373	20,589,410	20,621,450	11,206,992	(11,239,033)	6,855,923
Other Revenue/Transfers	772,475	445,024	629,916		(184,892)	142,559
Total Revenues & Expenditure Recoveries:	28,249,848	21,034,434	21,251,367	11,206,992	(11,423,925)	6,998,481
Expenditures:						
Salaries	18,484,179	13,500,940	12,005,512	5,431,544	(3,936,116)	6,478,667
Benefits	5,472,090	3,999,004	3,668,748	531,373	(201,117)	1,803,342
Travel	300,108	180,227	91,404	105,150	(16,326)	208,704
Program Expenses	1,153,791	577,352	301,052	94,422	181,879	852,739
Office Supplies	67,334	51,172	46,288	25,196	(20,312)	21,046
Postage & Courier Services	64,972	49,929	39,996	3,892	6,040	24,976
Photocopy Expenses	33,507	25,130	21,328	51,568	(47,766)	12,179
Telephone Expenses	65,266	48,949	42,641	97,202	(90,894)	22,625
Building Maintenance	369,995	277,496	373,456	79,972	(175,932)	(3,461)
Utilities	225,827	169,370	122,092		47,278	103,735
Rent	273,408	205,056	247,289		(42,233)	26,119
Insurance	121,234	119,984	131,212		(11,228)	(9,978)
Employee Assistance Program (EAP)	35,000	26,250	31,215		(4,965)	3,785
Memberships	30,889	24,046	29,480		(5,434)	1,409
Staff Development	156,773	97,507	16,050		81,457	140,723
Books & Subscriptions	9,345	7,183	4,232		2,952	5,113
Media & Advertising	131,950	95,260	27,443	44,941	22,875	104,507
Professional Fees	413,324	310,085	269,563	273,651	(233,129)	143,761
Translation	49,440	34,616	13,130	115,449	(93,963)	36,310
Furniture & Equipment	36,121	30,137	15,286	3,039	11,811	20,835
Information Technology	755,295	654,025	885,138	351,673	(582,786)	(129,843)
Main Office Renovations	0	0	862		(862)	(862)
Total Expenditures	28,249,847	20,483,720	18,383,417	7,209,073	(5,108,770)	9,866,430
Net Surplus (Deficit)	0	550,714	2,867,950	3,997,919	6,315,154	

Sudbury & District Health Unit
SUMMARY OF REVENUE & EXPENDITURES
For the Period Ended September 30, 2021

Program	FTE	Annual Budget	Current YTD	Balance Available	% YTD	Program Year End	Expected % YTD
100% Funded Programs							
COVID and Schools	355	918,743	780,147	138,596	84.9%	*Dec 31*	75.0%
Indigenous Communities	703	90,400	63,671	26,729	70.4%	*Dec 31*	75.0%
Pre/Postnatal Nurse Practitioner	704	139,000	65,735	73,265	47.3%	***Mar 31/2022***	50.0%
Opiod Poisioning Surveillance System	710	38,283	27,159	11,124	70.9%	*Dec 31*	75.0%
LHIN - Falls Prevention Project & LHIN Screen	736	100,000	3,290	96,710	3.3%	***Mar 31/2022***	50.0%
Northern Fruit and Vegetable Program	743	176,100	114,700	61,400	65.1%	*Dec 31*	75.0%
Triple P Co-Ordination	766	60,149	36,532	23,617	60.7%	*Dec 31*	75.0%
Supervised ConsumptionStudy	770	11,763	-	11,763	0.0%	*Dec 31*	75.0%
Healthy Babies Healthy Children	778	1,476,897	666,370	810,527	45.1%	***Mar 31/2022***	50.0%
IPAC Congregate CCM	780	606,237	192,196	414,041	31.7%	***Mar 31/2022***	50.0%
Ontario Senior Dental Care Program	786	810,200	481,265	328,935	59.4%	*Dec 31*	75.0%
Anonymous Testing	788	61,193	30,482	30,711	49.8%	***Mar 31/2022***	50.0%
Total		3,570,222	1,681,400	1,888,822			

alPHa
Association of Local PUBLIC HEALTH Agencies

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

480 University Ave., Suite 300
Toronto, Ontario M5G 1V2
Tel: (416) 595-0006
E-mail: info@alphaweb.org

November 10, 2021

Hon. Christine Elliott, MPP
Minister of Health
College Park 5th Flr,
777 Bay St,
Toronto, ON M7A 2J3

Dear Minister Elliott

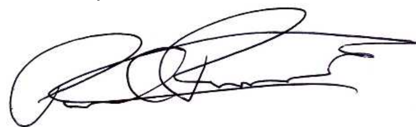
Re: COVID-19 Extraordinary Costs

On behalf of the Association of Local Public Health Agencies (alPHa) and its member Medical Officers of Health, Boards of Health and Affiliate organizations, I am writing to express our gratitude for your Government's ongoing support of Ontario's local boards of health, most recently in the form of reimbursing each in full for their one-time funding requests to meet extraordinary costs arising from the COVID-19 response.

As the leaders of Ontario's local public health system, we are most appreciative of your recognition of the effort and resources required for an effective pandemic response, as well as the indication that future opportunities for similar reimbursements will continue through the 2021 and 2022 funding years. Although we are eager to return focus to other aspects of our important public health work, we have no doubt that pandemic response efforts will become part of our routine for the foreseeable future.

The coming months will continue to present both challenges and opportunities for Ontario as we aim for a relative return to normal. As we carry out our pandemic response activities alongside our many other duties that protect and promote the health of all Ontarians, our members are very pleased that we can continue to count on your support.

Sincerely,



Dr. Paul Roumeliotis
President

COPY: Dr. Kieran Moore, 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.

WINDSOR-ESSEX COUNTY
HEALTH unit
Bureau de santé de Windsor-comté d'Essex

519-258-2146 | wechu.org |

1005 Ouellette Avenue, Windsor, ON N9A 4J8 | 33 Princess Street, Leamington, ON N8H 5C5

November 4, 2021

The Hon. Christine Elliott
Ministry of Health, Deputy Premier
Ministry of Health
College Park 5th Floor
777 Bay St. Toronto, ON M7A 2J3

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

Dear Minister Elliott,

The Board of Health for the Windsor-Essex County Health Unit (WECHU) would like to express its gratitude for the funding received over the course of the COVID-19 pandemic. Additionally, the WECHU would like to take this opportunity to acknowledge the recent approval of mitigation funding for 2022. The extension of the mitigation funding is a recognition of the impact of the COVID-19 pandemic in our community.

Windsor and Essex County (WEC) has been disproportionally impacted by the COVID-19 pandemic. To date, total confirmed cases of COVID-19 were 20,350, and 462 residents of Windsor-Essex have died. While the WECHU continues to be heavily focused on the COVID-19 response in the community of WEC, preliminary work has commenced on recovery and catch-up efforts including:

- Planning of a community needs assessment and review of surveillance data to identify priorities in our community, informing priorities for program restart and program development.
- Continued focus on such initiatives as the establishment of a consumption and treatment site in the community of WEC. Throughout the COVID-19 pandemic, there has been an escalation in opioid related incidents.
- On-going COVID-19 response efforts including case and contact management, vaccinations and enforcement of regulations.
- Conducting an internal review of human and other resources to inform internal capacity during recovery. This includes an assessment of the internal readiness for a shift from COVID-19 pandemic-related activities to COVID-19 endemic-related activities.

- Catching up on the back log of services including but not limited to:
  - School-based catch-up clinics, 5,863 doses of Men C, 8,127 HPV, 8,287 HB are outstanding. With regards to new grade 7 cohorts, 4,329 doses of Men C, 4,437 HPV, 3,909 HB are outstanding.
  - More than 15,000 students have not received oral health screening.
  - Approximately 4,000 students in senior kindergarten have not received vision screening.

Public health has been instrumental in the response to the COVID-19 pandemic. The WECHU like other public health units have redeployed staff, hired additional staff and have stopped important programing to the communities' health in response to pandemic pressures. To facilitate recovery efforts in a comprehensive and sustainable manner the WECHU Board of Health asks the Government of Ontario to provide an increase in base funding for mandatory programs specifically to support:

- Ongoing COVID-19 related expenses and sustainability
- Increases in wages, benefits and operational costs
- Recovery efforts and increased demand and need for programming including but not limited to substance use, mental health, healthy growth and development.

Additionally, the WECHU implores the Government of Ontario to provide one-time funding to support recovery and catch-up efforts over a multi-year period (2022 to 2024), recognizing that certain communities were more negatively impacted by the COVID-19 pandemic than others.

Sincerely,

Gary McNamara
Board of Health

c: Premier Doug Ford
Association of Local Public Health Agencies (alPHa)

North Bay Parry Sound District
Health Unit
Bureau de santé
du district de North Bay-Parry Sound

November 1, 2021

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

Dear Minister Elliott:

RE: Public Health Funding for 2022

The Board of Health for the North Bay Parry Sound District Health Unit (Board) commends the government's financial commitment to public health throughout the pandemic. This trust has enabled public health programs and services, critical to the pandemic response, to continue. There is still much to be accomplished as the pandemic evolves. Vital to achieving future successes is the ability to strategically plan for 2022.

Pursuant to the Health Unit's correspondence of June 24, 2021, the Board is again respectfully requesting the Ministry to urgently establish funding expectations for 2022. This is critical for planning purposes for both the Health Unit and the municipalities we serve.

The Board is urging the Ministry of Health to commit in writing to:

1. Extend COVID-19 funding in 2022 for:
    a. COVID-19 Extraordinary Costs; and
    b. COVID-19 Vaccination Extraordinary Costs
2. Establish funding in 2022 for public health recovery efforts
3. Increase provincial funding for public health base budgets with the proportional municipal levy increase needed in 2022 to maintain public health unit capacity

Health units have had only one base funding increase in the past five years; however, wage and benefit increases and general increases to operating costs due to inflation continue. In addition, two public health union contracts are to be negotiated in 2022 with workforces experiencing recruitment and retention issues. A zero percent increase in base funding for 2022 is untenable if health units are to fulfill the requirements for programs, services, and accountability as delineated in the Ontario Public Health Standards: Requirements for Programs, Services, and Accountability (Standards).

As per the Standards:

…/2

"Boards of health are responsible for programs and services in all core function areas, demonstrating accountability to the ministry, and monitoring and measuring the effectiveness, impact and success of their programs and services."

Requisite to realizing Ministry expectations to deliver mandated public health programs is a highly skilled and experienced workforce. They are essential to ensuring the future success of entrusted programs such as healthy growth and development, school health, chronic disease prevention and well-being, substance misuse and injury prevention, healthy environments, food safety, infectious and communicable diseases prevention and control, and immunization.

The COVID-19 pandemic has taught us that an able-bodied, prepared public health system is more important than ever. Without a base funding increase, public health's capacity will be diminished, with even harder choices having to be made regarding where we can assist in pandemic recovery and building healthier and sustainable communities. A base funding increase for 2022 is necessary to maintain public health services at status quo.

Your assistance and attention to this pressing matter is greatly appreciated.

Sincerely yours,

James Chirico, H.BSc., M.D., F.R.C.P. (C), MPH
Medical Officer of Health/Executive Officer

Nancy Jacko
Chairperson, Board of Health

/sb

Copy to: Premier Doug Ford
Hon. Helen Angus, Deputy Minister of Health
Chief Medical Officer of Health
Elizabeth Walker, Director, Public Health Accountability and Liaison Branch
Collen Kiel, Director, Public Health Strategy and Planning Branch
Vic Fedeli, MPP, Nipissing
Norm Miller, MPP, Parry Sound-Muskoka
John Vanthof, MPP, Timiskaming-Cochrane
Ontario Boards of Health
Member Municipalities (31)
Association of Municipalities Ontario (AMO)
Association of Local Public Health Agencies (alPHa)
Council of Medical Officers of Health (COMOH)
Andrea Horwath, New Democratic Party of Ontario, Leader, Official Opposition
Steven Del Duca, Ontario Liberal Party
Mike Schreiner, Green Party of Ontario
Jim Karahalios, New Blue Party of Ontario

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705-474-8252
70 Joseph Street, Unit 302 Parry Sound, ON P2A 2G5
705-746-5801
705-746-2711

Peterborough Public Health

Jackson Square, **185 King Street**, Peterborough, ON K9J 2R8
P: **705-743-1000** or 1-877-743-0101
F: 705-743-2897
peterboroughpublichealth.ca

November 5, 2021

The Honourable Christine Elliott
Deputy Premier and Minister of Health
christine.elliott@ontario.ca

Dear Minister Elliott:

Re: Support for Local Boards of Health

At its meeting held on October 13, 2021, the Board of Health (BOH) passed a resolution that Peterborough Public Health support the position articulated in the City of Hamilton's Board of Health's correspondence, dated September 15, 2021 regarding the importance and preference of a local versus regional governance model for public health in Ontario.

Our BOH has historically supported this view, both in its response to the Report of the Minister's Expert Panel on Public Health (2017), as well as in its Position Paper on the Modernization of Public Health in Ontario (2020). An Executive Summary of the latter has been appended, for your reference.

Local responsiveness, knowledge and partnerships have been critical throughout the COVID-19 pandemic. These should be explored further and assessed as part of a comprehensive post-pandemic review. As recently recommended by the Ontario Medical Association, the Province should proceed with "carrying out an independent and unbiased review of Ontario's response to the pandemic including the public health system, its strengths and weaknesses during pandemic and non-pandemic times, along with its roles and responsibilities, before considering any changes."[1]

Our Board looks forward to working with you and your Ministry to explore ways in which local governance can continue to contribute to and strengthen the delivery of public health services in Ontario.

Sincerely,

Original signed by

Mayor Andy Mitchell,
Chair, Board of Health

/ag
Encl.

cc: Local MPPs
Council of Medical Officers of Health
Association of Local Public Health Agencies
Ontario Boards of Health

[1] Ontario Medical Association (2021). *Prescription for Ontario: Doctors' 5-Point Plan for Better Health Care*. https://www.oma.org/uploadedfiles/oma/media/public/prescription-for-ontario-doctors-5-point-plan-for-better-health-care.pdf

Peterborough Public Health

The Modernization of Public Health in Ontario

A Position Paper:

Recommendations from the Board of Health for Peterborough Public Health

Serving the residents of **Curve Lake** and **Hiawatha First Nations**, and the **County** and **City of Peterborough**

January 8, 2020

Executive Summary

Ontario's public health system delivers value for money, and helps to ensure Ontarians are fully able to contribute to a prosperous, sustainable and healthy future. Investments in public health are vital to maximizing prevention efforts in order to protect the Province and reduce demands for downstream health care services. Public health recognizes that it plays an important role in reducing hallway health care.

Peterborough Public Health (PPH) does not support the changes to the Ontario public health system put forward by the Provincial Government as part of its April 2019 budget. Although modifications to the system designed to make it more effective should be considered, the proposals of the Provincial Government were overly broad and did not target key areas for reform. If adopted, their impact would have significantly and irrevocably damaged the governance and delivery of public health services in the province. They were akin to using a sledgehammer to crack open a peanut. Public health in Peterborough is not broken – with the exception of issues related to capacity and funding, our communities benefit from services that are responsive, timely and effective.

PPH has worked hard to inform the Province and other stakeholders about its concerns including:

- Responding to local media in order to inform the public and local stakeholders on the potential negative impacts
- Making written submissions to the Minister and Ministry
- Engaging local government MPPs in discussion with the board and local political leaders
- Developing and presenting an emergency resolution to the Annual General Meeting of the Association of Local Public Health Agencies (alPHa)
- Engaging in discussions with neighbouring boards of health
- Engaging in the Eastern Ontario Wardens Caucus resolution
- Engaging in the formal Provincial consultation
- Completing the Ministry survey on public health modernization
- Engaging decision makers at both the Association of Municipalities of Ontario (AMO) and Rural Ontario Municipal Association (ROMA) conferences

We applaud the Provincial Government for seeking public input before proceeding with any structural changes however PPH continues to express concern that the Government is continuing with its plan to transfer $180 million of public health costs unto the local tax base, although at a slower pace than originally announced.

Principles of Reform

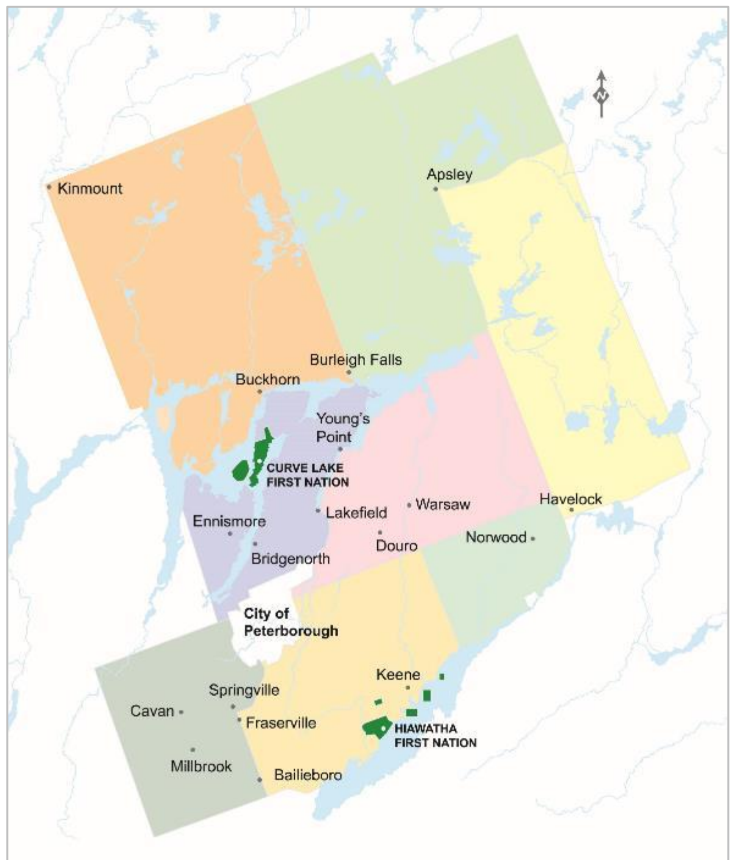
PPH believes that public health in Ontario must be shaped and delivered at the local level and that any proposed changes to public health governance and delivery need to be consistent with the following principles:

1. The enhancement of health promotion and disease prevention must be the primary priority of any changes undertaken;
2. Investments in public health must be recognized as a critical strategy in reducing the need for hallway health care;

3. Any consolidation of public health units should reflect a community of interests which include distinguishing between rural and urban challenges and facilitates the meaningful participation of First Nations;
4. Adequate provincial funding is necessary to ensure effective health promotion and prevention activities in Ontario. Funding should be predictable and consider factors such as equity, population demographics and density, rural/urban mix and increase to meet new demands;
5. Local funding needs to consider a municipality's ability to pay in the context of the broad range of changes in funding arrangements between the Province and municipalities;
6. As public health is a joint municipal-provincial venture, its governance structure must provide accountability to the local councils that are required to fund local public health agencies;
7. Changes undertaken need to be evidenced based and not ideologically driven; and,
8. Change must be driven from the bottom up, in a process that respects both Provincial and local interests and facilitates genuine collaboration. Change management impact must be acknowledged in this process.

Recommendations

In addressing the reform of public Health in Ontario, PPH has developed a series of recommendations in **three** broad thematic areas consistent with the principles noted above:



1. Structure and Governance

1.1. Negotiate boundaries for a local public health agency (LPHA) with an optimal size of 300,000 to 500,000[1] that reflects a community of interests and recognizes the rights and interests of First Nations.

1.2. Structure negotiations in a manner that respects local concerns and is responsive to local priorities.

1.3. Mandate municipal board representation and accountability that reflects municipal fiscal contributions.

1.4. Consider the establishment of regional structures to assist local boards in the delivery of programming and cost containment (i.e., back office integration, mutual aid agreements, issue-specific expertise).

1.5. Enhance Public Health Ontario's (PHO) coordination role as it relates to knowledge and technical support; central analytics; evidence generation; and, performance measurement.

[1] Mays et al. Institutional and Economic Determinants of Public Health System Performance. Amer J Pub Health2006;96;3;523-531.

2. Program Delivery

2.1. Ensure health promotion and prevention programming is designed to reduce future health care use and costs.
2.2. Ensure stable and predictable provincial funding is provided that reflects demographic, equity and other local conditions, responsive to increased or emerging demands.
2.3. Ensure local financial contributions are reflective of municipalities' abilities to pay.
2.4. The Province should provide LPHAs with training and human resource support to ensure frontline staff have core competencies consistent with provincial standards.
2.5. The local delivery of public health programming should include:
- Community engagement in design and delivery;
- Nurturing of local relationships with delivery partners;
- Supporting local decision makers with healthy public policy;
- Program delivery which encompasses consistent local staffing;
- Promotion of provincial policy development based on local needs and issues;
- Delivery of health promotion campaigns that reflect local conditions and are built on local strategies;
- Ensuring the social determinants of health are a lens through which local policies are developed; and,
- Undertaking local applied research that is disseminated at a provincial level for the benefit of all LPHAs.

3. Implementation

3.1. Provide sufficient time to implement any proposed changes.
3.2. Build on best practices learned from past amalgamations.
3.3. Ensure sufficient provincial financial support is available to meet one-time implementation costs.
3.4. Implement changes using an integrated and comprehensive approach.

Ontario experienced a prolonged drought for public health that was brought to light with the tragedies of both SARS and Walkerton. We hope that important lessons have been learned and that the neglect that occurred in the past will not be repeated. In order to do that, boards of health need to know that the Province is committed to investing in public health in order to protect its citizens and keep our communities open for business.

Peterborough Public Health provides catch up vaccinations for new Canadians, including this boy originally from Syria.

alPHa
Association of Local
PUBLIC HEALTH
Agencies

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

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November 1, 2021

Alan O'Dette,
CEO, Ontario Medical Association
150 Bloor Street, Suite 900
Toronto, Ontario, M5S 3C1

Dear Mr. O'Dette

Re: Prescription for Ontario

On behalf of the Association of Local Public Health Agencies (alPHa) and its member Medical Officers of Health, Boards of Health and Affiliate organizations, I am writing today to congratulate you on the release of *Prescription for Ontario: Doctors' 5-Point Plan for Better Health Care*, and to thank you for emphasizing the importance of public health therein.

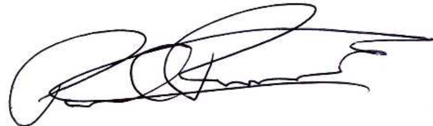
As the leaders of Ontario's network of local public health agencies, we have long argued that investing in a strong public health system is the key to a sustainable health care system. Local public health agencies reduce the demand for hospital and primary care services by keeping people healthy. We are immensely grateful that not only has this been acknowledged in the Plan but featured as one of the five priorities to improve health care.

We are especially pleased with the specific recommendations on preserving public health's strong local presence, stable and adequate funding, and retention of qualified public health professionals, as these have been long recurring points of discussion among our members.

The importance of partnerships to public health in carrying out its important work is always worth repeating, and our relationship with the OMA has been strengthened considerably during this pandemic. We look forward to using this as a foundation for further collaborative work towards better health and better health care for all Ontarians.

Thank you again for your clear and unequivocal support.

Sincerely,



Dr. Paul Roumeliotis,
President

Copy: Dr. Jim Wright, Chief, Economics, Policy and Research
Dr. Michael Finkelstein, Chair, OMA Public Health Physicians' Section
Dr. Kieran Moore, Chief Medical Officer of Health
Hon. Christine Elliott, Minister 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.

alPHa
Association of Local
PUBLIC HEALTH
Agencies

alPHa Summary
2021 Ontario Economic Outlook and Fiscal Review: Build Ontario

The 2021 Economic Outlook and Fiscal Review was released on November 4th, 2021, charting a course for economic recovery as we progress towards bringing COVID-19 to an end. Links to the official documents and excerpts relevant to local public health are provided below.

- Landing page for the 2021 Ontario Economic Outlook is here.
- The full Budget can be read online and downloaded here.
- The Minister's speech is here.
- The News Release is here.

Excerpts from Ontario's Fall Economic Statement, November 4, 2021

A Plan to Safely Reopen Ontario and Manage COVID-19 for the Long Term
To manage COVID-19 over the long term, local and regional responses by public health units will be deployed based on local context and conditions. Public health measures that may be applied locally could include reintroducing capacity limits and/or physical distancing, reducing gathering limits and adding settings where proof of vaccination is required, among others. Public health measures would be implemented provincially in exceptional circumstances, such as when the province's health system capacity is at risk of becoming overwhelmed or if a vaccine resistant COVID-19 variant is identified in the province (P.22).

Improving Access to Dental Services
Low-income seniors deserve access to quality dental care. The Ontario Seniors Dental Care Program was announced in the 2019 Budget, with approximately $90 million in annual funding to provide high-quality dental care to seniors. Eligible seniors are aged 65 and older with an annual net income of $22,200 or less or a couple with a combined annual net income of $37,100 or less, and who do not have existing dental benefits. These seniors can access dental services provided by public health units and participating community health centres and Aboriginal Health Access Centres. In addition to pre-existing barriers such as geographical challenges, the COVID-19 pandemic has reduced timely access to dental services for seniors, causing longer wait times for non-emergency procedures in some areas. As a next step to expanding this service, the government is investing an additional $17 million over two years to increase access to dental services for eligible seniors across Ontario. This investment will serve up to an additional 35,000 eligible seniors. Funding would support new and renovated dental clinics and the procurement of additional mobile dental buses for seniors enrolled in the Ontario Seniors Dental Care Program (P.35)

Keeping Schools Safe
Ontario is investing more than $1.6 billion in resources for this school year to protect students and staff from COVID-19. These investments include providing up to $450 million in personal protective equipment and critical supplies and equipment, $86 million towards school-focused nurses in public health units and testing…(P38).

We hope that you find this information useful.

COP26 SPECIAL REPORT ON CLIMATE CHANGE AND HEALTH

THE HEALTH ARGUMENT FOR CLIMATE ACTION

COP26 SPECIAL REPORT ON CLIMATE CHANGE AND HEALTH

THE HEALTH ARGUMENT FOR CLIMATE ACTION

In memory of Ella Kissi-Debrah – and all other children who have suffered and died from air pollution and climate change.

World Health Organization

Advanced proof

This is an advanced proof and may be subject to editorial corrections.

COP26 special report on climate change and health: the health argument for climate action

ISBN 978-92-4-003672-7 (electronic version)
ISBN 978-92-4-003673-4 (print version)

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Suggested citation. COP26 special report on climate change and health: the health argument for climate action. Geneva: World Health Organization; 2021. Licence: CC BY-NC-SA 3.0 IGO.

Cataloguing-in-Publication (CIP) data. CIP data are available at http://apps.who.int/iris.

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Design by Lushomo.

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Foreword

Extreme heat, floods, droughts, wildfires and hurricanes: 2021 has broken many records. The climate crisis is upon us, powered by our addiction to fossil fuels. The consequences for our health are real and often devastating.

Climate change impacts health in all countries, but it hits people in low- and middle-income countries the hardest, especially small island developing states, whose very existence is under threat from rising sea levels. Any delay in acting on this global health threat will disproportionately affect the most disadvantaged around the world. The COVID-19 pandemic is a visceral example of the inequitable impacts of such a global threat. To fully address the urgency of both these crises, we need to confront the inequalities that lie at the root of so many global health challenges.

Health and equity are central to achieving the goals of the Paris Agreement and to making COP26 a success. Protecting health requires action well beyond the health sector, in energy, transport, nature, food systems, finance and more. The ten recommendations outlined in this report – and the action points, resources and case studies that support them – provide concrete examples of interventions that, with support, can be scaled up rapidly to safeguard our health and our climate.

The recommendations are the result of extensive consultations with health professionals, organizations and stakeholders worldwide, and represent a broad consensus statement urging governments to act to tackle the climate crisis, restore biodiversity, and protect health.

Putting that into practice means investing in a healthier, fairer, and more resilient world. Advanced economies, in particular, have a once-in-a-generation opportunity to demonstrate true global solidarity, both in supporting an equitable response to COVID-19, and by making health central to the implementation of the renewed climate commitments that they are making at COP26. It is the only way for us to get out of the current health crisis and prevent future ones.

The health arguments for rapid climate action have never been clearer. I hope this report can guide policymakers and practitioners from across sectors and across the world to implement the transformative changes needed.

Let's get to work.

Dr Tedros Adhanom Ghebreyesus
Director-General
World Health Organization

Foreword

As the last two years have shown us, public, planetary and economic health are inextricably linked. The race to a zero-emissions economy before 2050 is, therefore, a race to a healthy, clean and resilient future.

As highlighted by the IPCC Sixth Assessment Report published earlier this year, we need to halve greenhouse gas emissions between 2020 and 2030 while reversing nature loss in order to reach net zero and limit global warming to a 1.5°C. But time is running short, and every fraction of a degree threatens to cause more death and economic destruction.

This is going to require full systems change and collaboration across all sectors. As highlighted by this report, these include energy, transport, built environment and agriculture amongst multiple other sectors. However, we also need to act within the healthcare sector given the scale of the economy and emissions it represents. The World Health Organization estimates that globally the spending on health reached 10% of GDP in 2018, and Health Care Without Harm estimates that in 2019 the sector was responsible for 4.4% of net global emissions.

We have seen good progress to date on the UN Race to Zero, where 46 healthcare institutions representing over 3,200 healthcare facilities across 18 countries have joined. In addition to this, over 28% of major pharmaceutical and medical technology companies by revenue have joined the campaign. But we need to keep accelerating our efforts to both cut emissions and build resilience to the impacts of climate change, and move from ambition to action within the 2020s. As the healthcare sector is already demonstrating, health can enable transformational change in other sectors.

At the same time, we must adapt to thrive in spite of impacts such as floods, droughts and extreme temperatures. Through the UN Race to Resilience, by 2030 we are mobilising businesses, investors, cities and regions to build the resilience of the 4 billion people most at risk.

On top of that, we need to continue to improve the quality and delivery of accessible healthcare across the globe. The future of healthcare needs to be reimagined, where we can build a world that is zero carbon, resilient, and healthy for all. In this future, there is clean air, food security, more access to nature – a world where our children can thrive. I welcome the clear recommendations from this report which show the steps we must take together to build that future.

Nigel Topping
COP26 High-Level Climate Action Champion

Acknowledgements

The World Health Organization (WHO) would like to express its gratitude to all Member States, organizations and individuals that participated in the WHO Regional Consultations on Climate Change and Health. These consultations were hosted by the WHO Civil Society Working Group to Advance Action on Climate Change, co-chaired by WHO and the Global Climate and Health Alliance, and in partnership with WHO regional offices and other health partners. The generous contributions of all the participants to the consultations were essential in developing the recommendations contained in this report.

The development and production of this report were led by Arthur Wyns, Marina Maiero, Alexandra Egorova and Diarmid Campbell-Lendrum from the Department of Environment, Climate Change and Health, WHO.

More than 150 organizations and 400 experts and practitioners contributed to this report through participation in workshops, peer review and the provision of insights and text.

Special thanks are due to the following WHO experts: Heather Adair-Rohani, Hamed Bakir, Matthias Braubach, Daniel Buss, Carlos Corvalan, Jonathan Drewry, Sally Edwards, Sophie Gepp, Faustina Gomez, Nasir Hassan, Thiago Herick de Sa, Dorota Jarosinska, Vladimir Kendrovski, Antonios Kolimenakis, Lina Mahy, Mazen Malakawi, Marco Martuzzi, Guy Mbayo, Abraham Mwaura, Maria Neira, Sinaia Netanyahu, Tara Neville, Lesley Onyon, Genandrialine Peralta, Jessie Pullar, Saleh Rababa, Francesca Racioppi, Hussain Rasheed, Cristina Romanelli, Amy Savage, Oliver Schmoll, Aderita Sena, Elena Villalobos Prats, Johanna Wegerdt, Diana Weil, Nicola Wheeler and Naoko Yamamoto.

WHO is grateful for the valuable inputs received from the Global Climate and Health Alliance and the WHO Civil Society Working Group to Advance Action on Climate Change, as well as from the following organizations and institutions: Association Nationale des Etudiants en Pharmacie de France; Australian Healthcare and Hospital Association; Brazilian Institute for Consumer Protection; Bupa; C40 Cities; Center for Climate, Health, and the Global Environment, Harvard T.H. Chan School of Public Health; Centre for Accountability and Inclusive Development; Clean Air Fund; Client Earth; Climate and Clean Air Coalition; Clinton Health Access Initiative; Convention on Biological Diversity; Earth Law Center; EAT; EnGen Collaborative; European Pharmaceutical Students' Association; European Public Health Alliance; Family Planning NSW; Focus, Association for Sustainable Development, Slovenia; Four Paws; George Mason University Center for Climate Change Communication; Girls Must, Uganda; Global Alliance for the Future of Food; Global Consortium on Climate and Health Education; Green Health Wales; Health and Environment Alliance; Health and Environment International Trust, New Zealand; Health Care Without Harm; Health Concern Initiative Uganda; Health Declares; Indian Institute for Peace Disarmament and Environmental Protection; Infectious Disease Institute, Uganda; Institute for Health and Environment, Slovenia; International Organisation for Migration; International Federation of Medical Students Associations; International Federation of Red Cross and Red Crescent Societies; International Planned Parenthood Federation; Ipas; Jozef Stefan Institute; Ludwig Maximilians University; Mott MacDonald Group; MSI Reproductive Choices; Natural Resources Defense Council; NCD Alliance; National Health Service - Greener NHS Programme, United Kingdom; OraTaiao, Climate and Health Council, New Zealand; Physicians Association for Nutrition, South Africa; Public Health Wales; Red Cross Climate Centre; Royal Australasian College of Physicians; Save the Children; Center for Health and Human Rights, Uganda; UN Environment; UN Environment Programme World Conservation Monitoring Centre; United Nations Development Programme; United Nations Population Fund; University Student Chamber International; White Ribbon Alliance; World Business Council for Sustainable Development; World Economic Forum; YOUNGO Children and Youth Constituency to the United Nations; Youth Advocacy and Development Network, Uganda.

Thanks are also due to the following individuals for their feedback and suggestions: Brigitte Alarcon, Tilly Alcayna, Lujain Alqodmani, Liana Anderson, Elena Ateva, Sophie Aylmer, Rizal Bahri, Kervelle Baird, Angela Baschieri, Eliza Basheer, Lynette Bassman, Naomi Baster, Jessica Beagley, Asma Ben Mrad, Hitesh Bhatt, Soumyadeep Bhaumik, Nathan Borgford-Parnell, Mukiibi Bright, Rachel Bustamante, Lori Byron, Anthony Capon, Sandra Cavalieri, Fatma Çelik, Tara Chen, Tiy Chung, Bethan Cobley, Dermot Coffey, Pushkar Sebastian Cordoba, Janine Coutinho, Alison Cox, Rasha Dabash, Deodato Da Costa Neto, Gordon Dakuu, Avriel Diaz, Gabriel O Dida, Emine Didem, Tracy Ditucci, Monika Dos Santos, Thomas Downs, Mohamed Eissa, Shannon Engstrom, Tracy Evans, Patty Fong, Paula Franklin, Luiz Galvao, Chuansi Gao, Paul Gibson, Lasha Goguadze, Tomaž Gorenc, Margaux Granat, Lorenzo Guadagno, Renzo Guinto, Andrew Haines, Anna Hazelwood, Charlotte Hicks, Richard Hixson, Emma Hoban, Robert Hughes, Suvi Huikuri, Anthony Huszar, Lakshmi Josyula, Uta Jungermann, Raju Kanukula, Josh Karliner, Natassha Kaur, Evci Kiraz, Ann Mette Kjaerby, Tord Kjellstrom, Jen Kuhl, Balkrishna Kurvey, Johan Kuylenstierna, Chloé Lebbos, Andrea Lee, Vijay Limaye, Frederic Lino, Daniel Mahadzir, Edward Maibach, Sujit Maji, Chris Malley, Brian Mayanja, Dave McConalogue, Igor Mekjavic, Chilekwa Mibenge, Jeni Miller, Clara Mourgues, Kari Nadeau, Rajen Naidoo, Rui Nakamura, Shweta Narayan, Zuzana Nordeng, Elspeth Oppermann, Mahesh Pandya, Eva Parker, Kim Perrotta, Nicky Philpott, Montira Pongsiri, Poornima Prabhakaran, Vincent Puke, Liz Purchia, Nikolai Pushkarev, Kristin Renzenbrink, Mónica Rodrigues, Aanu Rotimi, Raymond Ruyoka, Lourdes Sanchez, Rodrigo Sánchez Iturregui, Tianna Scozzaro, Drew Shindell, Laetitia Sieffert, Roop Singh, Cecilia Sorensen, Francisca Soto-Aguilar, Kam Sripada, Timothy Sserubiri, Anne Stauffer, Andrew Storey, Gail Sucharitakul, Jin Tanaka, Oksana Tarasova, Maurine Tukahirwa, SanYuMay Tun, Anaid Velasco, Joanne Walker, Clare Westwood, Juliet Whitley, Nanine Wyma, Angèle Zintsem and Lidija Zivcic.

Abbreviations

BAR-HAP	Benefits of Action to Reduce Household Air Pollution tool
CaRBonH	Carbon Reduction Benefits on Health calculation tool
CBD	Convention on Biological Diversity
CCAC	Climate and Clean Air Coalition
CHEST	Clean Household Energy Solutions Toolkit
COP	Conference of the Parties
FAO	Food and Agriculture Organization of the United Nations
GAPH-TAG	Global Air Pollution and Health Technical Advisory Group
GBF	Global Biodiversity Framework
GDP	gross domestic product
HEAT	Health Economic Assessment Tool for walking and cycling
HEPA	Health and Energy Platform of Action
HNAP	health national adaptation plan
IPCC	Intergovernmental Panel on Climate Change
iSThAT	Integrated Sustainable Transport and Health Assessment tool
IUCN	International Union for the Conservation of Nature
NAPs	national adaptation plans
NBSAPs	national biodiversity strategies and action plans
NCDs	noncommunicable diseases
NDCs	nationally determined contributions
SDGs	Sustainable Development Goals
SIDS	small island developing states
SLCPs	short-lived climate pollutants
UHC	universal health coverage
UNFCCC	United Nations Framework Convention on Climate Change
V&A	Vulnerability and Adaptation Assessment
WASH	water, sanitation and hygiene
WHO	World Health Organization

Executive Summary

The 10 recommendations in the COP26 Special Report on Climate Change and Health propose a set of priority actions from the global health community to governments and policy makers, calling on them to act with urgency on the current climate and health crises.

The recommendations were developed in consultation with over 150 organisations and 400 experts and health professionals. They are intended to inform governments and other stakeholders ahead of the 26th Conference of the Parties (COP26) of the United Nations Framework Convention on Climate Change (UNFCCC) and to highlight various opportunities for governments to prioritise health and equity in the international climate movement and sustainable development agenda. Each recommendation comes with a selection of resources and case studies to help inspire and guide policymakers and practitioners in implementing the suggested solutions.

The next few years present a crucial window for governments to integrate health and climate policies in their COVID-19 recovery packages (*recommendation 1*) and international climate commitments (*recommendation 2*). While near-term pandemic responses will largely set the pace and direction of health and climate goals, ambitious national climate commitments will be crucial to sustain a healthy recovery in the mid- to long-term. To achieve the goals of the Paris Agreement, health and equity need to be placed at the centre of the United Nations climate negotiations going forward.

The health benefits from climate actions (*recommendation 3*) are well documented and offer strong arguments for transformative change – and this is true across many priority areas for action: adaptation and resilience (*recommendation 4*), the energy transition (*recommendation 5*), clean transport and active mobility (*recommendation 6*), nature (*recommendation 7*), food systems (*recommendation 8*) and finance (*recommendation 9*). The health sector and health community are a trusted and influential - but often overlooked - climate actor that can enable transformational change to protect people and planet (*recommendation 10*).

Advanced proof

Recommendations on climate change and health:

1

Commit to a healthy recovery.

Commit to a healthy, green, and just recovery from COVID-19.

2

Our health is not negotiable.

Place health and social justice at the heart of the UN climate talks.

3

Harness the health benefits of climate action.

Prioritise those climate interventions with the largest health-, social- and economic gains.

4

Build health resilience to climate risks.

Build climate-resilient and environmentally sustainable health systems and facilities, and support health adaptation and resilience across sectors.

5

Create energy systems that protect and improve climate and health.

Guide a just and inclusive transition to renewable energy to save lives from air pollution, particularly from coal combustion. End energy poverty in households and health care facilities.

6

Reimagine urban environments, transport, and mobility.

Promote sustainable, healthy urban design and transport systems, with improved land-use, access to green and blue public space, and priority for walking, cycling and public transport.

7

Protect and restore nature as the foundation of our health.

Protect and restore natural systems, the foundations for healthy lives, sustainable food systems and livelihoods.

8

Promote healthy, sustainable, and resilient food systems.

Promote sustainable and resilient food production and more affordable, nutritious diets that deliver on both climate and health outcomes.

9

Finance a healthier, fairer, and greener future to save lives.

Transition towards a wellbeing economy.

10

Listen to the health community and prescribe urgent climate action.

Mobilise and support the health community on climate action.

The health impacts of climate change

Climate change is the single biggest health threat facing humanity *(1)*, and health professionals worldwide are already responding to the health harms caused by this unfolding crisis *(2)*.

The Intergovernmental Panel on Climate Change (IPCC) has concluded that to avert catastrophic health impacts and prevent millions of climate change-related deaths, the world must limit temperature rise to 1.5°C *(3)*. Past emissions have already made a certain level of global temperature rise and other changes to the climate inevitable. Global heating of even 1.5°C is not considered safe, however; every additional tenth of a degree of warming will take a serious toll on people's lives and health *(4)*.

While no one is safe from these risks, the people whose health is being harmed first and worst by the climate crisis are the people who contribute least to its causes, and who are least able to protect themselves and their families against it - people in low-income and disadvantaged countries and communities *(5)*.

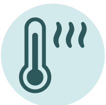
The climate crisis threatens to undo the last fifty years of progress in development, global health, and poverty reduction, and to further widen existing health inequalities between and within populations *(6)*. It severely jeopardises the realisation of universal health coverage (UHC) in various ways – including by compounding the existing burden of disease and by exacerbating existing barriers to accessing health services, often at the times when they are most needed *(7)*. Over 930 million people - around 12% of the world's population - spend at least 10% of their household budget to pay for health care. With the poorest people largely uninsured, health shocks and stresses already currently push around 100 million people into poverty every year, with the impacts of climate change worsening this trend *(8,9)*.

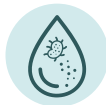
Climate change is already impacting health in a myriad of ways, including by leading to death and illness from increasingly frequent extreme weather events, such as heatwaves, storms and floods, the disruption of food systems, increases in zoonoses and food-, water- and vector-borne diseases, and mental health issues. Furthermore, climate change is undermining many of the social determinants for good health, such as livelihoods, equality and access to health care and social support structures (Figure 1). These climate-sensitive health risks are disproportionately felt by the most vulnerable and disadvantaged, including women, children, ethnic minorities, poor communities, migrants or displaced persons, older populations, and those with underlying health conditions *(7,10)*.

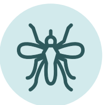
Although it is unequivocal that climate change affects human health, it remains challenging to accurately estimate the scale and impact of many climate-sensitive health risks. However, scientific advances progressively allow us to attribute an increase in morbidity and mortality to human-induced warming *(11)*, and more accurately determine the risks and scale of these health threats *(12)*.

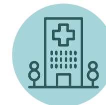
In the short- to medium-term, the health impacts of climate change will be determined mainly by the vulnerability of populations, their resilience to the current rate of climate change and the extent and pace of adaptation *(6)*. In the longer-term, the effects will increasingly depend on the extent to which transformational action is taken now to reduce emissions and avoid the breaching of dangerous temperature thresholds and potential irreversible tipping points *(4)*.

Figure 1 An overview of climate-sensitive health risks, their exposure pathways and vulnerability factors. Climate change impacts health both directly and indirectly, and is strongly mediated by environmental, social and public health determinants.









The health argument for climate action

Taking rapid and ambitious action to halt and reverse the climate crisis has the potential to bring many benefits, including for health. Co-benefits are defined as: the positive effects that a policy or measure aimed at one objective might have on other objectives, thereby increasing the total benefits for society or the environment *(13)*.

The public health benefits resulting from ambitious mitigation efforts would far outweigh their cost *(14)*. Strengthening resilience and building adaptive capacity to climate change, on the other hand, can also lead to health benefits by protecting vulnerable populations from disease outbreaks and weather-related disasters, by reducing health costs and by promoting social equity. The health co-benefits from climate change actions are well evidenced, offer strong arguments for transformative change, and can be gained across many sectors, including in energy generation, transport, food and agriculture, housing and buildings, industry, and waste management *(6,15)*.

For example, many of the same actions that reduce greenhouse gas emissions also improve air quality, and support synergies with many of the Sustainable Development Goals (SDGs) *(16)*. Some measures - such as facilitating walking and cycling - improve health through increased physical activity, resulting in reductions in respiratory diseases, cardiovascular diseases, some cancers, diabetes and obesity *(17)*. Another example is the promotion of urban green spaces, which facilitate climate mitigation and adaptation while also offering health co-benefits, such as reduced exposure to air pollution, local cooling effects, stress relief, and increased recreational space for social interaction and physical activity *(18,19)*. A shift to more nutritious plant-based diets in line with WHO recommendations, as a third example, could reduce global emissions significantly, ensure a more resilient food system, and avoid up to 5.1 million diet-related deaths a year by 2050 *(20)*.

Research has shown that climate action aligned with Paris Agreement targets would save millions of lives due to improvements in air quality, diet and physical activity, among other benefits *(21)*. However, many climate decision-making processes currently do not account for health co-benefits and their economic valuation. The 2021 WHO Health and Climate Change Global Survey of governments found that less than 1 in 5 countries have conducted an assessment of the health co-benefits of national climate mitigation policies *(22)*, while a 2021 WHO review of Nationally Determined Contributions (NDCs) found just 13% of current NDCs commit to quantifying or monitoring the health co-benefits of climate policies or targets *(23)*.

While there are significant health co-benefits available for various climate interventions, which can act as important ethical and economic incentives, some climate mitigation and adaptation policies may not maximise health gains or may potentially cause harm. Additionally, several challenges and barriers remain for the comprehensive inclusion of health in the cost assessment of climate policies *(24)*. It is therefore critical that health and other experts are fully involved in climate decision-making processes at all levels, to ensure health and equity considerations are well understood and accounted for when developing climate policies *(25)*.

Advanced proof

WHO Expert Working Group on the Health Benefits of Climate Change Mitigation

In recognition of the growing field of research on the public health gains of climate change mitigation, and the importance of this evidence to catalyse global action to reduce greenhouse gas emissions, WHO has established an Expert Working Group on the Health Benefits of Climate Change Mitigation as part of its Global Air Pollution and Health Technical Advisory Group (GAPH-TAG).

The Working Group brings together global experts to review and advise on actions that both address climate change and improve human health, primarily through improved air quality. As part of its work, the GAPH-TAG will provide guidance and tools to national stakeholders to carry out assessments of the health benefits or harms associated with interventions to reduce carbon emissions.

By emphasising the health implications of climate mitigation policies and providing recommendations on best practices, the initiative will empower national health policymakers to elevate the health argument for ambitious climate action, and ensure health is represented in national and global planning processes *(26)*.

© ADB

Advanced proof

Case study

Building a healthy, resilient future in Small Island Developing States

Small Island Developing States (SIDS) face a particular set of urgent health threats. They are uniquely vulnerable to the impacts of climate change, making up two thirds of the countries that suffer the highest relative losses from climate disasters each year. At the same time, they carry heavy burdens of noncommunicable diseases (NCDs), malnutrition, and now also the impacts of COVID-19. Together these threats are contributing to unprecedented economic, and even existential, crises for these States. Most SIDS are classified economically as middle-income or above, though they face severe economic vulnerabilities and lack access to external support relative to their needs *(27)*.

In the face of all these challenges, SIDS have shared strengths. They are leaders in the international negotiations on climate change, have well-established regional support mechanisms and collaborative bodies, and have a rich history of commitment to health and sustainable development *(28)*.

Any effort to ensure a healthy future for SIDS must allow their people to survive and thrive by reducing global carbon emissions to mitigate climate impacts. It must also strengthen the resilience of health systems and health-determining sectors, such as food and nutrition, water and sanitation, and social protection, to protect and enhance the health and wellbeing of the people of SIDS in the face of a changing climate.

WHO launched a Special Initiative on Climate Change and Health in SIDS at the 23rd Conference of the Parties (COP23) of the UNFCCC held in Bonn in 2017, in collaboration with the UNFCCC Secretariat and the Fijian Presidency of the COP23 *(29)*. WHO, with SIDS Member States, developed a Global Plan of Action, which sets out key actions to ensure all health systems in SIDS will be resilient to climate change by 2030 *(30)*. The SIDS have been among the leaders globally in assessing risks and setting national agendas for climate change and health *(31)*.

WHO is reinforcing its strategic actions to support SIDS in addressing their top health threats. In June 2021, WHO hosted a SIDS Summit for Health that brought together SIDS heads of states, ministers of health, and others, to frame priority actions and intensify collaboration.

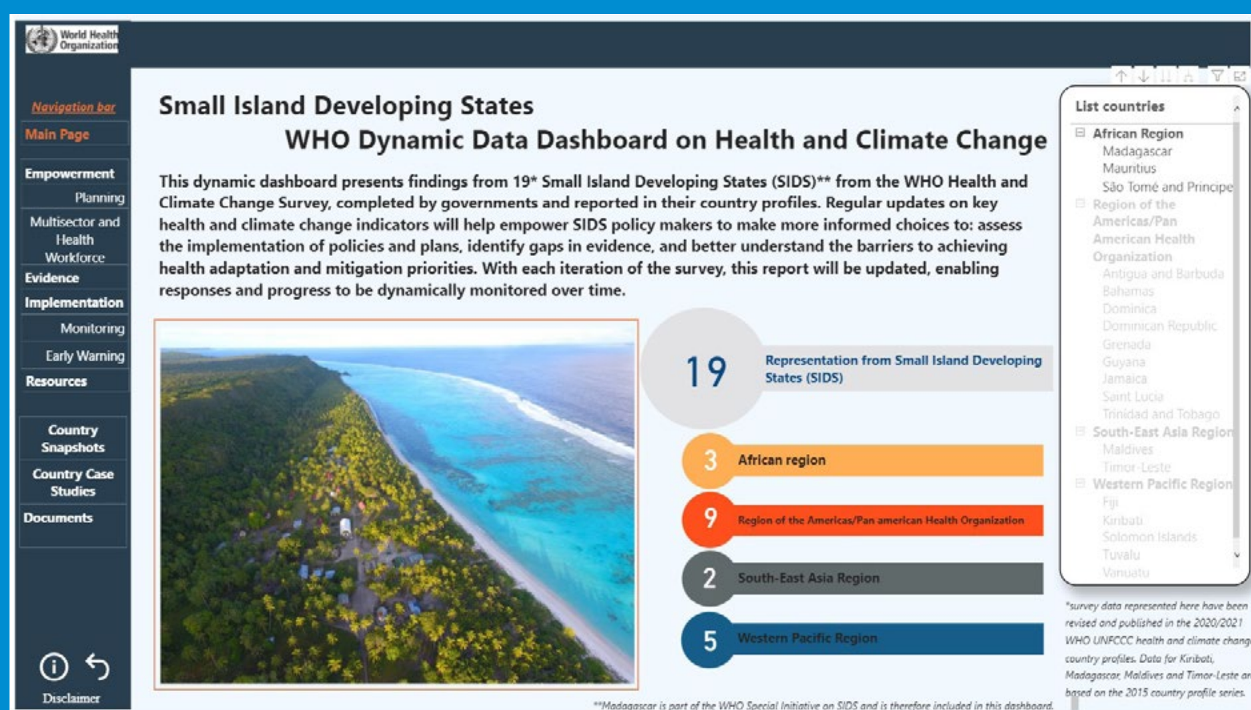
In the outcome statement of the Summit, the representatives of SIDS put forward their commitments and calls to action to achieve a healthy, resilient future in SIDS *(32)*. These include fully addressing health in the climate change movement, scaling up integrated care for NCDs and mental health needs, enabling healthy diets and biodiversity, pursuing equity in access to vaccines and other innovations, more equitable and resilient health systems, stronger workforces and supply systems, as well as sustainable financing for climate and health goals. They called for WHO to support a SIDS Leaders Group for Health and SIDS Voices for Health Forum, to amplify SIDS voices, promote collaborative action and galvanise targeted support *(33)*.

The efforts of SIDS highlight that governments can put forward a joint vision for health and development that addresses the acute needs of this critical time, prioritising the most vulnerable and disadvantaged regions and communities.

Monitoring the progress and barriers on climate change and health in SIDS

The **Health and Climate Change Country Profiles**, developed by WHO and the UNFCCC Secretariat, are a key mechanism in WHO's efforts to monitor national progress on health and climate change. Country profiles are prepared in collaboration with ministries of health and other partners such as ministries of the environment and national meteorological services. They allow countries to strengthen their national evidence base for decision-making and measure progress in building climate-resilient health systems. Close to 100 country profiles have been developed, including for many SIDS.

As part of WHO's monitoring efforts and the WHO Special Initiative on Climate Change and Health in SIDS, a series of SIDS country profiles were created, illustrating the progress made by island states to date in responding to the health threats of climate change. A **dynamic data dashboard** visualises the country profile data and allows SIDS policy makers to monitor key health and climate change indicators, including to assess the implementation of policies and plans, identify gaps in evidence, and better understand the barriers to achieving health adaptation and mitigation priorities, including for implementation and monitoring.



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Recommendations for climate change and health

The recommendations outlined in the COP26 Special Report have been developed by health professionals, organisations and stakeholders worldwide, and represent a broad consensus statement by the global health community on the actions that are needed to tackle the climate crisis, restore biodiversity, and protect health.

The recommendations were developed in consultation with over 150 organisations and over 400 experts and health professionals, through a series of consultations and workshops in all six WHO regions. They are intended to inform governments and other stakeholders ahead of the 26th Conference of the Parties (COP26) of the United Nations Framework Convention on Climate Change (UNFCCC).

COP26 is considered a crucial moment for the world's governments to commit to collective action on limiting climate change. The conference aims to operationalise the Paris Agreement on climate change, and Parties to the agreement are expected to bring forward national climate plans reflecting their highest possible ambition.

The ten recommendations, and their respective action points, highlight the urgent need and numerous opportunities for governments to prioritise health and equity in the international climate movement and the sustainable development agenda. Each recommendation is accompanied by a selection of resources and case studies to help inspire and guide policymakers and practitioners in implementing the proposed solutions.

Advanced proof

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APPROVAL OF CONSENT AGENDA

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

Public Health
Santé publique
SUDBURY & DISTRICTS

Briefing Note

To: René Lapierre, Chair, Board of Health

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

Date: November 12, 2021

Re: Board of Health Manual Review

☐ For Information ☐ For Discussion ☒ For a Decision

Issue:
As per Board Policy A-III-10, the Board of Health Manual has been reviewed and revisions are recommended for Board of Health approval. Due to COVID-19 priorities, only the most important/timely revisions are being proposed.

Recommended Action:

> **THAT the Board of Health, having reviewed the proposed revisions within the Board of Health Manual, approve the Manual as presented on this date.**

Background:

- As per historical practice, the review process included the Board Secretary request of the most responsible directors to coordinate to review their respective policies, procedures and by-laws. Proposed revisions are then reviewed by the MOH/CEO for recommendation to the Board for approval.

Board review:

- Pages from the Board of Health Manual that are edited are *appended* to this briefing note for ease of reference.
- During the manual review, housekeeping revisions were identified, including updating the Organizational structure (C-I-10) to reflect current structure that has been put in place to support the COVID-19 response, updating the Ministry of Health and Long-Term Care agency name to Ministry of Health and including clearer language for F-I-10 Community Stakeholder and Engagement.
- Highlights of proposed substantive revisions include the following:
    - Additional updates include:
        - C-I-15 Code of Conduct Policy – updated reference to modeling good governance practices.

- C-II-10 and C-II-11 Standing Committee Terms of Reference – updated as they are covered under the rules governing the Board.
- D-I-11 Public Health Ontario, D-I-12 Association of Local Public Health Agencies, D-I-14 Ontario Public Health Association (OPHA) and D-I-16 Local health Integration Networks (LHINs) – updated to reflect current mandates
- D-II-10 Funding Sources Information – updated
- E-I-11 Preparation of the Agenda Procedure and By-Law 04-88 – updated to reflect current Agenda template
- G-I-60 By-Law 02-02 list of inspectors – updated
- I-III-10 Orientation to Board Members revised to include the alPHa BOH orientation manual and removed the Ministry e-learning module as it is no longer available
- J-I-10 Ontario Public Health Standards Protocols and Relevant Legislation Information – revised to align with the OPHS

Next Steps and Future Directions:

- The Conflict of Interest Procedure will be reviewed as it relates to the Ministry attestation.
- Approved revisions will be updated on the Public Health Sudbury & Districts website.
- The Board of Health Manual is accessible through the BoardEffect application in the Board of Health library and noted as a Handbook. Following Board approval, the updated manual will be posted on BoardEffect.
- The Board of Health Manual will also be updated in SharePoint where staff have access.
- Per A-III-10 the Board of Health Manual will be reviewed in its entirety in two years intervals. Any more pressing revisions will be brought forward separate from the revision cycle.

Strategic Priority: All

[1] 2018-2022 Strategic Priorities:
1. Equitable Opportunities
2. Meaningful Relationships
3. Practice Excellence
4. Organizational Commitment

Board of Health Manual
Public Health Sudbury & Districts

Policy

Category
Introduction

Section
Policy Development

Subject
Review Cycle

Number
A-III-10

Approved By
Board of Health

Original Date
May 23, 1991

Revised Date
~~June 21, 2018~~November 18, 2021

Review Date
~~June 21, 2018~~November 18, 2021

Purpose
The Board of Health will have written policies describing its activities. These policies are to be consistent with the vision, mission, and values of the Board, with the general policies established by the municipalities of Public Health Sudbury & Districts, and with Acts and/or policies of relevant ministries, including the Ministry of Health~~ and Long-Term Care~~.

Public Health Sudbury & Districts will also have divisional and program policies in relation to its programs, services and operations. These should be consistent with the Board of Health vision, mission, values, strategic plan, policies and goals.

Board of Health by-laws, policies and procedures will be reviewed and revised as necessary, and at least every two years.

Board of Health Manual
Public Health Sudbury & Districts

Information Sheet

Category
Board of Health Structure & Function

Section
Board of Health

Subject
Public Health Sudbury & Districts Organizational Structure

Number
C-I-10

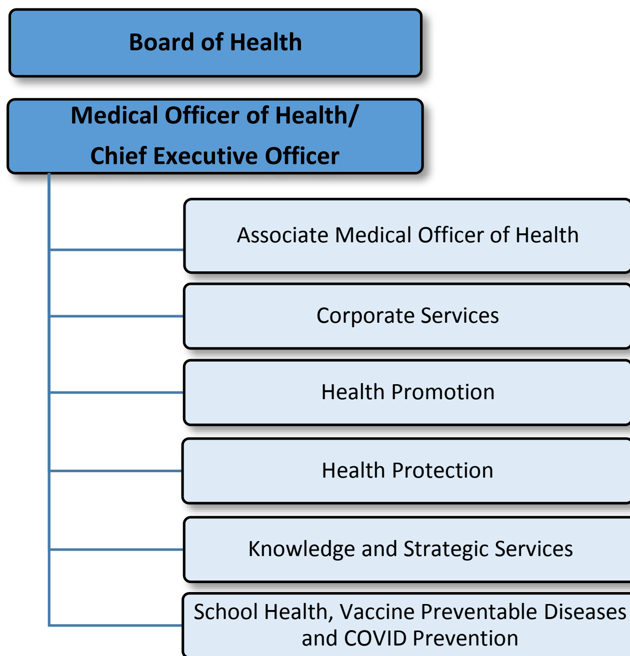
Approved By
Board of Health

Original Date
January 16, 2003

Revised Date
~~June 21, 2018~~November 18, 2021

Review Date
~~June 21, 2018~~November 18, 2021

Information
- Board of Health
  - Medical Officer of Health
    - Associate Medical Officer of Health
    - ~~Clinical Services~~
    - Corporate Services
    - ~~Environmental Health~~
    - Health Protection
    - Health Promotion
    - Knowledge and Strategic Services
    - School Health, Vaccine Preventable Diseases and COVID Prevention



The current structure that includes the School Health, Vaccine Preventable Diseases and COVID prevention was established to support the agency's COVID-19 response and is anticipated to be temporary.

Information Sheet

Category
Board of Health Structure & Function

Section
Board of Health

Subject
Board of Health Mandate

Number
C-I-11

Approved By
Board of Health

Original Date
January 16, 2003

Revised Date
~~June 21, 2018~~November 18, 2021

Review Date
~~June 21, 2018~~November 18, 2021

Information
The Health Protection and Promotion Act (HPPA) was proclaimed in July 1984. The HPPA is an important piece of legislation for a board of health, as it prescribes the existence, structures, governance and functions of boards of health, as well as the activities of medical officers and certain public health functions of the Minister. The Act and its regulations provide the legislative framework for the "organization and delivery of public health programs and services, the prevention of the spread of disease and the promotion and protection of the health of the people of Ontario". R.S.O. 1990, c.H.7, s.2

There are many different Regulations under the HPPA, including those that govern food safety, swimming pool health and safety, rabies control, school health, board of health composition and control of communicable diseases.

The Health Protection and Promotion Act (1990) establishes boards of health and invests in them the duty to provide or ensure the provision of health programs and

services to the people who reside within the health unit. The required programs and services include:

- Community Sanitation
- Control of Infectious Diseases and Reportable Diseases
- Health Promotion, Health Protection and Disease and Injury Prevention
- Family Health
- Collection and Analysis of Epidemiological Data

The 2018 Ontario Public Health Standards: Requirements for Programs, Services, and Accountability and the related Protocols and Guidelines are published as the guidelines for the provision of mandatory health programs and services by the Minister of Health ~~and Long-Term Care~~, pursuant to Section 7 of the Health Protection and Promotion Act.

The 2018 Ontario Public Health Standards define responsibilities of boards of health as they pertain to foundational and program standards; accountability and organizational requirements; and transparency and reporting.

In carrying out its mandate, the Board of Health provides a policy framework within which the MOH/CEO defines the health needs of the community and design programs and services to meet these needs. The Board approves all programs and services.

The Board adopts a philosophy and management process that allows it to carry out its mandate in an efficient, effective and economical manner and complement this with a sound organizational structure, which reflects the responsibilities of the component parts.

The primary foci of the Board of Health are planning and policy development, fiscal arrangements and labour relations and accountability and reporting to the Ministry. The Board is not involved in day-to-day management decisions, such as approving vacations, staff training, travel expenses, etc. These day-to-day management decisions are the responsibility of the Medical Officer of Health/Chief Executive Officer and the Board develops policies to guide the Medical Officer of Health/Chief Executive Officer and other senior staff in such decisions.

Board of Health Manual
Public Health Sudbury & Districts

Information Sheet

Category
Board of Health Structure & Function

Section
Board of Health

Subject
Board of Health Roles and Responsibilities

Number
C-I-12

Approved By
Board of Health

Original Date
January 25, 2001

Revised Date
~~June 21, 2018~~November 18, 2021

Review Date
~~June 21, 2018~~November 18, 2021

Information

Summary
The Board of Health is convened in accordance with the Health Protection and Promotion Act, RSO 1990, and Regulations thereunder. The Board of Health is composed of members appointed to the Board under the Health Protection and Promotion Act, RSO 1990 and Regulations. Municipal members are appointed by Municipal Councils as outlined in Regulation 559.

The Board of Health is the legal authority for the Public Health Sudbury and Districts. The Board of Health is accountable to the community for ensuring that health needs are addressed by appropriate programs and that the organization is effectively governed.

Role
The Board of Health shall superintend, provide or ensure the provision of health programs and services as per Part II (Health Programs and Services), Part III

(Community Health Protection) and Part IV (Communicable Disease) of the Health Protection and Promotion Act, RSO 1990, and per the 2018 Ontario Public Health Standards: Requirements for Programs, Services, and Accountability. The Board of Health may also provide any other health programs and services that it feels are necessary or desirable and that are approved by the municipalities in the area.

The Board of Health operates through a formal structure that supports governance through a set of expectations regarding membership, size, terms of office, reporting relationships, and other structural features defined in the Health Protection and Promotion Act, RSO 1990, and regulations. Subject to the requirements of the Health Protection and Promotion Act, RSO 1990, the Board approves the overall structure of the organization.

Responsibilities

The Board of Health is responsible for ensuring the assessment, planning, delivery, management, and evaluation of public health programs and services.

Foundational and Program Standards outlined in the 2018 Ontario Public Health Standards articulate goals, outcomes, and requirements that all boards shall provide to promote and protect the health of the population, and reduce health inequities. Protocols and guidelines provide additional direction on how to operationalize each requirement.

Members of the Board of Health ensure procedures are in place to uphold the implementation of the Foundational and Program Standards outlined in the 2018 Ontario Public Health Standards. They remain informed about the delivery of OPHS programs and services as well as research and evaluations.

Accountability

Boards of health must be accountable for the work they do, how they do it, and the results achieved. Organizational requirements specify those areas that require reporting or monitoring and are used to demonstrate accountability to the Ministry of Health~~ and Long-Term Care~~. The Board of Health must thus demonstrate accountability as it relates to four domains:

- delivery of programs and services;
- fiduciary requirements;
- good governance and management practices; and
- public health practice.

The Board of Health ensures implementation of organizational requirements to show compliance across the four domains as well as requirements that are common to all domains:

- The Board of Health ensures the delivery of programs and services and is accountable for achieving program outcomes in accordance with ministry expectations. For example, the Board of Health shall ensure the development

and implementation of a strategic plan that establishes strategic priorities over 3 to 5 years (through the setting of local vision, priorities, and strategies directions).

- Board of health members are responsible for ensuring the efficient use of public resources and ensuring that funding is used in accordance with accepted accounting principles, legislative requirements, and government policy expectations. For example, the board of health shall ensure that expenditure forecasts are as accurate as possible.
- The Board of Health executes good governance practices to ensure effective functioning of the board and management of the public health unit. For example, the Board of Health shall develop and implement policies or by-laws regarding functioning of the governing body (sub-committees, frequency of meetings, etc.) and shall provide direction to the administration and remain informed about the activities of the organization such as stakeholder and partnership building, workforce issues, financial management, and risk management.
- Board of health members ensure a high standard and quality of practice in the functioning of the organization including delivery of public health programs and services. For example, the Board of Health shall employ qualified public health professionals, support a culture of excellence in professional practices, and ensure a culture of quality and continuous organizational self-improvement.

Members of the Board of Health shall also demonstrate accountability through the submission of planning and reporting document to the Ministry of Health ~~and Long-Term Care~~ including Annual Service Plan and Budget Submission, performance reports, and an annual report. The Board of Health will also ensure accountability to stakeholders, including the community, by ensuring the development of, and annual reporting for, an organizational accountability monitoring plan.

Transparency and Reporting

A commitment to transparency is key to demonstrate responsible use of public funds and to disclose information that allows the public to make informed decisions about their health. The Board of Health shall ensure public access to key organizational documents, demonstrate contribution towards program and populations health outcomes, and report on performance to demonstrate the impact of public health on creating healthier communities for all.

Board of Health Manual
Public Health Sudbury & Districts

Policy

Category
Board of Health Structure & Function

Section
Board of Health

Subject
Code of Conduct

Number
C-I-15

Approved By
Board of Health

Original Date
June 20, 2019

Revised Date
November 18, 2021

Review Date
November 18, 2021

Purpose

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

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

Standard Obligations

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

Values and Expected Behaviours

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

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

Duties and Obligations

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

- Accurately communicate the decisions of the Board of Health, even if they disagree with BOH decisions, such that respect for the decision-making processes of the BOH is fostered;

- Be familiar with the *Health Protection and Promotion Act* and its regulations, the Ontario Public Health Standards, the Board of Health Bylaws, and Board policies so that any decision of the Board of Health is made in an efficient, knowledgeable, and expeditious manner;

- Attend and actively participate at Board meetings, and contribute to discussion of issues in a positive, dignified, and mutually respectful manner, and in the best

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

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

Protection of Privacy

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

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

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

Avenues for Resolution

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

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

Board of Health Manual
Public Health Sudbury & Districts

Information Sheet

Category
Board of Health Structure & Function

Section
Board of Health Committees

Subject
Board of Health Executive Committee Terms of Reference

Number
C-II-10

Approved By
Board of Health

Original Date
March 23, 1989

Revised Date
~~June 21,~~ November 18, 2021~~2018~~

Review Date
~~June 21, 2018~~November 18, 2021

Information

Purpose
The Executive Committee functions as an advisory and standing committee of the Board to develop, review and oversee Board policies and procedures in collaboration with the Medical Officer of Health/Chief Executive Officer and Director of Corporate Services.

Reporting Relationship
The Executive Committee reports to the Board of Health.

Membership

Board Members at Large must be assigned annually by majority vote of the full Board.

- Board of Health Chair (1)
- Board of Health Vice-Chair (1)

- Board of Health Members at Large (3)
- Medical Officer of Health/Chief Executive Officer
- Director of Corporate Services
- Board Secretary

Board of Health Executive Committee Chair: As elected annually by the committee at the first meeting of the Executive Committee of the Board of Health.

Only Board of Health members have voting privileges. All staff members are ex officio.

Responsibilities

The Executive Committee provides advice to the Board on the development, review, and oversight of Board policies and procedures in collaboration with the Medical Officer of Health/Chief Executive Officer and Director of Corporate Services, in areas such as: policy, personnel, and property.

The Executive Committee may also undertake specific responsibilities of the Board if so assigned by majority vote of the Board. Assigned responsibilities must be delegated by majority vote of the full Board.

The Executive Committee assumes governance of the Board between Board meetings.

Executive Committee shall in between meetings of the Board, exercise the full powers of the Board in all matters of administrative urgency, reporting every action at the next meeting of the Board.

Committee Proceedings

The rules governing the procedure of the Board shall be observed by the Executive Committee insofar as applicable.

Meetings are normally at the call of the Chair but may be requested by two or more members of the Executive Committee, subject to approval of the Chair.

~~Meetings are held at the health unit at a time mutually agreed upon by the committee. Members must attend in-person in order to be counted towards quorum.~~

An agenda is developed by the Chair with the support of the Medical Officer of Health/Chief Executive Officer and distributed by the Secretary one week in advance of a scheduled meeting, whenever possible.

Unapproved meeting minutes, recommendations and supporting documentation are forwarded by the Secretary to the Board for inclusion in the agenda of the next Board meeting.

Agenda packages are made available to the public via the Public Health Sudbury & Districts website.

Closed session minutes are taken by the Recording Secretary. In the event the Recording Secretary is excused from the closed session, the Chair or designate must document the proceedings. Closed session minutes must be approved at a subsequent meeting of the Board Executive Committee.

Board of Health Manual
Public Health Sudbury & Districts

Information Sheet

Category
Board of Health Structure & Function

Section
Board of Health Committees

Subject
Board of Health Finance Standing Committee Terms of Reference

Number
C-II-11

Approved By
Board of Health

Original Date
June 18, 2015

Revised Date
~~June 21, 2018~~November 18, 2021

Review Date
~~June 21, 2018~~November 18, 2021

Information

Purpose
The purpose of the Finance Standing Committee on behalf of the Board is generally to ensure that the Board conducts itself according to the principles of ethical financial and management behaviour and is efficient and effective in its use of public funds by giving oversight to the Public Health Sudbury & Districts' accounting, financial reporting and audit practices.

Reporting Relationship
The Finance Standing Committee reports to the Board of Health.

Membership
Board Members at Large must be assigned annually by majority vote of the full Board.

- Board of Health Chair
- Board of Health Members at Large (3)

- Medical Officer of Health/Chief Executive Officer
- Director of Corporate Services
- Board Secretary

Board of Health Finance Standing Committee Chair: As elected annually by the committee at the first meeting of the Finance Committee of the Board of Health.

Only Board of Health members have voting privileges. All staff positions are all ex-officio. Staff with specialized knowledge may be invited to participate for relevant agenda items.

Responsibilities

The Finance Committee of the Board of Health is responsible for the following:

1) Reviewing financial statements and strategic overview of financial position.
2) Reviewing the annual cost-shared and 100% funded program budgets, for the purposes of governing the finances of the Health Unit.
3) Reviewing the annual financial statements and auditor's report for approval by the Board.
4) Reviewing annually the types and amounts of insurance carried by the Health Unit.
5) Reviewing periodically administrative policies relating to the financial management of the organization, including but not limited to, procurement, investments, and signing authority.
6) Monitoring the Health Unit's physical assets and facilities.

All actions taken by the Finance Standing Committee must be reported to the full Board at its next scheduled meeting.

Committee Proceedings

The rules governing the procedures of the Board shall be observed by the Finance Standing Committee insofar as applicable.

The Committee will meet twice yearly, normally in April/May and September/October. Additional meetings may be called at the discretion of the Chair.

~~Meetings are held at the health unit at a time mutually agreed upon by the committee. Members must attend in-person in order to be counted towards quorum.~~

An agenda is developed by the Chair with the support of the Medical Officer of Health/Chief Executive Officer and distributed by the Secretary one week in advance of a scheduled meeting, whenever possible.

Unapproved meeting minutes, recommendations and supporting documentation are forwarded by the Secretary to the Board for inclusion in the agenda of the next Board meeting.

Agenda packages are made available to the public via the Public Health Sudbury & Districts website.

Closed session minutes are taken by the Recording Secretary. In the event the Recording Secretary is excused from the closed session, the Chair or designate must document the proceedings. Closed session minutes must be approved at a subsequent closed meeting of the Board Finance Standing Committee.

Board of Health Manual
Public Health Sudbury & Districts

Information Sheet

Category
Board of Health Structure & Function

Section
Management

Subject
Management Philosophy & Organizational Structure

Number
C-III-10

Approved By
Board of Health

Original Date
January 16, 2003

Revised Date
~~June 15, 2017~~November 18, 2021

Review Date
~~June 21, 2018~~November 18, 2021

Information
Management Philosophy
The Board of Health should be committed to the effectiveness of its organization, its human resources and a good management process.

Its programs should be based on sound epidemiological principles and an effective program evaluation system needs to be developed to ensure cost efficiency, effectiveness and benefits.

In terms of human resources, this philosophy implies that the Board is committed to using the talents, initiative and creativity of each employee and is dedicated to fair treatment, growth and development of each individual.

The management process that reflects this philosophy should focus on:

- achieving results efficiently (primary target of every program, service and policy);
- requiring accountability on every level of management; and

- the systematic delegation of responsibility and authority to the lowest appropriate level in the organization.

Organizational Structure

The philosophy and objectives of good management requires that the health unit have a sound organization structure that reflects the responsibilities at each level of the organization.

The Board of Health is the governing body, the policymaker of the health unit. It monitors all operations within the unit and is accountable to the community and to the Ministry of Health~~ and Long-Term Care~~.

The Medical Officer of Health and Chief Executive Officer reports directly to the Board of Health and provides policy guidance on issues relating to public health concerns and to public health programs and services. The Medical Officer of Health is responsible for management of the public health operations, programs and services and is accountable to the Board of Health.

The senior management team provides senior level leadership for the operational nucleus of the unit. It is created to provide a forum for formal planning processes, which relate budgeting to programs and provides a mechanism for monitoring of staff, programs, and organizational performance.

The membership of the senior management team consists of the Medical Officer of Health/Chief Executive Officer as Chair, the Associate Medical Officer of Health and the Directors.

Through this forum, senior staff contributes to overall management co-ordination of health unit programs, policy development and implementation.

Bringing senior staff together into a goal-oriented team creates an efficient network of communication among its members and provides a milieu conducive to effective planning and management.

The management team acts in a directly supportive role to the Medical Officer of Health/Chief Executive Officer and is accountable to him/her.

Board of Health Manual
Public Health Sudbury & Districts

Information Sheet

Category
Public Health System

Section
Provincial

Subject
Public Health Ontario

Number
D-I-11

Approved By
Board of Health

Original Date
November 15, 2007

Revised Date
~~February 16, 2012~~November 18, 2021

Review Date
~~June 21, 2018~~November 18, 2021

Information
In June of 2007 the provincial government passed legislation, the *Health Systems Improvements Act* that will make the health care system more responsive to the needs of the public by strengthening and supporting health professionals and the various programs and services that make up our health care system.

A highlight of the *Health System Improvements Act (2007)* is the establishing the first-ever Ontario Agency for Health Protection and Promotion (Public Health Ontario) – a centre for public health excellence that will provide research, scientific and technical advice and support.

~~The~~ Public Health Ontario (PHO) is a centre for specialized research and knowledge of public health, specializing in the areas of infectious disease, infection control and prevention, health promotion, chronic disease and injury prevention, and environmental health. An arms-length agency, it supports the Chief Medical Officer of Health and provides expert scientific leadership and advice to government, public health units, and front-line health care workers. Its responsibilities include the provision of specialized public health laboratory services to support timely health surveillance, support of infection control and provision of communicable disease information as well as assistance with emergency preparedness (e.g. provincial outbreak of pandemic influenza, local outbreaks).

Board of Health Manual
Public Health Sudbury & Districts

Information Sheet

Category
Public Health System

Section
Provincial

Subject
Association of Local Public Health Agencies (alPHa)

Number
D-I-12

Approved By
Board of Health

Original Date
January 16, 2003

Revised Date
~~November 15, 2007~~November 18, 2021

Review Date
~~June 21, 2018~~November 18, 2021

Information
The Association of Local Public Health Agencies (alPHa) is the provincial representative body for boards of health and health unit management across Ontario. Membership includes board of health members of health units, medical and associate medical officers of health, and senior public health managers. The Association of Local Public Health Agencies has a mandate to, through a strong and unified voice, advocate for public health policies, programs and services on behalf of member 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.

The alPHa Board of Directors recognizes that the mandate of local health units is complex and diverse. A number of highly specified disciplines are involved. Various pieces of legislation have an impact on the health units and a variety of “publics” are serviced through a growing number of programs. Representatives on the alPHa Board include seven board of health members (forming the BOH Section Executive

Committee) and seven medical officer of health members (i.e. COMOH Executive Committee), one non-voting representative from the Ontario Public Health Association, and an individual from seven affiliate organizations which include:

- ~~ANDSOOHA – Public Health Nursing Management (ANDSOOHA)~~Ontario Association of Public Health Nursing Leaders (OPHNL)
- Association of Ontario Public Health Business Administrators (AOPHBA)
- Association of Public Health Epidemiologists in Ontario (APHEO)
- Association of Supervisors of Public Health Inspectors of Ontario (ASPHI-O)
- Health Promotion Ontario~~: public health~~ (HPO~~:ph~~)
- Ontario Association of Public Health Dentistry (OAPHD)
- Ontario ~~Society of Nutrition Professionals in Public Health~~Dietitians in Public Health (ODPH)~~ (OSNPPH)~~
- Ontario Public Health Association (OPHA)

The Association also conducts regular meetings of its Board of Health Section and Council of Medical Officers of Health to discuss issues particular to their positions. The alPHa Advocacy Committee meets regularly to discuss action plans for Association Resolutions, as well as emerging issues raised by members, public, government or media. This committee is designed to give opportunity for wider participation in alPHa business by interested health unit staff.

alPHa is governed by a Board of Directors, which provides strategic direction to the Association, and is led by an Executive Director, who is responsible for the day-to-day operations. Through policy analysis, discussion, collaboration, and advocacy, alPHa 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. It is their continued responsibility to act on the policies and demands of the Association and its board. By providing regular mailings, newsletters and bulletins and by acting as the members representative at related business meetings or seminars, the alPHa staff provides the membership with a supply of current information on topics ranging from legislation and collective bargaining to budgeting, public relations, community programming and education.

Their role extends to do whatever possible to help the Association achieve its ultimate goal - the betterment of public health services in Ontario.

Board of Health Manual
Public Health Sudbury & Districts

Information Sheet

Category
Public Health System

Section
Provincial

Subject
Ontario Public Health Association (OPHA)

Number
D-I-14

Approved By
Board of Health

Original Date
May 18, 2006

Revised Date
~~November 18, 2010~~November 18, 2021

Review Date
~~June 21, 2018~~November 18, 2021

Information
The Ontario Public Health Association (OPHA) is a voluntary, charitable, non-profit association. OPHA is an organization of individuals and Constituent Societies[i] from various sectors and disciplines that have an interest in improving the health of the people of Ontario.

The mission of the Ontario Public Health Association (OPHA) is to provide leadership on issues affecting the public's health and to strengthen the impact of people who are active in public and community health throughout Ontario.

OPHA provides education opportunities and up-to-date information in community and public health; access to local, provincial and multi-disciplinary community health networks; mechanisms to seek and discuss issues and views of members; issue identification and advocacy on behalf of members; and expertise and consultation in public and community health.

OPHA seeks to :

Bbe an independent voice for a broadly defined conception of public health – a dynamic organization that promotes:

- equity
- social justice
- inclusivity and diversity
-
  - Encourage a broad concept of health
  - Promote equity, social justice, inclusivity and diversity
  - fFostering -active and mutually rewarding partnerships
  - Promote volunteerism and valuinge volunteer contributions
  - Facilitate recognition of public health as an integral part of a publicly funded Canadian and Ontario health system

OPHA is committed to the highest ethics and professional standard of openness, responsibility and accountability in the conduct of its organizational affairs. Be responsible and accountable in the conduct of its organizational affairs and conduct itself with integrity in accordance with ethical and professional standards

alPHa and OPHA continue to partner on advocacy issues for a strengthened provincial public health system.

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[i] ANDSOOHA – Public Health Nursing Management (ANDSOOHA)Ontario Association of Public Health Nursing Leaders (OPHNL)
Association of Ontario Public Health Centers (AOHC)
Association of Public Health Epidemiologists in Ontario (APHEO)
Association of Supervisors of Public Health Inspectors of Ontario (ASPHI-O)
Canadian Institute of Public Health Inspectors (Ontario Branch) (CIPHI – O)
Community Health Nurses' Initiatives Group, Registered Nurses' Association of Ontario (CHNIG, RNAO)
Health Promotion Ontario: public health (HPO:ph)
Ontario Association of Public Health Dentistry (OAPHD)
Ontario Society of Nutrition Professionals in Public Health (OSNPPH)
OPHEA Healthy Schools Healthy Communities
Ontario Society of Physical Activity Promoters in Public Health (OSPAPPH)

Board of Health Manual
Public Health Sudbury & Districts

Information Sheet

Category
Public Health System

Section
Provincial

Subject
~~Local Health Integration Networks (LHINs)~~Ontario Health

Number
D-I-16

Approved By
Board of Health

Original Date
November 15, 2007

Revised Date
~~June 21, 2018~~November 18, 2021

Review Date
~~June 21, 2018~~November 18, 2021

Information
On April 1, 2021, the health system planning and funding functions from the Local Health Integration Networks (LHINs) transferred into Ontario Health.

Ontario Health is an agency created by the Government of Ontario with a mandate to connect and coordinate the province's health care system. Ontario Health oversees health care delivery across the province and connects and coordinates the multiple parts of the health care system.

The following are some organizations that are part of Ontario Health:

- Cancer Care Ontario
- eHealth Ontario
- HealthForceOntario Marketing and Recruitment Agency
- Ontario Health Quality Council (operating as Health Quality Ontario)
- Health Shared Services Ontario
- Ontario Telemedicine Network

- Trillium Gift of Life Network

As well, the health system support functions of the following organizations are part of Ontario Health:

- Central LHIN
- Central East LHIN
- Central West LHIN
- Champlain LHIN
- Erie St. Clair LHIN
- Hamilton Niagara Haldimand Brant LHIN
- Mississauga Halton LHIN
- North East LHIN
- North Simcoe Muskoka LHIN
- North West LHIN
- South East LHIN
- South West LHIN
- Toronto Central LHIN
- Waterloo Wellington LHIN

The Operating Model is the framework for the evolution and integration of Ontario Health.

- Regional Portfolios are the 'front door' to communities and people across the province. All LHIN team members work with Regional Leaders in the North, Central, Toronto, East, and West to coordinate and deliver home and community care; to support local planning and efforts via quality improvement, enhancing access and equity, driving integration, and issues and relationship management; and to plan for and support COVID-19 local response efforts. The regions also work with Ontarians, their families and caregivers and diverse communities to better understand their needs and priorities, and how to improve their care experiences and health outcomes.
- Health System Portfolios develop and deliver programs and functions to improve clinical guidance and support for health care providers, enable quality care for Ontarians, and provide effective oversight across the health care system. Each health system portfolio is a key area within the OH mandate.
    - Population Health and Value-Based Health Systems: This health system portfolio reflects OH's collective commitment to the overall health of the population; to the equitable distribution of health regardless of ethnicity, income or place of residence; to improved experiences for both system users and health care providers; and to a high-performing health system that is defined by common values.
    - Clinical Institutes and Quality Programs: This portfolio includes advancing evidence based clinical excellence; setting standards that drive appropriate levels of consistency; supporting integration and equity across

the system; and enabling the delivery of quality care and positive health outcomes through the dissemination of evidence and improvement programs.
    - Health System Performance and Support: Focusing efforts on supporting health system performance in ways that are relevant to Ontarians' and provider experiences, in ways that are useful and actionable, and in ways that hold people and institutions accountable, while driving improvement and providing information to make informed decisions – because advancement rests on the best available data and evidence.
    - Digital Excellence in Health: In this portfolio, focus is on embedding a digital first approach across the system including e-innovations to connect the system to achieve better health outcomes and value, and putting systems in place so clinicians can securely share health records within circles of care.
- Corporate Portfolios will be responsible for supporting Ontario Health with strategic advice, support and corporate services in an efficient and effective manner

~~Local Health Integration Networks (LHINs) are designed to plan, integrate and fund health care services, including hospitals, community care access centres, home care, long-term care and mental health and addictions services within specified geographic areas. There are 14 LHINs across the province of Ontario.~~

~~LHINs were created in 2006 to allow patients better access to health care in a system that was described as fragmented, complex and difficult to navigate.~~

~~In 2016, Ontario passed the Patients First Act which intends to create a better integrated Health Care System for families. The Patient First Act is the next phase of Ontario's plan for improving health care in the province and builds on the 2012 Health Care Action Plan. As part of the Patient First Act, Local Health Integration Networks and Community Care Access Centres (CCACs) are being integrated.~~

~~LHINs will continue to:~~

- ~~engage the input of the community on their needs and priorities;~~
- ~~work with local health providers on addressing these local needs;~~
- ~~develop and implement accountability agreements with local health service providers;~~
- ~~evaluate and report on their local health system's performance; and~~
- ~~provide funds to local health providers and advice to the MOHLTC on capital needs.~~

~~The Patients First Act requires formal connections between LHINs and local Boards of Health in order to leverage community expertise and ensure local public health units are involved in community health planning. The Ontario Public Health Standards and related guideline provide additional direction with respect to this relationship.~~

Board of Health Manual
Public Health Sudbury & Districts

Information Sheet

Category
Public Health System

Section
Public Health Funding

Subject
Funding Sources

Number
D-II-10

Approved By
Board of Health

Original Date
January 16, 2003

Revised Date
~~June 21, 2018~~November 18, 2021

Review Date
~~June 21, 2018~~November 18, 2021

Information
Funding for public health programs and services comes from both provincial and municipal government sources. The majority of the provincial funding comes from Ministry of Health ~~and Long-Term Care~~ as well as the Ministry of Children, Community and ~~Youth~~ Social Services. Municipal funding is on a per capita basis.

Board of health programs and services are funded either on a cost-shared basis (provincial and municipal governments) or a 100% provincial basis. The cost-shared portion of budgets is typically about ~~84~~89% of total board budgets.

Although the *Health Protection and Promotion Act* stipulates that the “obligated municipalities” in the health unit shall pay the expenses incurred by or on behalf of the board of health or the Medical Officer of Health in the performance of their functions, the Act also indicates that the “Minister may make grants for the purposes of this Act”. Notice of the grant is not normally provided to boards of health from the Ministry of Health ~~and Long-Term Care~~ until late summer of the current fiscal year (ending

December 31 for the cost shared budget). The Minister's policy for grants for the board-approved budget for the cost-shared program is as follows:

- 1999 to 2004 up to 50%
- January 2005 up to 55%
- January 2006 up to 65%
- January 2007- present2019 up to 75%
- January 20 – present up to 70%

For the January 2015 fiscal, the Ministry of Health MOHLTC introduced a new equity based funding model which was used to allocate increased funding for the period of 2015 to 2017. As of January 1, 2020, the Ministry of Health implemented changes to the provincial funding for cost shared programs and services from 75% to up to 70% and transferred most previously 100% funded programs to this revised cost shared formula.

Other Some programs continue to be are funded at 100% by the appropriate provincial ministry. These programs are typically new initiatives that the provincial government would like to introduce. Some of these programs and services are introduced on a pilot basis only. The fiscal year varies for different budgets.

The management of public resources is subject to the same scrutiny and accountability as in any other enterprise. The introduction or continuation therefore, of Board of Health programs, must have epidemiological support or valid indication as to their need.

Medical officers of health have overall responsibility for the Board of Health program budgets. Apart from actual justification for programs, their actual execution should be carried out with maximum efficiency in personnel and resource utilization.

Informing Municipalities of Financial Obligations

The Board of Health shall delegate to administration the responsibility of giving annually to each obligated municipality in the Health Unit served by the Board of Health a written notice of the financial levy that complies with the following requirements:

- The notice shall specify the amount that the Board of Health estimates, consistent with the approved budget, will be required to defray.
- The notice shall specify the amount for which the obligated municipality is responsible in accordance with Ontario Regulation 489/97 which provides that each obligated municipality in the health unit shall pay the proportion of the expenses that is determined by dividing its population, as determined from the most recent enumeration under the Assessment Act, by the sum of the populations of all the obligated municipalities in the health unit.
- The notice shall specify the times at which the board of health requires payments to be made by the obligated municipality and the amount of each payment required to be made.

Board of Health Manual
Public Health Sudbury & Districts

Procedure

Category
Board of Health Proceedings

Section
Board of Health Meetings

Subject
Preparation of the Agenda

Number
E-I-11

Approved By
Board of Health

Original Date
February 26, 1990

Revised Date
~~June 16, 2016~~November 18, 2021

Review Date
~~June 21, 2018~~November 18, 2021

Process
An agenda is to be prepared by approximately the second Tuesday of the month. It should contain, along with the following items, in order of appearance, date, time and place of meeting.

1) Call to Order

This is when the Chair calls the attention of all present at the meeting that the meeting is now to commence.

2) Roll Call

An Attendance Register (dated) is completed, with the Chair announcing the names as listed and the Board members responding.

3) Declaration of Conflict of Interest

This is asked by the Chair of the Board members which is their opportunity to announce a conflict (as per C-I-16) which would then eliminate that individual from any discussion on that topic. These should be recorded in the minutes.

4) Delegations/Presentations

This is placed on the Agenda only when a request is received for a delegation to appear. Procedure to accept a delegation is as follows:
Where a delegation wishes to have any policy matter considered by the Board of Health, a letter shall be addressed to the Board Secretary and the letter shall:

- be printed, typewritten or legibly written;
- clearly set out the matter at issue and the request made of the Board of Health
- be signed with the name of the writer and contain the mailing address, street address and telephone number of the writer.

Written delegation requests should be received prior to 12:00 noon the second Monday of the month prior to a regularly scheduled Board of Health meeting.

5) Consent agenda

The consent agenda is a single item that includes all items that the Board of Health would normally approve with little or no discussion. The consent agenda is introduced by a motion.

The consent agenda may include, but is not limited to, items such as Board or standing committee minutes, the report of the Medical Officer of Health/Chief Executive Officer, routine financial reports, correspondence and information items.

Items for clarification or for which a board member has a question are normally requested before the meeting.

After introduction of the consent agenda motion, the Chair shall then invite discussion on any item(s) set forth in the consent agenda motion. Any member who wishes to discuss any item(s) set forth in the consent agenda motion shall so advise the Chair, following which:

- the item(s) for discussion shall be separated from the consent agenda motion and moved to the regular agenda as an item to be discussed
- the remainder of the consent agenda motion shall be voted on;

Items of the consent agenda that were moved to New Business shall be discussed there and at the conclusion of the discussion:

- if no amendments have been proposed to any item(s), the Chair shall call for a vote on each separated motion; or
- if amendments have been proposed to any item(s):
    - each amendment shall be voted on separately without further amendment or debate; and
    - the Chair shall call for a vote on each item, as amended.

i) **Minutes of Previous Meeting**
These are distributed as part of the agenda package prior to the meeting.

ii) **Business Arising from Minutes**
Items are listed on the Agenda that require follow-up from previous minutes.

iii) **Standing Committees**
These are the minutes and Committee Chair's report from any committees established by the Board.

iv) **Report of Medical Officer of Health/Chief Executive Officer**
Program and service highlights are submitted by the Division Heads to the Secretary two weeks prior to a scheduled Board meeting as per the document "Schedule of Reporting at Board Meetings" located within the EC terms of reference which can be found in the General Administrative Manual. The purpose of the Report is to provide the Board with an update on issues relating to public health concerns and to public health programs and services as per Section 67 (1) of the *Health Protection and Promotion Act* (1990). The report will also include periodic reports to the Board on the status of compliance with the required obligations under the other statutory requirements.

v) **Correspondence**
These are items received through the mail.

vi) **Items for Information**
These are general public health materials, i.e., newsletters, shared for the Board's information.

6) New Business

These items are listed and are derived from items that are of interest/concern.

7) Addendum

This is a separate agenda prepared and made available (if required) at the beginning of the Board meeting and contains items that have arisen during the time the agenda was prepared and before the Board meeting. A motion is prepared to deal with items on the addendum.

8) In Camera

See By-Law 04-88 and Procedure F-111-10 regarding matters to be discussed in-camera.

A motion is prepared for the Board to begin in-camera proceedings.

9) Rise and Report

A motion is prepared for the Board to rise and report from the in-camera proceedings.

~~10) Announcements/Enquiries~~

~~This is the opportunity for Board members to make announcements and/or make general enquiries.~~

~~12)~~10) Adjournment

A motion is prepared to announce the conclusion of the meeting.

Once the agenda package has been prepared, the Board Secretary meets with the Medical Officer of Health/Chief Executive Officer to review and confirm its relevant agenda items.

See E-I-12 Procedure related to the distribution of the agenda package.

Policy

Category
Communication

Section
Community Liaison

Subject
Community and Stakeholder Engagement

Number
F-I-10

Approved By
Board of Health

Original Date
May 23, 1991

Revised Date
~~June 21, 2018~~November 18, 2021

Review Date
~~June 21, 2018~~November 18, 2021

Purpose
The Board of Health believes that it has a paramount role within ~~the districts of~~ Sudbury and districts ~~Manitoulin~~ in planning for and ensuring the provision of community-based programs and services for the prevention of disease and the promotion and protection of health. This role can be significantly enhanced by extensive consultation and collaboration with appropriate ministries of government, municipal and district planning authorities, agencies and institutions whose activities are directed at disease prevention and health promotion, and with the general public.

To this end, the Board of Health will ensure that administration develops and implements community engagement and stakeholder engagement strategies to:

- Provide information to the public on the Health Unit’s mission, programs and services.
- Collaborate with various levels of government, community agencies and institutions in the provision of human resources, programs and services directed towards disease prevention and health protection and promotion.

- Work collaboratively with community agencies and institutions to coordinate the provision of human resources, programs and services directed towards disease prevention and health protection and promotion.
- Build and further develop the relationship with Indigenous communities that is meaningful for them and in accordance with the *Relationship with Indigenous Communities Guideline, 2018*.
- Engage in community and multi-sectoral collaboration with the North East LHIN on population health assessment, joint planning for health services and population health initiatives in accordance with the *Board of Health and Local Health Integration Network Engagement Guideline*, 2018.
- Engage with community partners, stakeholders, and the public in the planning, development, implementation, and evaluation of strategies for public health programming and research.
- Collaborate with various agencies and institutions in advocating for healthy public policy.
- Monitor and evaluate these partnerships to determine effectiveness and identify and address gaps.

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
~~September 17, 2020~~November 18, 2021

Review Date
~~September 17, 2020~~November 18, 2021

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) “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;

k) “Secretary” means the Secretary of the Board of Health.

l) "Absences" means a Board member who is not present at a Board meeting 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 that 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 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 is also 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.

Notice of Meetings

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

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

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.

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

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.

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.

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.

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

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.

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.

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.

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.

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

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

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.

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.

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.

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.

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

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.

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.

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

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.

33. Every motion presented to the Board shall be written.

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.

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.

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.

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.

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.

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

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.

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.

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.

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.

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.

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

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.

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.

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

Secretary for the Board

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

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

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

Conduct of Business in Committees

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

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.

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

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

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.

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.

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.

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

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

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

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

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

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

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 23rd day of June 1988.
Reviewed and passed by the Board of Health, Sudbury & District Health Unit this 26th day of February 1990.
Reviewed and passed by the Board of Health, Sudbury & District Health Unit this 23rd day of May 1991.
Reviewed and passed by the Board of Health, Sudbury & District Health Unit this 29th day of June 1992.
Reviewed and passed by the Board of Health, Sudbury & District Health Unit this 22nd day of April 1993.
Reviewed and passed by the Board of Health, Sudbury & District Health Unit this 28th day of April 1994.
Reviewed and passed by the Board of Health, Sudbury & District Health Unit this 27th day of April 1995.
Reviewed and passed by the Board of Health, Sudbury & District Health Unit this 23rd day of May 1996.
Reviewed and passed by the Board of Health, Sudbury & District Health Unit this 28th day of May 1998.
Reviewed and passed by the Board of Health, Sudbury & District Health Unit this 22nd day of April 1999.
Reviewed and passed by the Board of Health, Sudbury & District Health Unit this 25th day of May 2000.
Reviewed and passed by the Board of Health, Sudbury & District Health Unit this 22nd day of February 2001.
Revised and passed by the Board of Health, Sudbury & District Health Unit this 17th day of October 2002.
Revised and passed by the Board of Health, Sudbury & District Health Unit this 17th day of June 2004.
Revised and passed by the Board of Health, Sudbury & District Health Unit this 15th day of November 2007.
Revised and passed by the Board of Health, Sudbury & District Health Unit this 18th day of November 2010.
Revised and passed by the Board of Health, Sudbury & District Health Unit this 16th day of February 2012.
Revised and passed by the Board of Health, Sudbury & District Health Unit this 20th day of February 2014.
Revised and passed by the Board of Health, Sudbury & District Health Unit this 15th day of October 2015.
Revised and passed by the Board of Health, Sudbury & District Health Unit this 16th day of June 2016.
Revised and passed by the Board of Health, Sudbury & District Health Unit this 15th day of June 2017.
Revised and passed by the Board of Health, Sudbury & District Health Unit this 21st day of September 2017.
Revised and passed by the Board of Health, Public Health Sudbury & Districts this 21st day of June 2018.
Revised and passed by the Board of Health, Public Health Sudbury & Districts this 16st day of April 2020.
Revised and passed by the Board of Health, Public Health Sudbury & Districts this 17th day of September 2020.

Board of Health Manual
Public Health Sudbury & Districts

By-Law

Category
Board of Health By-Laws

Section
By-laws

Subject
By-law 02-02

Number
G-I-60

Approved By
Board of Health

Original Date
March 26, 1998

Revised Date
~~June 21, 2018~~November 18, 2021

Review Date
~~June 21, 2018~~November 18, 2021

Being a By-law of the Board of Health of the Sudbury and District Health Unit to Appoint Inspectors for the Purposes of the Enforcement of the Ontario Building Code Act Respecting Sewage Systems

WHEREAS the Building Code Act, S.O. 1992, Chapter 23 provides that a Board of Health appoint Inspectors as are necessary for the purpose of enforcement of the Act;

WHEREAS the Board of Health for the Sudbury and District Health Unit deems it desirable to appoint Inspectors for the enforcement of the *Ontario Building Code Act* for the purposes of the enforcement of the Ontario Building Code respecting sewage systems in the jurisdiction of the Sudbury and District Health Unit;

NOW THEREFORE the Board of Health for the Sudbury and District Health Unit hereby enacts as follows:

1. (1) The following person is appointed as Chief Building Official:

    a) Richard Auld

(2) In the event that the currently appointed person ceases to be the Chief Building Official, another qualified sewage system inspector will be appointed. The following person will be appointed for the position:

a) Burgess Hawkins

(3) The Chief Building Official shall have all the powers and duties as set out in Section 1.1 (6) of the Act.

2. The following persons are appointed Inspectors, whose titles shall be "Sewage System Inspector 3.1 (2)":

(1) Nathalie Barsalou
~~(2) Holly Browne~~
~~(3)~~(2) Laura Bulfon
~~(4) Dan Burns~~
~~(5) Michael Campbell~~
~~(6)~~(3) Travis DeRocchis
~~(7)~~(4) Brad Dorman
~~(8)~~(5) Jonathan Groulx
~~(9)~~(6) Stacey Laforest
~~(10)~~(7) Brad Manning
~~(11)~~(8) Michael Maryniuk
~~(12)~~(9) Rachel O'Donnell
~~(13)~~(10) Cynthia Peacock-Rocca
~~(14)~~(11) Ashley Pepin
~~(15)~~(12) Mark Rondina
~~(16)~~(13) Adam Ranger
~~(17)~~(14) Jagdish Sharma
~~(18)~~(15) Alan Ferguson
~~(19)~~(16) Eric Kim
(17) Tetyana Samoylenko
(18) Anya Besharah
(19) Kevin McIntosh
(20) Ryan Auld

That this By-law shall come into force and take effect on the 6th day of April, 1998.
Read and passed in open meeting this 26th of March, 1998.

Revised and passed by the Board of Health, Sudbury & District Health Unit this 27th day of May 1999.
Reviewed and passed by the Board of Health, Sudbury & District Health Unit this 25th day of May 2000.
Reviewed and passed by the Board of Health, Sudbury & District Health Unit this 22nd day of February 2001.
Revised and passed by the Board of Health, Sudbury & District Health Unit this 27th day of June 2001.
Revised and passed by the Board of Health, Sudbury & District Health Unit this 21st day of February 2002.
Revised and passed by the Board of Health, Sudbury & District Health Unit this 20th day of February 2003.
Revised and passed by the Board of Health, Sudbury & District Health Unit this 19th day of February 2004.
Revised and passed by the Board of Health, Sudbury & District Health Unit this 17th day of June 2004.
Revised and passed by the Board of Health, Sudbury & District Health Unit this 15th day of November 2007.
Revised and passed by the Board of Health, Sudbury & District Health Unit this 14th day of May 2009.
Revised and passed by the Board of Health, Sudbury & District Health Unit this 10th day of September 2009.
Revised and passed by the Board of Health, Sudbury & District Health Unit this 18th day of November 2010.
Revised and passed by the Board of Health, Sudbury & District Health Unit this 21st day of April 2011.
Revised and passed by the Board of Health, Sudbury & District Health Unit this 16th day of February 2012.
Revised and passed by the Board of Health, Sudbury & District Health Unit this 20th day of February 2014.
Revised and passed by the Board of Health, Sudbury & District Health Unit this 18th day of June 2015.
Revised and passed by the Board of Health, Sudbury & District Health Unit this 16th day of June 2016.
Revised and passed by the Board of Health, Sudbury & District Health Unit this 15th day of June 2017.

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Information Sheet

Category
Board of Health Administration

Section
Board Appointments

Subject
Public Member Appointments to Board of Health

Number
I-II-10

Approved By
Board of Health

Original Date
September 24, 1992

Revised Date
~~June 21, 2018~~November 18, 2021

Review Date
~~June 21, 2018~~November 18, 2021

INFORMATION 1

Sample of Newspaper Advertisement

(Date)

PUBLIC APPOINTEE TO BOARD OF HEALTH FOR THE SUDBURY AND DISTRICT HEALTH UNIT

The Board of Health is seeking individuals to fill the volunteer position of Public Appointee to our Board of Health. This is a non-profit Board, which acts as the governing body of the local health unit. It ensures the provision of all programs within the health unit and is accountable to the community and to the Ministry of Health~~ and Long-Term Care~~.

This position will afford the individual a special opportunity to learn about and work with public health issues. You should be able to devote a minimum of two hours per month to the position.

Appointment terms are determined by the Public Appointment Secretariat. Candidates must be residents of the area in the health unit's jurisdiction.

The Ontario government is dedicated to employment equity to reflect the diversity of the population of Ontario and the Sudbury/Manitoulin districts.

Interested persons are asked to apply through the Public Appointments Secretariat (PAS) by completing the PAS Application Form. To obtain a copy of the application form or to apply online, please refer to the PAS web site, www.pas.gov.on.ca.

INFORMATION 2

Letter of Acknowledgement/Congratulations (Sample)

(Date)

Dear (Sir or Madam):

On behalf of the Board of Health, we would like to extend our welcome and to congratulate you on your successful appointment by the Lieutenant Governor in Council to serve as a "Public Member" on our Board for a period of (Number of) years.

The next Board of Health meeting is scheduled for (date/time and location). We look forward to your contribution towards our common goal of a healthier Ontario.

Please find enclosed pertinent materials relating to public health. (Board of Health Manual which includes Ontario Public Health Standards, Health Protection and Promotion Act, 1990, etc.) and the Association of Local Public Health Agencies' Orientation & Reference Manual for Board of Health Members.

If you have any questions or require any further information, please do not hesitate to contact the Medical Officer of Health/Chief Executive Officer at (705) 522-9200, ext. 291.

Again, welcome to the Board of Health.

Yours sincerely,

Chair

Board of Health

INFORMATION 3

Responsibilities of Board Members

A member of a Board of Health should:

- be an active and committed participant in the affairs of the health unit;
- be involved at Board meetings, ask questions, discuss issues, participate in decision making, react to ideas and exercise initiative;
- know and maintain the lines of communication between the Board and staff;
- be responsible for continuing self-education and growth; be familiar with local resources; be aware of changing community trends and needs; attend related community functions;
- keep informed about the background of issues in order to discuss them responsibly;
- be regular and punctual at all Board meetings; if unable to attend, give early notice to the Board Secretary;
- do "homework" and read relevant minutes before meeting;
- have a working knowledge of parliamentary procedure;
- abide by all Board by-laws, policies and procedures;
- maintain Board business confidentiality.

Board of Health Manual
Public Health Sudbury & Districts

Procedure

Category
Board of Health Administration

Section
Board Appointments

Subject
Public Member Appointments to Board of Health

Number
I-II-10

Approved By
Board of Health

Original Date
March 23, 1989

Revised Date
~~June 21, 2018~~November 18, 2021

Review Date
~~June 21, 2018~~November 18, 2021

Process

A. Public Notification of Vacancy and Application Process

The Board notifies the Public Appointments Secretariat and the Public Health Division six months in advance of any upcoming public appointee vacancy.

Once the Public Appointments Secretariat posts the board of health public appointee vacancy, the Public Health Sudbury & Districts may place an advertisement in the local newspapers advising of the vacancy (Information 1) and/or post on the Public Health Sudbury & Districts website.

Individuals interested in applying for a public appointment must apply through the PAS by completing the PAS Application Form. The PAS website, www.pas.gov.on.ca, provides applicants with the option of applying online, downloading an application form or requesting an application by mail. The appointment application process also requires the completion of a Personal Conflict of Interest Disclosure Statement, which includes the disclosure of any perceived or real conflicts of interest, questions about personal integrity,

public accountability and consent to a security clearance investigation through the Canadian Police Information Centre.

B. Notification of Appointment

Upon notification of appointment by the Lieutenant Governor in Council, the Board Chair sends a letter of acknowledgement (Information 2) to the successful appointee.

C. Responsibilities of Board Members

The successful appointee, at the time of appointment notification, is provided with a list of expected responsibilities of Board members (Information 3).

D. Performance Criteria

Appointees are expected to conduct themselves in a manner consistent with the responsibilities outlined in C.

If an appointee consistently fails to assume the designated responsibilities and fails to maintain attendance requirements specified in the Board by-laws and procedures, the Board Chair, along with a member of the Executive Committee of the Board, if requested, meets with the appointee to review his/her performance with a view to rectifying the performance.

E. Re-Appointments

Appointees whose terms of appointment will be expiring and would like to be considered for reappointment should complete and submit a *Reappointment Information Form* through the Public Appointments Unit at least four (4) months prior to the expiration of their appointment.

The Board has the option of submitting a letter of endorsement addressed to the Minister of Health ~~and Long-Term Care~~ listing the names of all interested appointees that are being supported for reappointment along with the completed *Reappointment Information forms* submitted by the appointees.

F. Termination/Filling of Terminated Position

Appointees who wish to terminate their appointment prior to the expiry date are to submit a letter of resignation to the Board Chair with a copy to the Public Appointments Unit.

If the appointee is unable or unwilling to fulfill the obligations of the position, the Board Chair advises the Public Appointments Secretariat and the Public Health Division in writing, requesting removal of this member and appointment of an alternate from the list of recommended candidates on file with the Ministry.

In the event of a member being unable to complete his/her term for reasons of health, moving outside the area, or other exigencies, the Board may request that the Ministry fill the duration of the unexpired term (if more than six months from the expiration date) with an alternate candidate from the original list.

Board of Health Manual
Public Health Sudbury & Districts

Procedure

Category
Board of Health Administration

Section
Orientation

Subject
Orientation of Board Members

Number
I-III-10

Approved By
Board of Health

Original Date
May 23, 1991

Revised Date
~~June 21, 2018~~November 18, 2021

Review Date
~~June 21, 2018~~November 18, 2021

Process
1. When Board members are appointed, they are given access to the Board of Health Policy and Procedure Manual that provides information necessary to their orientation. The following information will also be shared with newly appointed Board members:

    a) Introduction to Public Health
    b) Provincial Government structures and roles in public health
    c) History of Public Health Units of Ontario
    d) History of Public Health Sudbury & Districts
    e) Mission vision and strategic priorities
    f) *Health Protection and Promotion Act*, 1990
    g) Community demographics overview
    h) Guidelines for Board of Health and Medical Officers of Health
    i) Roles and Responsibilities and Senior Staff
    j) Current Budget (including funding streams)

k) Most recent Audited Financial Statement
l) Current Annual Report
m) *Public Health Sudbury & Districts General Administrative Manual
n) Ontario Public Health Standards Ministry of Health ~~and Long-Term Care -~~ Introduction
o) Association of Local Public Health Agencies – alPHa - Introduction
p) *Current O.N.A. Agreement
q) *Current C.U.P.E. Agreement
r) **Board of Health Minutes and motions for past 3 years
s) *Board Orientation Power Point Presentation
t) Duties and responsibilities of Board members
u) Orientation to the Baby-Friendly Organizational Policy
v) Emergency Response Training

* Available for viewing in office of Board Secretary

** Available for viewing on the Health Unit website

2. A "year-in review" regarding program and services activities and an orientation overview will be provided on an annual basis to the Board of Health at a regular Board of Health meeting.

3. Board members are encouraged to ~~completed~~ review the Association of Local Public Health Agency (alPHa)'s Orientation Manual for Boards of Health ~~E-Learning Module on the Public Health section of the e-Health Ontario portal~~ : ~~https://www.ehealthontario.ca/portal/server.pt?open=512&objID=3241&PageID=0&mode=2~~ https://www.alphaweb.org/page/BOH_Shared_Resources

4. Meetings with key agency personnel may be arranged upon request to the Secretary:

   a) with the Chair to discuss roles and responsibilities of Board members;
   b) with the Secretary to the Board for review of committee procedures and administrative arrangements;
   c) with the Medical Officer of Health/Chief Executive Officer and senior staff for a general orientation to programs.

5. An orientation will be offered to newly appointed Board Chairs regarding their roles and responsibilities.

Board of Health Manual
Public Health Sudbury & Districts

Policy

Category
Board of Health Administration

Section
Hiring of Professional Staff

Subject
Hiring of Medical Officer of Health, Associate Medical Officer of Health, and Professional Staff

Number
I-IV-10

Approved By
Board of Health

Original Date
November 23, 1995

Revised Date
~~June 21, 2018~~November 18, 2021

Review Date
~~June 21, 2018~~November 18, 2021

Purpose

Medical and Associate Medical Officers of Health

The Board of Health is bound by the *Health Protection and Promotion Act (HPPA)*, R.S.O. 1990 with respect to the hiring of a full-time Medical Officer of Health (MOH) or Associate Medical Officer of Health (AMOH). The Ministry of Health's ~~and Long-Term Care's~~ Ontario Public Health Standards and Policy Guide, 2017 or as current, further outline the steps for the appointments of Medical Officers of Health and Associate Medical Officers of Health and the requirements for acting Medical Officers of Health. Appointment of a MOH, AMOH and Acting MOH is an important obligation of a board of health under the HPPA.

Professional Staff

The Board of Health is bound by the *Health Protection and Promotion Act*, R.S.O. 1990, with respect to the hiring of Professional Staff.

Board of Health Manual
Public Health Sudbury & Districts

Information Sheet

Category
Public Health Standards

Section
Program Standards

Subject
Ontario Public Health Standards, Protocols and Relevant Legislation

Number
J-I-10

Approved By
Board of Health

Original Date
March 23, 1989

Revised Date
~~June 21, 2018~~November 18, 2021

Review Date
~~June 21, 2018~~November 18, 2021

Information
The Ontario Public Health Standards[i] establish requirements for fundamental public health programs and services, which include population health assessment and surveillance, health promotion and policy development, disease and injury prevention, and health protection. The Ontario Public Health Standards outline the expectations for boards of health, which are responsible for providing public health programs and services that contribute to the physical, mental, and emotional health and well-being of all Ontarians. Boards of health are responsible for the assessment, planning, delivery, management, and evaluation of a variety of public health programs and services that address multiple health needs, as well as the contexts in which these needs occur.

The following standards are administered by the Ministry of Health~~ and Long-Term Care~~:

- Foundational Standards
    - Population Health Assessment
    - Health Equity
    - Effective Public Health Practice

    - Emergency Management

- Program Standards
    - Chronic Disease Prevention and Well-Being
    - Food Safety
    - Healthy Environments
    - Healthy Growth and Development
    - Immunization
    - Infectious and Communicable Diseases Prevention and Control
    - Safe Water
    - School Health, Oral Health, and Vision
    - Substance Use and Injury Prevention

Note: The Ministry of Children, Community and ~~Youth~~ Social Services is responsible for the administration of ~~the~~ Healthy Babies Healthy Children ~~components of the Family Health standards~~.

Boards of health may deliver additional programs and services in response to local needs identified within their communities, as acknowledged in Section 9 of the HPPA.

Furthermore, boards of health should bear in mind that in keeping with the French Language Services Act, services in French should be made available to French-speaking Ontarians located in designated areas.

The Protocols[ii] that accompany the OPHS are program and topic specific documents which provide direction on how boards of health must operationalize specific requirement(s) identified within the OPHS.

Boards of health need to be knowledgeable about their duties and responsibilities as specified in other applicable Ontario laws, including but not limited to, *the Building Code Act, the Child Care and Early Years Act, the Employment Standards Act, the Immunization of School Pupils Act, the Occupational Health and Safety Act, the Personal Health Information Protection Act, ~~Making~~ Healthy Menu ~~Healthier~~ Choices Act, 2015, the Smoke-Free Ontario Act 2017, ~~the Electronic Cigarettes Act, and~~ the Skin Cancer Prevention Act~~.~~, and the Safe Drinking Water Act.*

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[i] Ministry of Health ~~and Long-Term Care~~ website: http://www.health.gov.on.ca/english/providers/program/pubhealth/oph_standards/ophs/interactive.html
(retrieved May 1, 2009)

[ii] Ministry of Health ~~and Long-Term Care~~ website: http://www.health.gov.on.ca/english/providers/program/pubhealth/oph_standards/ophs/ophsprotocols.html (retrieved November 2010)

BOARD OF HEALTH MANUAL

MOTION:

THAT the Board of Health, having reviewed the proposed revisions within the Board of Health Manual, approve the Manual as presented on this date.

MOH/CEO RENEWAL EMPLOYMENT CONTRACT

MOTION:

WHEREAS the term of the current employment contract agreement for the Medical Officer of Health/CEO for the Sudbury & District Health Unit is until December 31, 2021; and

WHEREAS the Board of Health Executive Committee has historically reviewed the MOH/CEO contract agreement; and

WHEREAS the Board of Health Executive Committee Terms of Reference stipulate that the Executive Committee of the Board of Health may, from time to time, be assigned responsibilities by the Board of Health in areas such as: policy, personnel, and property; and

WHEREAS responsibilities assigned to the Board of Health Executive Committee must be delegated by majority vote of the full Board;

THEREFORE BE IT RESOLVED THAT the Board of Health assign to the Board of Health Executive Committee the responsibility to review a renewal agreement and recommend the updated agreement to the Board of Health for approval.

SUDBURY & DISTRICT HEALTH UNIT

Medical Officer of Health/Chief Executive Officer

Division: Corporate Services

Supervisor: Board of Health

Original date: June 1995

Reviewed date: ~~March 2016~~November 18, 2021

Revision date: November 18, 2021

SUMMARY

Reporting directly to the Board of Health, the Medical Officer of Health/Chief Executive Officer (herein after referred to as MOH) is responsible to the Board for the management and administration of all Public Health ~~-~~Sudbury & Districts (PHSD) ~~Health Unit (SDHU)~~ programs and services and for upholding the *Health Protection and Promotion Act* (HPPA) and any other Act, Regulations, and responsibilities pursuant to these authorities~~as relevant~~. The Medical Officer of Health directs all employees and persons whose services are engaged by the Board of Health. The Medical Officer of Health is also the Chief Executive Officer of PHSD~~the SDHU~~.

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DUTIES

A. Operational Responsibilities

Chief Executive Officer

i. provides overall direction and management of the health unit, its resources and services, subject to the general supervision of, and within the policy guidelines of the Board of Health.

ii. implements all public health programs, and such other programs or services as are indicated by local health needs and as approved by the Board of Health.

iii. chairs all meetings of the Executive Committee; attends all meetings of the Board of Health and sub-committees; sits ex-officio on standing, special staff or Board committees as specified in committee terms of reference.

iv. prepares annual report and reports for each Board of Health meeting.

v. ensures administrative practices that support transparency and accountability

vi. supports a culture of organizational effectiveness.

vii. ensures that strategies are put in place to provide for evidence-based decision-making and continuous quality improvement.

Epidemiologist/Community Health Planner

i. applies expertise in epidemiology to identifying community health issues and program/service gaps.
ii. advises on and/or plans and develops appropriate programs or services to respond to these gaps, along with relevant evaluation of such developments.

Risk Management/Public Health & Preventive Medicine Consultant

i. ensures that community public health hazards are adequately anticipated and prevented where possible and/or are promptly and adequately investigated and controlled should they develop.
ii. consults with and advises other practitioners, health care agencies, community groups and government agencies with respect to current appropriate measures directed toward disease prevention, health protection and promotion.

Best Practice/Evidence-Based Practitioner

i. ensures that current relevant research methodologies are applied in determining the need for new community health programs and in evaluating the effectiveness of established or new programs.
ii. makes available to other appropriate community agencies, where feasible, the resources of the health unit in research activities relevant to community health.
iii. applies the results of relevant research in acting as a community catalyst and advocate for community health policies and activities.

Teacher and Information Source

i. is available to health unit staff as a teaching resource for in-service education, and to community groups and agencies on issues relevant to community health.
ii. ensures that current reliable information on community health issues is provided to the media and other information sources.
~~iii. Enforcer of Public Health Statutes and Legislation~~
~~iv.~~iii. upholds, interprets, ~~and~~ administers, and enforces, within the limits provided by statute, all pertinent legislative and regulatory responsibilities~~federal and provincial regulations and municipal by-laws~~.

B. Human Resources Responsibilities

- In compliance with current legislation, responsible for establishing, maintaining and implementing policies and procedures for effective human resource management, recruitment, development, appraisal and deployment throughout the h~~H~~ealth u~~U~~nit.
- Responsible for the direct supervision of all direct reports, including Directors, ~~each Division Director, the~~ Associate Medial Officer(s) of Health, ~~Associate Director, Strategic Engagement~~ and ~~the~~ Executive Assistant to Medical Officer of Health/Secretary to Board of Health.

- Ensures that the Board of Health is apprised of the human resources complement to meet organizational objectives.
- Coaches, mentors and conducts performance appraisals on assigned staff. Provides leadership, supervision, support and consultation to individual employees concerning work related matters.
- Ensures appropriate professional development system though divisional and organizational staff development plans.
- Ensures that the workplace is compliant with the Occupational Health and Safety Act and its regulations and that conduct and activities of PHSD ~~the SDHU~~ are in accordance with the Act.
- In compliance with current legislation, responsible for ensuring that systems are established and maintained to protect the privacy of health information, and functions as the Health Information Custodian under current legislation.

C. Financial Resource Responsibilities

- Ensures, through the Director of Corporate Services, the preparation of all annual budgets by assigned staff, and their final review by the Finance Standing Committee for recommendation ~~. Approves annual budget~~ to ~~for recommendation to the~~ the Board of Health for approval ~~for its approval~~.
- Ensures the development and implementation of a regular system of reporting on the status of all budgets to appropriate directors and management and the reporting of overall health unit budgets.
- Ensures the implementation of financial systems and controls that are consistent with government guidelines and standards, the Public Health Funding and Accountability Agreement, as current, and Board of Health by-laws and policies, and which are consistent with acceptable accounting practices.

D. Organizational Responsibilities

- Responsible for the development of the health unit strategic plan, vision, mission and goals and objectives.
- Responsible for organization performance monitoring and improvement planning relating to ~~SDHU~~ PHSD accountability agreement indicators and targets.
- Responsible for the development of program planning and evaluation processes, consistent with existing standards and Board of Health expectations.
- Reflects the ~~SDHU's~~ PHSD mission, vision, philosophy, and strategic priorities in day-to-day work.
- Keeps the Board of Health apprised of relevant~~salient~~ events and issues.
- Demonstrates professional conduct and communication in interactions with others.
- Demonstrates strong interpersonal skills including: effective problem solving, conflict resolution, negotiation and mediation skills.

- Maintains professional competence via appropriate continuing education and self-directed study.
- Focuses on building community relationships, networks and coalitions and provides consultation specific to health unit programs.
- Applies appropriate technology to comprehensive programming (i.e. use of computerized health information and resources)

E. Community and Stakeholder Engagement

- Acts as principal information source to the community on community health matters and Health Unit programs and policies, including for example, health care professionals and institutions, the education sector, community health and social service agencies and planning bodies, municipal authorities and the general public.
- Ensures engagement with community issues and events that impact on health by various means including participating on appropriate committees, councils, etc., as an official health unit representative and ensuring the designation of appropriate health unit staff from assigned programs to community committees, councils, etc.
- Ensures is aware of and contributes to the public health system by participating in public health-related local, regional and provincial committees, associations, societies, etc.
- Ensures maintenance of Royal College certification and ongoing competence in Public Health & Preventive Medicine and epidemiology through attendance at workshops, seminars, courses and through self-directed learning.

F. Occupational Health and Safety Responsibilities

Ensures that workplace conduct and activities are in accordance with the *Occupational Health and Safety Act.*

- Serves as a role model by working in compliance with the Act and regulations
- Demonstrates the use of protective equipment or clothing to workers and provides education regarding the appropriate use of same
- Monitors worker compliance with the Act and regulations, and the use of protective devices and clothing as required by the employer
- Conducts regular inspections of the work area
- Investigates the report of any violations of the Act, defective equipment, workplace hazard or incident and implements appropriate corrective action
- Identifies and advises workers of actual or potential health and safety hazards, including written instructions when appropriate
- Ensures health and safety training and annual review of health and safety is completed for direct reports

- Takes every precaution reasonable in the circumstances for the protection of workers

SPECIFICATIONS

- Current licence to practice medicine in Ontario.
- Fellowship in Public Health & Preventive Medicine from the Royal College of Physicians and Surgeons of Canada.
- Minimum four years' experience in public health and preventive medicine.
- Minimum of two years leadership experience, particularly in a public health setting.
- Demonstrated superior leadership, planning and interpersonal skills, in particular negotiating solutions and making decisions.
- Demonstrated knowledge of community organizations and resources.
- Demonstrated computer skills with experience in word processing, presentation software, email, internet/intranet usage, spreadsheets and database software.
- Knowledge of current practice in relation to ethical issues.
- Knowledge and understanding of pertinent federal, provincial and municipal legislation, regulations and guidelines.
- Demonstrated ability to function cooperatively in a multi-disciplinary field.
- Eligible for joint appointment with affiliated universities.
- Maintains current Ontario driver's license and has access to a reliable vehicle in order to fulfill position requirements.
- Advanced oral and written proficiency in English is essential.
- Advanced oral and written proficiency in French is an asset.

MOH/CEO POSITION DESCRIPTION

MOTION:

BE IT RESOLVED THAT the Sudbury & District Board of Health endorse the revised position description for the Medical Officer of Health/Chief Executive Officer, dated November 2021.

Public Health
Santé publique
SUDBURY & DISTRICTS

Briefing Note

To: René Lapierre, Chair, Board of Health

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

Date: November 12, 2021

Re: 2022 Recommended Operating Budget

☐ For Information ☐ For Discussion ☒ For a Decision

Issue:
Approval is being sought for the recommended 2022 operating budget for Public Health Sudbury & Districts. The draft budget was developed by the Senior Management Executive Committee and recommended by the Medical Officer of Health. It was reviewed at the November 2, 2021, meeting of the Board of Health Finance Standing Committee. The budget is recommended by the Finance Committee to the Board of Health for approval.

Recommended Action:

> **THAT the Board of Health approve the 2022 operating budget for Public Health Sudbury & Districts in the amount of $28,020,382.**

1. **Budget Summary:**

   The recommended 2022 operating budget for programs and services is **$28,020,382** representing an increase of **$553,893** (**2.02%**) over the 2021 restated BOH 2021 approved budget. The proposed 2022 operating budget takes into account the ongoing requirement for Public Health to respond to the COVID-19 pandemic as well as the increasing pressure to reinstate progams that were reduced or suspended as a result of staff redeployment to support the COVID-19 response. Uncertainties about the province's COVID-19 response expectations and related funding mean that assumptions must be made to arrive at a 2022 operating budget. This briefing note describes key assumptions and context for 2022 budget deliberations.

   The recommended 2022 operating budget continues to include one-time mitigation funding of up to $1,179,500 from the MOH to offset the change to the funding formula announced in 2019. It includes a municipal increase of $593,893 (increase of 7% or $3.62 per capita over 2021). Adjustments to interest revenue are also made to reflect current market returns on investments.

2018–2022 Strategic Priorities:

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

There are no enhancements in the 2022 recommended budget and increases are a result of fixed costs, offset by continued retrenchment of operational lines wherever feasible. Significant increases in the inflation rate are driving fixed cost increases. Based on reasonable assumptions, projected cost increases are estimated to be $553,893 this year. Going into 2023, this means a projected shortfall of over $2.5M, assuming no reintroduction of the one-time provincial mitigation grant. Absent significant developments, additional and non-trivial program and service cuts would be anticipated in future fiscal periods. Projections are further complicated by the current COVID-19 pandemic and potential impact of the previously announced provincial transformation (or *modernization*) of Ontario's public health system and the related fiscal context.

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

The following sections provide details on key 2022 budget factors.

2. Budget Background

2.1 Environmental Context

Due to the ongoing COVID-19 pandemic, many PHSD programs and services were suspended or reduced in 2020 and in 2021. In 2021, approximately **75% of base staffing resources were shifted** to support the Public Health pandemic response. In this year, the COVID-19 response has included the **vaccination program** as well as the **management of cases, contacts and outbreaks**[1] of COVID-19. Of the projected $33 million in total COVID-19 expenses, approximately half is funded through the cost-shared budget and half through the province's COVID-19 extraordinary fund. Of the total COVID-19 expenses in 2021, approximately 62% support the vaccine program (including payments to partners for venues etc.) and 38% support the CCM program.

PHSD increased its staffing complement to deliver the COVID-19 vaccine and CCM programs. The increase was achieved through a combination of temporary staff recruitment (projected at $4,288,450) and significant overtime for permanent staff (projected at $4,161,060). There is evidence of negative impacts on staff wellbeing related to the intensity, duration, and work hours on staff, and the Board has been apprised that a more sustainable balance (i.e. increased recruitment and reduced overtime burden) is being pursued for the way forward. Finally, there is mounting pressure to restore and recalibrate Public Health programs to address the backlog caused by Public Health's redeployment to COVID-19 (e.g. childhood immunizations) and by the impacts on community health of the pandemic itself (e.g. mental health and addictions).

It is expected that Public Health will be required to maintain a robust pandemic response well into 2022. Vaccine third dose eligibility is expected to expand and vaccine approvals for 5-11 year olds is anticipated. Cases are expected to continue to rise with the relaxation of COVID-19 prevention

[1] Frequently referred to as CCM – Case and Contact Management

measures, and it is anticipated that we will experience increasing complexity of cases and outbreaks, increasingly affecting more historically stigmatized and disadvantaged populations (e.g. people who are homeless/underhoused or incarcerated).

The future of the work – that began under the former provincial Liberal government and has continued under the current Conservative government – to transform the public health system is unknown. Related field and stakeholder consultations were abruptly halted in early 2020 due to the pandemic. It is widely assumed that this issue will be revisted following the spring 2022 provincial election and may be informed by anticipated post-pandemic health system reviews.

2.2 Financial Context

The Board of Health was advised on July 22, 2021 of the 2021 Ministry of Health funding, including base funds for cost-shared and 100% funded programs and one-time funding for projects and initiatives. The Board of Health received up to $1,306,200 in one-time funding for the 2021-2022 funding year. Also included was up to $1,179,500 in *one-time* mitigation funding for 2021, which, as was the case for 2020, is intended to offset costs to municipalities that result from the change in provincial funding policy (i.e. change to 70:30 funding ratio for cost-shared programs and application of this formula to most previously 100%-funded programs). Funding was also received (total of $1,596,000 for April 1, 2021 to July 31, 2022) for the school-focused nurses initative to support COVID-19 prevention and management in schools. Finally, $11,212,100 in COVID-19 extraordinary funding was also announced: $1,490,000 for COVID General/CCM programming and $9,722,100 for the Vaccine Program (representing 42% and 49% of the requested amounts, respectively).

Further funding for COVID-19 extraordinary expenses over and above this initial funding announcement was communicated on November 2, 2021. Ministry correspondence (attached) confirmed that a total of $3,982,500 was approved for the COVID-19 General/CCM program and $12,371,500 for the COVID Vaccine program. This represents 100% of the funding requested through the quarterly report submission, which itself was based on actual expenses and projections for 2021. Importantly, the Minister of Health indicated that public health units will have continued opportunities to request reimbursement of COVID-19 extraordinary costs, including vaccine related expenses, for the 2021 and 2022 funding years.

The Ministry of Health announced on August 18 that the one-time mitigation grant ($1,179,500 annually since 2020) would be available for a third time in 2022. There are no increases to provincial base funding as yet announced or anticipated although this has been the subject of much advocacy of many boards of health and of alPHa, highlighting the consequent erosion to public health capacity.

2.3 Public Health Sudbury & Districts Budget Assumptions:
Given the unknowns, a number of assumptions were required upon which to base the 2022 estimated expenses. These are as follows:

2.3.1 The *one-time mitigation* grant will be available in 2022, providing PHSD with $1,179,500 in funding to offset costs to municipalities as a result of the funding policy changes announced in 2019. This funding effectively continues to freeze Ministry of Health base funding[2]

2.3.2 As per the 2021 Public Health Funding and Accountability Agreement, the Ministry will continue to fund Northern Fruit and Vegetable and Indigenous Communities programs, Unorganized Territories, MOH/AMOH Compensation Initiative and the Ontario Senior Dental Care Program at 100%.

2.3.3 Fixed costs, including steps on salary grids, negotiated settlements, utilities, insurance, etc., continue to increase. Canada's inflation rose to a new 18-year high of 4.4% in September and experts are saying that it will continue to climb in the final quarter of 2021.

2.3.4 At this time, provincial base funding is expected to remain status quo. The base funding from the provincial government is found in footnote 2. The municipal levy percent increases in the last five years have been 2%, 1.75%, 3%, 10%, and 5%.

2.3.5 Ministry officials have shared that boards of health will have continued opportunities to request reimbursement of COVID-19 extraordinary costs, including vaccine related expenses, for the 2021 and 2022 funding years (see attached correspondence dated November 2, 2021).

2.3.6 The impact on our workforce of responding to the demands and intensity COVID-19 has had a significant burden on our human resources with higher than previous levels of leaves, resignations, and retirements. This combined with pressures to reactive other public health

[2] History of grants from Ministry of Health for cost-shaerd budget.

	MOH Funding History
Year	MOH Funding
2014	14,892,975
2015	14,893,000
2016	14,893,000
2017*	14,687,000
2018	15,127,700
2019	15,127,700
2020**	16,789,784
2021	16,836,800

*Integration of Dental cost shared program to 100% funded Healthy Smiles Ontario program
**Funding formula change to 70:30 and integration of most all 100% funded programs

programs means that we will recruit temporary staff as much as possible to reduce the burden of demands on permanent staff. Reimbursement for these expenses will be sought through the COVID-19 extraordinary fund.

2.3.7 Notwithstanding the need to prioritize programming in the context of a pandemic, the legislative requirements of boards of health remain the same, as articulated in the *Health Protection and Promotion Act* and related regulations, and the Ontario Public Health Standards and related protocols and guidelines. Further it is the expectation of the Chief Medical Officer of Health that boards of health plan for the resumption of services according to our respective business continuity plans and assessments of local population health needs.

2.4 Reserve Funds

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

As of December 31, 2020, the reserve funds balances total $17,816,986 of which $11M has been committed to the Infrastructure Modernization Capital project. Of the remaining $6.8M, just over $4.7M could support emergency needs of the organization. For context, this represents a 8.5 week cash flow.

3. Recommended 2022 Budget

Management began budget deliberations with a projected shortfall of approximately $1,77M resulting from the ministry funding policy change and fixed cost increases. Incorporating the Ministry's one time mitigation grant of $1,179M and municipal funding of $9,078M and incorporating budget pressures of $52,066 results in the recommended budget.

3.1 Operating Revenues

The 2022 operating revenues include Ministry of Health funding for mandatory cost-shared programs, the one-time mitigation grant to offset the reduction in provincial funding due to the funding policy change, the Ministry of Health Unorganized Territories funding, municipal funding, and interest. The municipal funding is increased by $593,893. Interest revenue is projected to decrease by $40k over the 2021 budgeted levels due to lower interest rates on investments and bank balances. There is no change in Unorganized Territories funding.

3.2 Expenditures

3.2.1 Overall

The 2.02% *overall* budget increase is comprised of the following:

Salary cost increase	0.47%
Benefit cost increase	1.27%
Operating cost increase	0.28%
Overall Increase	**2.02 %**

3.2.2 Salary and Benefit Changes

Comparisons of 2022 expenditures with 2021 are outlined below.

As compared with 2021, the salary and benefit budget lines reflect an increase of 0.69% and an increase of 6.33%, respectively:

- **Salary**: As compared with 2021, salaries show an increase of $128,519 or 0.69%. This amount includes a nominal annual increase and staff movement along salary grid steps.

- **Benefits:** As compared with 2021, benefits show an increase of $349,293 or 6.33%. Historical utilization is factored heavily in the projection of the rate increases in addition to the significant market increases expected next year. Long term disability, short term disability and extended health premiums are projected to increase by 10%, 17% and 16%, respectively. The budget has been prepared on the basis of these expected increases.

3.2.3 Operating Expenditure Changes:

As compared with the 2021 budget, the 2022 recommended budget reflects an overall increase in operating expenditures of $128,146 or 3.82%. Increases were applied to fixed costs such as insurance, rent and building maintenance to reflect the increased costs associated with these items. With rising inflation rates (as of September 2021, Canada's inflation rate was 4.4% and is expected to rise in the final quarter of 2021), it is expected that PHSD will continue to face significant increases to fixed costs going forward.

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

- **Professional Fees:** The increase in expenses is related to an increase in audit fees for the 2021-2023 fiscal years.

- **Program Expenses:** The increase in expenses is mainly caused by bringing in the previously 100% funded programs that are now part of mandatory cost-shared into the cost-shared budget. A total of $87,100 of funding that would have been netted out against expenses for these programs was brought into cost-shared revenues and the remaining difference is from eliminating the administration and accommodation charges in these programs.

- **Furniture and Equipment:** The decrease in expenses is related to the Infrastructure Modernization projects. It is expected that purchases of Furniture and Equipment will be lower in 2022 than in previous years.
- **Insurance:** The increase in expenses is related to general market rates increasing across the insurance industry. A 5% increase over 2021 actual costs is reflected in the 2022 budget.
- **Information Technology:** The increase is due to adjustments required to reflect market increases to application licensing costs.
- **Expense Recoveries:** The decrease in expense recoveries is a result of eliminating the administration and accommodation expenses in previously 100% funded programs that are now included in the mandatory cost shared budget.
- **Rent:** The increase is due to increases in contractual rates for rent at PHSD offices, including the new location for the district office in Chapleau.
- **Building Maintenance**: The increase is due to increased contractual costs with facilities management
- **Utilities**: The increase is a result of increased utility costs as well as the inclusion of utility costs for the new location for the district office in Chapleau.
- **Staff Development:** The decrease of the staff development line is reflective of the current environment and the heightened virtual presence of all development opportunities.

3.2.4 Schedules

Appendix B provides the detailed schedules for the recommended 2022 operating budget by divisions, expenditure categories, and municipal levies.

4. Conclusion

The recommended 2022 budget for public health programs and services is **$28,020,382** representing an increase of **$553,893** (**2.02%**). At only a 2.02% increase over previous, the recommended budget is the minimum required to maintain public health services, including responding to community needs in the context of the global outbreak of SARS-CoV-2, the COVID-19 pandemic.

Ontario Public Health Standard:
Organizational Requirements – Fiduciary Requirements Domain

Strategic Priority:
Organizational Commitment

2018–2022 Strategic Priorities:
1. Equitable Opportunities
2. Meaningful Relationships
3. Practice Excellence
4. Organizational Commitment

Public Health Sudbury & Districts
Cost Shared Programs & Services

2022 Recommended Operating Budget

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	BOH 2021 Approved	in year adjs	Restated BOH 2021 Approved	2022 Budget	Increase (Decrease)
Revenue					
MOH					
MOHLTC - General Programs	16,789,784	47,016	16,836,800	16,836,800	-
One-Time Mitigation	1,179,500		1,179,500	1,179,500	-
MOHLTC - Unorganized Territory	826,000		826,000	826,000	-
Total MOH	**18,795,284**	**47,016**	**18,842,300**	**18,842,300**	**-**
Municipal					
Municipal Levies	8,484,189		8,484,189	9,078,082	593,893
Total Municipal	**8,484,189**	**-**	**8,484,189**	**9,078,082**	**593,893**
Other					
Interest Earned	140,000		140,000	100,000	(40,000)
Total Other	**140,000**	**-**	**140,000**	**100,000**	**(40,000)**
Total All Funding Sources	**27,419,473**	**47,016**	**27,466,489**	**28,020,382**	**553,893**
Expenditures				**28,072,448**	
Budget Pressures				**(52,066)**	**(52,066)**
Total Expenditures	**27,419,473**	**47,016**	**27,466,489**	**28,020,382**	**553,893**
Net Surplus (Deficit)				**0**	**0**

Public Health Sudbury & Districts
Cost Shared Programs & Services

2022 Recommended Operating Budget

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		BOH 2021 Approved	in year adjs	Restated BOH 2021 Approved	2022 Budget	Increase (Decrease)
Revenue						
	MOHLTC - General Programs	16,789,784	47,016	16,836,800	16,836,800	-
	One-Time Mitigation	1,179,500		1,179,500	1,179,500	-
	MOHLTC - Unorganized Territory	826,000		826,000	826,000	-
	Municipal Levies	8,484,189		8,484,189	9,078,082	593,893
	Interest Earned	140,000		140,000	100,000	(40,000)
	Total Revenue	**27,419,473**	**47,016**	**27,466,489**	**28,020,382**	**553,893**
Expenditures						
Corporate Services						
100	Corporate Services	4,638,764	47,016	4,685,780	4,896,078	210,298
101	Office Admin	115,350		115,350	115,350	-
102	Espanola	119,440		119,440	117,766	(1,674)
103	Manitoulin Island	129,622		129,622	131,604	1,982
104	Chapleau	102,536		102,536	126,876	24,340
105	Sudbury East	18,104		18,104	18,104	-
107	Intake	345,062		345,062	344,251	(811)
110	Facilities Management	574,599		574,599	602,893	28,294
111	Volunteer Resources	3,850		3,850	3,850	-
	Total Corporate Services	**6,047,327**	**47,016**	**6,094,343**	**6,356,771**	**262,428**
Health Protection						
500	Health Protection - General	1,297,270		1,297,270	1,326,023	28,752
501	Environmental	2,574,849		2,574,849	2,642,778	67,929
750	Social Determinants of Health Nurses Initiative	18,250		18,250	-	(18,250)
505	Vector Borne Disease	88,162		88,162	88,828	666
506	Small Drinking Water Systems	181,995		181,995	177,834	(4,161)
202	Clinic	1,322,038		1,322,038	1,687,795	365,757
735	CID and ICPHN	389,000		389,000	-	(389,000)
203	Clinical Services - Branches	227,749		227,749	231,803	4,055
206	Risk Reduction	185,942		185,942	273,042	87,100
209	Sexual Health	1,064,344		1,064,344	1,079,262	14,917
210	MOHLTC - Influenza	0		0	(0)	(0)
211	MOHLTC - Meningittis	(0)		(0)	0	0
212	MOHLTC - HPV	0		0	(0)	(0)
722	Electronic Cigarettes Act - Protection and Enforcement	26,700		26,700	-	(26,700)
726	Smoke-Free Ontario Strategy: Protection and Enforcement	233,800		233,800	257,999	24,200
	Total Health Protection	**7,610,099**	**-**	**7,610,099**	**7,765,365**	**155,265**
Health Promotion						
300	Promotion - General	954,735		954,735	997,565	42,830
303	Branches (Espanola/Manitoulin)	333,954		333,954	351,716	17,762
304	Nutrition & Physical Activity Team	1,279,189		1,279,189	1,480,999	201,809
792	Diabetes Prevention Programming	175,000		175,000	-	(175,000)
305	Branches (Sudbury East/Chapleau)	219,598		219,598	223,514	3,916
310	Injury Prevention	27,874		27,874	-	(27,874)
312	Tobacco, Alcohol and Canabis	344,382		344,382	378,183	33,801
314	Family Team	791,330		791,330	854,447	63,117
318	Reproductive & Child Health	43,700		43,700	-	(43,700)
318	Mental Health and Addicitions	372,600		372,600	375,039	2,439
213	Dental	538,539		538,539	546,066	7,528
787	Healthy Smiles Ontario Program	612,200		612,200	616,967	4,767
218	Vision Heath	70,486		70,486	39,511	(30,975)
725	Smoke-Free Ontario Strategy: TCAN Coordination	383,000		383,000	544,806	161,805
730	Smoke-Free Ontario Strategy: Tobacco Control Coordination	100,000		100,000	-	(100,000)
732	Smoke-Free Ontario Strategy: Youth Tobacco Use Prevention	80,000		80,000	-	(80,000)
771	Harm Reduction Program Enhancement	150,000		150,000	159,201	9,201
	Total Health Promotion	**6,476,589**	**-**	**6,476,589**	**6,568,014**	**91,425**
School Health, Vaccine Preventable Diseases and COVID Prevention						
350	School Health, VPD, COVID Prevention - General	366,674		366,674	192,058	(174,615)
301	School Health and Behaviour Change	1,746,304		1,746,304	1,985,343	239,040
352	VPD and COVID CCM	2,120,790		2,120,790	1,994,158	(126,632)
	Total School Health, Vaccine Preventable Diseases and COVID Prevention	**4,233,768**	**-**	**4,233,768**	**4,171,560**	**(62,207)**
Knowledge and Strategic Services						
401	Knowledge and Strategic Services	2,611,413		2,611,413	2,685,290	73,877
404	Workplace Capacity Development	23,507		23,507	23,507	-
405	Health Equity Office	14,440		14,440	14,440	-
415	Strategic Engagement Unit	10,232		10,232	10,232	-
738	Enhanced Food Safety - Haines Initiative	392,099		392,099	477,269	85,170
	Total Knowledge and Strategic Services	**3,051,691**	**-**	**3,051,691**	**3,210,738**	**159,047**
	Budget Pressures				(52,066)	(52,066)
	Total Expenditures	**27,419,473**	**47,016**	**27,466,489**	**28,020,382**	**553,893**
Net Surplus (Deficit)		**0**	**-**	**0**	**0**	**0**

Public Health Sudbury & Districts
Expenditures By Category

2022 Recommended Operating Budget

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Description	2021 Restated BOH Approved Budget	2022 Recommended Budget	Change ($) Inc/(Dec)
Salaries	18,598,384	18,726,903	128,519
Benefits	5,513,754	5,863,047	349,293
Total Salaries & Benefits	**24,112,138**	**24,589,950**	**477,812**
Office Supplies	105,068	105,068	-
Media & Advertising	131,950	130,365	(1,585)
Health Services / Purchased Services	172,449	125,433	(47,016)
Professional Fees	59,772	63,910	4,138
Travel	294,857	291,607	(3,250)
Program Expenses	940,376	981,179	40,803
Photocopy Expenses	28,255	28,255	-
Telephone Expenses	197,786	201,590	3,804
Postage & Courier Services	64,972	64,972	-
Vector Borne Disease - Education and Surveillance	44,825	44,825	-
Books & Subscriptions	9,345	9,345	-
Furniture & Equipment	21,270	18,020	(3,250)
Rent Revenue	(69,076)	(69,076)	-
Insurance	121,234	145,514	24,280
Information Technology	620,775	632,678	11,903
Rent Surplus Transferred to Reserve	56,642	56,642	-
Translation	49,440	48,690	(750)
Memberships	29,889	29,889	-
Expense Recoveries	(782,235)	(732,941)	49,294
Rent	273,408	312,365	38,957
Building Maintenance	593,599	625,246	31,647
Utilities	225,827	236,567	10,740
Staff Development	163,923	132,355	(31,568)
Total Operational Expenses	**3,354,351**	**3,482,498**	**128,146**
Budget Pressures		(52,066)	(52,066)
Total Expenditures	**27,466,489**	**28,020,382**	**553,893**

Public Health Sudbury & Districts
Cost Shared Programs and Services

Municipal Levy

			2021	2022	
Total Budget			27,419,473		28,020,382
Municipal Levy			8,484,189		9,078,082

Municipal Levy	2018 Population*	% Population	2021 Levy	Levy	Difference
Assiginack (Township of)	754	0.459%	38,947	41,673	2,726
Baldwin (Township of)	505	0.307%	26,051	27,874	1,823
Billings (Township of)	501	0.305%	25,881	27,693	1,811
Burpee and Mills (Township of)	273	0.166%	14,088	15,074	986
Central Manitoulin (Township of)	1,711	1.042%	88,410	94,598	6,188
St. Charles	1,156	0.704%	59,733	63,914	4,181
Chapleau (Township of)	1,915	1.166%	98,930	105,855	6,925
French River	2,374	1.445%	122,601	131,183	8,582
Espanola Town	4,362	2.655%	225,260	241,028	15,768
Gordon/ Barrie Island	449	0.273%	23,167	24,788	1,621
Gore Bay Town	739	0.450%	38,184	40,856	2,673
Markstay-Warren	2,328	1.417%	120,226	128,641	8,415
Northeastern Manitoulin & the Islands (Town)	2,129	1.296%	109,960	117,657	7,697
Nairn & Hyman (Township)	396	0.241%	20,452	21,883	1,431
Killarney	346	0.211%	17,906	19,159	1,253
Sables-Spanish River (Township of)	2,680	1.631%	138,382	148,068	9,686
City of Greater Sudbury	141,290	86.010%	7,297,256	7,808,069	510,814
Tehkummah (Township of)	363	0.221%	18,755	20,067	1,312
TOTAL	164,271	100%	8,484,189	9,078,082	593,893
Per Capita Rate			51.65	55.26	3.62

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

Ministry of Health

Office of the Deputy Premier and Minister of Health

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eApprove-72-2021-312

November 2, 2021

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 $5,141,900 in additional one-time funding for the 2021-22 funding year to support extraordinary costs associated with preventing, monitoring, detecting, and containing COVID-19 in the province.

Ontario recognizes the considerable time and resources necessary for public health units to continue to effectively respond to COVID-19, including leading the roll-out of the COVID-19 Vaccine Program at the local level. In recognition of these unique circumstances, public health units will have continued opportunities to request reimbursement of COVID-19 extraordinary costs, including vaccine related expenses, for the 2021 and 2022 funding years.

Dr. Kieran Moore, 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,

Christine Elliott

Christine Elliott
Deputy Premier and Minister of Health

.../2

<u>Mr. René Lapierre</u>

c: Dr. Penny Sutcliffe, Medical Officer of Health, Sudbury and District Health Unit
Dr. Kieran Moore, Chief Medical Officer of Health
Alison Blair, Associate Deputy Minister, Pandemic Response and Recovery

IN CAMERA

MOTION:

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

Time: ____

RISE AND REPORT

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

2022 OPERATING BUDGET

MOTION:

THAT the Board of Health approve the 2022 operating budget for Public Health Sudbury & Districts in the amount of $ 28,020,382.

Public Health
Santé publique
SUDBURY & DISTRICTS

Briefing Note

To: René Lapierre, Chair, Sudbury & District Board of Health

From: Dr. Penny Sutcliffe, Medical Officer of Health/Chief Executive Officer

Date: November 12, 2021

Re: Public Health Heroes and Staff Appreciation Day

☐ For Information ☒ For Discussion ☒ For a Decision

Issue:
The purpose of this briefing note is to seek Board of Health recognition of Public Health Sudbury & Districts Staff as Public Health Heroes and to seek support for the Board of Health Staff Appreciation Day.

Recommended Action:
That the Board of Health approve the following motion:

Motion: **BE IT RESOLVED THAT this Board of Health recognize the tremendous contributions of Public Health Sudbury & Districts staff throughout the pandemic, and recognize all staff as Public Health Heroes; and**

FURTHER, that this Board of Health approve a Staff Appreciation Day for the staff of Public Health Sudbury & Districts during an extended period encompassing the upcoming holiday season. The Staff Appreciation Day may be taken between the dates of December 1, 2021, to March 31, 2022. Essential services will be available and provided at all times except for statutory holidays when on-call staff will be available.

Background:

Public Health Staff as Public Health Heroes

- In March 2020, Public Health Sudbury & Districts (Public Health), the communities we serve, and indeed the entire world were forever changed with the declaration of the global COVID-19 pandemic. In the 20 months since that time, most of our staff's time, energy, and focus has been dedicated to responding to the pandemic. We have achieved many successes through our actions to reduce transmission of the virus in the community, however, these successes have not come without many staff sacrifices.

2018–2022 Strategic Priorities:
1. Equitable Opportunities
2. Meaningful Relationships
3. Practice Excellence
4. Organizational Commitment

- In addition to the impact of the pandemic on program and service delivery, Public Health staff have also been directly impacted. Our response to the pandemic has required a redirection of our work functions as well as increased need for long-working hours within a context of uncertainty and volatility. Public Health professionals have tirelessly served local communities in our catchment area as well as our families and friends
- Public Health staff have demonstrated incredible resilience and a commitment to public health and service to the communities in Sudbury and districts. Staff have demonstrated the importance of Public Health in responding to this immediate public health threat. Staff have acquired new public health skills, have forged new and strengthened existing relationships and partnerships, and have a greater appreciation of the interconnected nature of public health practice. While the stresses of responding to the COVID-19 pandemic are very real, it is also important to recognize these opportunities for growth.
- The Public Health Heroes – Recognition Award was first instituted in 2019 and is designed to recognize community members and organizations for their everyday contributions to the health of our community. This program is designed to broadly recognize those who are making our communities healthier. The Program was put on hold in 2020 due to the pandemic response.
- It is recommended that, for 2021, the Board of Health recognize all staff of Public Health Sudbury & Districts as Public Health Heroes in light of their significant contributions towards fostering, promoting, and protecting the health of our communities

Board of Health Staff Appreciation Day

- The Sudbury & District Board of Health has provided the Staff Appreciation Day (previously the Board Float) in a variety of ways for an extensive history dating back to the year 1975. The gift of one day with pay was established as a symbol of appreciation from the Board of Health to all Public Health staff and is subject to annual approval by the Board of Health.
- Originally the day was to be taken during the Christmas holiday period. This was subsequently changed in recognition of our cultural diversity to allow the use of the day within the period from December 1 to February 28 unless otherwise designated by the Board of Health motion. This year, it is recommended that the period for use of this day be extended to March 31, in recognition of the workload associated with pandemic response. If an employee does not take the day within the designated timeframe, it is lost and cannot be carried forward.

Employees qualify for the staff appreciation day based on the following:

- Permanent full-time employees who have completed their probationary period in or before the calendar year in which the Board approved day shall be granted (full day or 7.0 hours).
- Permanent less than full-time employees who have completed their probationary period in or before the calendar year in which the Board approved day shall be granted and who work a minimum of 17.5 hours per week (half day or 3.5 hours).
- Temporary/contract employees on a full-time or part-time basis who have more than one-year of service on the last day of the calendar year in which the Board motion is passed (part-time 3.5 hours/full-time 7.0 hours).

The Public Health collective agreements with ONA and CUPE reference the Staff Appreciation Day noting that scheduling will be subject to a "mutually agreeable time" and recognize that the Staff Appreciation Day is contingent upon Board of Health approval.

Given the extensive history of Board of Health approval of the Appreciation Day, it is recognized as a part of the Public Health organizational culture. Many employees every year submit emails, letters, and notes to express their gratitude for the recognition provided by the Board of Health to their daily efforts and contributions to local public health. In addition, this day would be particularly appreciated by staff in recognition of their "heroic" work during the pandemic.

Financial Implications:
Not applicable

Ontario Public Health Standard:
Not applicable

Strategic Priority:
4

2018–2022 Strategic Priorities:

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

STAFF APPRECIATION DAY AND PUBLIC HEALTH HEROES

MOTION:

BE IT RESOLVED THAT this Board of Health recognize the tremendous contributions of Public Health Sudbury & Districts staff throughout the pandemic, and recognize all staff as Public Health Heroes;

FURTHER, that this Board of Health approve a Staff Appreciation Day for the staff of Public Health Sudbury & Districts during an extended period encompassing the upcoming holiday season. The Staff Appreciation Day may be taken between the dates of December 1, 2021, to March 31, 2022. Essential services will be available and provided at all times except for statutory holidays when on-call staff will be available.

ADDENDUM

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

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

ADJOURNMENT
MOTION: THAT we do now adjourn. Time: _____________