Board of Health Meeting # 06-24

Public Health Sudbury & Districts

Thursday, September 19, 2024

1:30 p.m.

Boardroom

1300 Paris Street

Public Health
Santé publique
SUDBURY & DISTRICTS

July 24, 2024

The Honourable Sylvia Jones
Deputy Premier and Minister of Health

sylvia.jones@ontario.ca

Dear Minister Jones:

The purpose of the letter is to notify the Ministry of a public appointee on the Board of Health for Public Health Sudbury & Districts whose term of appointment will be expiring.

Ryan Anderson has served as provincial appointee on the Board of Health since September 7, 2023. His term is ending September 6, 2024, and he has confirmed his interest in seeking reappointment. The Board of Health supports this request for a reappointment to the Board of Health for Public Health Sudbury & Districts.

The Board recognizes his valuable contributions to the Board of Health over the course of his term.

Sincerely,

René Lapierre
Chair, Board of Health

cc: Rosemin Dhalla, Public Appointments Secretariat, Ministry of Health
Dr. M. Mustafa Hirji, Acting Medical Officer of Health and Chief Executive Officer, Public Health Sudbury & Districts

Sudbury
1300 rue Paris Street
Sudbury ON P3E 3A3
t: 705.522.9200
f: 705.522.5182

Elm Place
10 rue Elm Street
Unit / Unité 130
Sudbury ON P3C 5N3
t: 705.522.9200
f: 705.677.9611

Sudbury East / Sudbury-Est
1 rue King Street
Box / Boîte 58
St.-Charles ON P0M 2W0
t: 705.222.9201
f: 705.867.0474

Espanola
800 rue Centre Street
Unit / Unité 100 C
Espanola ON P5E 1J3
t: 705.222.9202
f: 705.869.5583

Île Manitoulin Island
6163 Highway / Route 542
Box / Boîte 87
Mindemoya ON P0P 1S0
t: 705.370.9200
f: 705.377.5580

Chapleau
34 rue Birch Street
Box / Boîte 485
Chapleau ON P0M 1K0
t: 705.860.9200
f: 705.864.0820

toll-free / sans frais
1.866.522.9200

phsd.ca

Resolution Number CC2024-201

Title: Resignation - Board of Health for Public Health Sudbury and Districts and Greater Sudbury Public Library Board

Date: Tuesday, September 3, 2024

Moved By Councillor Cormier

Seconded By Councillor Fortin

THAT the City of Greater Sudbury appoints Councillor Brabant to the Board of Health for Public Health Sudbury & Districts for the term ending November 14, 2026, or until their successor is appointed, as outlined in the report entitled "Resignation - Board of Health for Public Health Sudbury and Districts and Greater Sudbury Public Library Board", from the General Manager of Corporate Services, presented at the City Council meeting on September 3, 2024.

CARRIED

Resignation - Board of Health for Public Health Sudbury and Districts and Greater Sudbury Public Library Board

Presented To:	City Council
Meeting Date:	September 3, 2024
Type:	Managers' Reports
Prepared by:	Brigitte Sobush Clerk's Services
Recommended by:	General Manager of Corporate Services

Report Summary

This report sets out the procedure to appoint members of Council to the Board of Health for Public Health Sudbury and Districts as well as the Greater Sudbury Public Library Board.

Resolutions

Resolution 1:
THAT the City of Greater Sudbury appoints Councillor _____ to the Board of Health for Public Health Sudbury & Districts for the term ending November 14, 2026, or until their successor is appointed, as outlined in the report entitled “Resignation - Board of Health for Public Health Sudbury and Districts and Greater Sudbury Public Library Board”, from the General Manager of Corporate Services, presented at the City Council meeting on September 3, 2024.

Resolution 2:
THAT the City of Greater Sudbury appoints Councillor _____ to the Greater Sudbury Public Library Board for the term ending November 14, 2026, or until their successor is appointed, as outlined in the report entitled “Resignation - Board of Health for Public Health Sudbury and Districts and Greater Sudbury Public Library Board”, from the General Manager of Corporate Services, presented at the City Council meeting on September 3, 2024.

Relationship to the Strategic Plan, Health Impact Assessment and Climate Action Plans

This report refers to operational matters.

Financial Implications

There are no financial implications associated with this report.

Background

Councillor Sizer has resigned from the Board of Health for Public Health Sudbury and Districts as well as the Greater Sudbury Library Board.

Board of Health for Public Health Sudbury and Districts:

While there are to be a total of seven members of the Board appointed by CGS Council, at least one Council Member must be appointed. If additional Council Members wish to sit on the Board the remaining balance will be allotted to citizens.

Councillors Signoretti, Parent, Lapierre, Sizer and Fortin have been appointed to the Board of Health for Public Health Sudbury and Districts at the beginning of the term of council. If a Member of Council does not wish to be appointed to the board, a citizen appointment process will be initiated.

Greater Sudbury Public Library Board:

The Greater Sudbury Public Library Board is currently comprised of eight members. There is no legislative requirement for any Council Members on this Board, but the maximum number is four. Additionally, Members of Council may not constitute a majority of the members of the Board.

Councillors Signoretti, Sizer and Cormier have been appointed to the Greater Sudbury Public Library Board at the beginning of the term of council. If a Member of Council does not wish to be appointed to the board, a citizen appointment process will be initiated.

Selection:

The selection of these positions is to be conducted in accordance with the City of Greater Sudbury's Procedure By-law. Council's procedure requires that in the event more candidates are nominated for the required position, that position will be chosen by simultaneous recorded vote.

Simultaneously recorded votes are conducted by way of an electronic vote, however, the electronic vote system does not have the functionality for dealing with appointments. Accordingly, the By-law provides that paper ballots are to be used for members that are attending in person and members participating virtually are to provide their votes to the Clerk in writing.

Resources Cited:

City of Greater Sudbury Procedure By-law 2019-50: https://www.greatersudbury.ca/city-hall/by-laws/

Public Health
Santé publique
SUDBURY & DISTRICTS

AGENDA – SIXTH MEETING
BOARD OF HEALTH
PUBLIC HEALTH SUDBURY & DISTRICTS
BOARDROOM, SECOND FLOOR
THURSDAY, SEPTEMBER 19, 2024 – 1:30 P.M.

1. CALL TO ORDER AND TERRITORIAL ACKNOWLEDGMENT

- Letter to Ministry of Health and Long-Term Care recommending the provincial re-appointment of Ryan Anderson, dated July 24, 2024
- City of Greater Sudbury Report and Motion Re Appointment of Michel Brabant on Board of Health for Public Health Sudbury & Districts, due to resignation of Al Sizer

2. ROLL CALL

3. REVIEW OF AGENDA/DECLARATIONS OF CONFLICTS OF INTEREST

4. DELEGATION/PRESENTATION

i) Changing Patterns of Infectious Disease

- Stacey Laforest, Director, Health Protection Division

ii) The Unlearning and Undoing White Supremacy and Racism Project

- Sarah Rice, Special Advisor, Indigenous Affairs, Indigenous Engagement Team, Knowledge and Strategic Services
- Jasmine Fournier, Health Promoter, Indigenous Engagement Team, Knowledge & Strategic Services

5. CONSENT AGENDA

i) Minutes of Previous Meeting

a. Fifth Meeting – June 20, 2024

ii) Business Arising From Minutes

iii) Report of Standing Committees

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

a. MOH/CEO Report, September 2024

v) Correspondence

a. Physical Literacy for Communities: A Public Health Approach

Board of Health for Public Health Sudbury & Districts Motion #34-24

- Letter from Grey Bruce Public Health Board of Health Chair to the Chief Medical Officer of Health, dated September 3, 2024

b. Ontario Protecting Communities and Supporting Addiction Recovery with New Treatment Hubs

- Letter from Association of Local Public Health Agencies (alPHa) Chair to the Minister of Health, dated August 29, 2024

c. Support for Bills S-233 and C-223, An Act to develop a national framework for a guaranteed livable basic income

- Letter from Middlesex-London Health Unit (MLHU) Board of Health Chair to Prime Minister of Canada, Deputy Prime Minister and Minister of Finance, Minister of Health, Leader of the Government in the House of Commons, House Leader of the Official Opposition, House Leader of the Bloc Québécois, House Leader of the New Democratic Party and Standing Senate Committee on National Finance, dated July 24, 2024, along with MLHU's Board report.

d. New measures to help prevent harms to youth from nicotine replacement therapies

- Health Canada News Release dated August 22, 2024; *Health Canada introduces new measures to help prevent harms to youth from nicotine replacement therapies*
- Letter from the Chair, Board of Health for Public Health Sudbury & Districts to the Minister of Health of Canada, dated September 11, 2024

vi) Items of Information

None.

APPROVAL OF CONSENT AGENDA

MOTION:

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

6. NEW BUSINESS

i) Unlearning and Undoing White Supremacy and Racism Project

- Briefing Note from M. Mustafa Hirji, Acting Medical Officer of Health and Chief Executive Officer to the Board of Health dated September 12, 2024

ii) 2024–2028 Accountability Monitoring Plan: Strategic Priority Performance Measures

- Briefing Note from M. Mustafa Hirji, Acting Medical Officer of Health and Chief Executive Officer to the Board of Health dated September 12, 2024
- 2024–2028 Accountability Monitoring Plan: Strategic Performance Measures

ACCOUNTABILITY MONITORING PLAN, 2024-2028: STRATEGIC PRIORITY PERFORMANCE MEASURES

MOTION:

WHEREAS the Board of Health motion #27-24 endorsed the 2024–2028 Accountability Monitoring Plan for Public Health Sudbury & Districts and directed the Medical Officer of Health to operationalize the Plan, ensuring an annual report to the Board of Health; and

WHEREAS one step in the operationalization of the plan is the development of performance measures specific to the 2024–2028 Strategic Plan; and

WHEREAS the Joint Board of Health/Staff Accountability Working Group reviewed the proposed performance measures and recommends them to the Board of Health;

THEREFORE BE IT RESOLVED that the Board of Health approve the Strategic Priority Performance Measures as part of the 2024–2028 Accountability Monitoring Plan for Public Health Sudbury & Districts.

iii) Support for Ontario to Continue to Protect the Safety of Private Drinking Water

- Letter from the Municipality of Central Manitoulin to the Premier of Ontario, dated July 8, 2024
- Letter from the Peterborough Public Health Board of Health Chair to the Deputy Premier and Minister of Health and the Minister of the Environment, Conservation and Parks, dated June 20, 2024

SUPPORT FOR ONTARIO TO CONTINUE TO PROTECT THE SAFETY OF PRIVATE DRINKING WATER

MOTION:

WHEREAS twenty-two percent of households within the Public Health Sudbury & Districts service area rely on private drinking water systems; and

WHEREAS it is recommended that drinking water be tested frequently to ensure that it is safe for human consumption; and

WHEREAS exposure to contaminated drinking water can lead to severe gastrointestinal illness and in rare cases may result in death; and

WHEREAS anyone can become ill from drinking contaminated water; however, children, older adults, and people with weakened immune systems are at a higher risk of the harmful effects; and

WHEREAS Public Health Ontario's Well Water Testing program is a publicly-funded service that tests water samples from private drinking water sources for indicators of bacterial contamination; and

WHEREAS testing drinking water quality at private laboratories can be cost prohibitive; and

WHEREAS Public Health Ontario in conjunction with the Ministry of Health has proposed joint modernization plans in 2017 and again in January 2023 that proposed discontinuing well water testing as part of a plan to streamline operations; and

WHEREAS the Auditor General of Ontario in its December 6, 2023 Value-for-Money Audit: Public Health Ontario**, called for Public Health Ontario and the Ministry of Health to move forward with streamlining laboratory operations in consideration of the proposed modernization plans; and**

WHEREAS Public Health Ontario and the Ministry of Health have not yet announced a final plan for streamlining laboratory operations at this time;

THEREFORE BE IT RESOLVED THAT the Board of Health for Public Health Sudbury & Districts strongly recommends to the Minister of Health and to Public Health Ontario that Ontario's Well Water Testing program be continued in the plan to implement streamlined laboratory operations, and

THAT THE BOARD OF HEALTH endorse the resolutions adopted by the Council of the Town of Gore Bay (May 14, 2024), the Council of the Corporation of Northeastern Manitoulin & the Islands (May 23, 2024), and the Council of Central Manitoulin (July 8, 2024) concerning provincial well water testing.

iv) Perspectives from Northern Ontario for the Public Health Funding Review

- Briefing Note from M. Mustafa Hirji, Acting Medical Officer of Health and Chief Executive Officer to the Board of Health dated September 12, 2024
- Advocacy Letter from Northern Medical Officers of Health to the Chief Medical Officer of Health and Assistant Deputy Minister, Dr. Kieran Moore, dated August 16, 2024

ENDORSING PERSPECTIVES FROM NORTHERN ONTARIO FOR THE PUBLIC HEALTH FUNDING REVIEW

MOTION:

THAT the Board of Health endorse the August 16, 2024 letter by the northern Ontario Medical Officers of Health entitled "Perspectives from Northern Ontario for the Public Health Funding Review".

v) Public Health Sudbury & Districts' 2023 Annual Financial Report

- 2023 Financial Report (English and French)

vi) Board of Health Manual Review

- Briefing Note from M. Mustafa Hirji, Acting Medical Officer of Health and Chief Executive Officer to the Board of Health dated September 12, 2024, and appendices

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.

7. ADDENDUM

ADDENDUM

MOTION:

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

8. IN CAMERA

IN CAMERA

MOTION:

THAT this Board of Health goes in camera to deal with labour relations or employee negotiations. Time: _____

9. RISE AND REPORT

RISE AND REPORT

MOTION:

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

10. ANNOUNCEMENTS

i) Board members to complete the September 19, 2024, Board of Health meeting evaluation. Link to BoardEffect meeting survey.

11. ADJOURNMENT

ADJOURNMENT

MOTION:

THAT we do now adjourn. Time: ____

MINUTES – FIFTH MEETING
BOARD OF HEALTH
PUBLIC HEALTH SUDBURY & DISTRICTS
BOARDROOM, SECOND FLOOR
THURSDAY, JUNE 20, 2024 – 1:30 P.M.

BOARD MEMBERS PRESENT

Ryan Anderson	Pauline Fortin	Mark Signoretti
Robert Barclay	René Lapierre	Al Sizer *till 2:35 pm*
Renée Carrier	Ken Noland	Natalie Tessier
Guy Despatie	Mike Parent *till 2:51 pm*	

BOARD MEMBERS REGRET

Abdullah Masood

STAFF MEMBERS PRESENT

Kathy Dokis	Stacey Laforest	Renée St Onge
Stacey Gilbeau	Rachel Quesnel	
M. Mustafa Hirji	France Quirion	

R. LAPIERRE PRESIDING

1. CALL TO ORDER AND TERRITORIAL ACKNOWLEDGMENT

The meeting was called to order at 1:33 p.m.

Noting the National Indigenous Peoples Day tomorrow, and June National Indigenous History Month, the Board Chair shared his excitement that today's agenda included a motion *Calling for the selection of Indigenous municipal and provincial appointees to Board of Health*.

Members of the Board of Health were invited to attend the National Indigenous Peoples Day Pow Wow hosted by N'Swakamok Native Friendship Centre on June 21 from 11 a.m. to 3 p.m. at Bell Park in Sudbury. This is an opportunity to attend an Indigenous-led community event and further build relationships as per the ReconciliAction Framework, Strategic Direction #2: Board of Health members commit to attend and participate in Indigenous-led events and support Indigenous causes, such as National Day for Truth and

Reconciliation events, Indigenous Peoples' days, Indigenous Health conferences, and community gatherings as appropriate.

2. ROLL CALL

3. REVIEW OF AGENDA/DECLARATIONS OF CONFLICTS OF INTEREST

The agenda package was pre-circulated. There were no declarations of conflict of interest.

4. DELEGATION/PRESENTATION

i) Odemen Giizis

- Sarah Rice, Special Advisor, Indigenous Public Health
- Jasmine Fournier, Health Promoter, Indigenous Public Health

S. Rice and J. Fournier were welcomed to speak about National Indigenous History Month and how to celebrate and engage in local events. National Indigenous history month is referred to in Anishinabek culture as Odemen Giizis or heart berry month. It was shared that Odemen means heart berry or strawberry and Giizis refers to a month, the moon or the sun depending on the context.

June includes two special days, Anishinaabe Giizhigad and National Indigenous Peoples day. Details about these days and the month were shared, including what they mean to Anishinabek and Indigenous peoples, and how everyone can participate in celebrations throughout the Public Health Sudbury & Districts service area.

Sarah and Jasmine were thanked and questions were entertained regarding raising of the Indigenous flag in honour of National Indigenous History Month.

ii) Recognizing and Prioritizing Healthy Aging in Public Health

- Laryssa Vares, Public Health Nurse, Health Promotion and Vaccine Preventable Diseases
- Laura Cousineau, Health Promoter, Health Promotion and Vaccine Preventable Diseases

L. Vares and L. Cousineau were welcomed to present on the importance of healthy aging, recognizing June is Seniors Month in Ontario. Their presentation described what is healthy aging and public health's role in healthy aging as it encompasses many aspects including healthy communities, injury prevention, chronic disease prevention, among others. Focused programming is currently led by health promotion programming staff and aligns with Public Health Sudbury & Districts vision "Healthier communities for all".

Locally, adults aged 65+ represent 21.5% of our service area's population. Older adults are living longer and, as individuals age, chronic disease rates increase. In 2021, 70.5% of death in our service area were attributed to chronic diseases.

Currently, public health focuses on three healthy aging priorities: ageism, social isolation, and age-friendly communities and each were described.

The Ottawa Charter is used as a roadmap and helps address the social, natural, and built environments that are critical for older adults' well-being and continued engagement in society. This involves advocating for healthy public policies that prioritize the needs of older adults, fostering supportive environments that are safe and age-friendly, creating lifelong learning opportunities through personal skill development, strengthening community action by working with partners, and reorienting health services towards prevention and wellness.

Older adults are living longer and can remain healthier by staying socially connected, being physically active, eating healthy, and refraining from smoking and consuming alcohol. Many of the protective factors for healthy aging, including health equity, are topics of consideration or standards within the Ontario Public Health Standards. Examples of what Public Health Sudbury & District is doing to promote aging in place includes:

- participating in committees and groups including local Age-Friendly Community committees
- advocating for social, natural, and built environments that promote healthy aging
- providing services, coordinating programs, navigating systems, and aiming to reduce duplication

Comments and questions were entertained. In response to a request, the Ottawa Charter will be shared with the Board. Both presenters were thanked.

5. CONSENT AGENDA

i) Minutes of Previous Meeting

a. Fourth Board of Health Meeting – May 16, 2024

ii) Business Arising from Minutes

iii) Report of Standing Committees

a. Unapproved Board of Health Finance Standing Committee meeting – June 4, 2024

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

a. MOH/CEO Report, June 2024

v) Correspondence

a. Screen for Life Mobile Cancer Screening

– Letter from the Township of Chapleau to Cancer Care Ontario, dated June 6, 2024

b. Support for Bill 173 and declaring intimate partner violence an epidemic

- Letter from the Greater Sudbury Police Service Board Chair to the Premier of Ontario, dated May 30, 2024

c. Phasing out free water well testing for private wells

- Letter from the Town of Gore Bay to the Premier of Ontario, dated May 14, 2024

vi) Items of Information

a. 2024 alPHa Conference, Annual General Meeting and Board Section Meeting

- Conference Program - Final
- Board of Health Section Agenda

R. Lapierre and Dr. Hirji attended the 2024 Association of Local Public Health Agencies (alPHa) annual conference, AGM, and section meetings June 6 and 7, 2024, in Toronto. The Board Chair provided an overview of the speakers, topics and his key take-aways. He shared he was elected as the Board Section Chair for 2024 – 2025 as the North East Region representative on the alPHa Executive Committee.

Comments and questions were entertained relating to conference discussions regarding voluntary mergers, political advocacy, funding review. R. Lapierre shared he will be participating in a meeting tomorrow as part of an Association of Municipalities of Ontario (AMO) subcommittee regarding the funding review.

K. Noland inquired about the phasing out free water well testing for private wells and whether the Board of Health should also be advocating against. Dr. Hirji clarified that this was referenced in an Auditor General Report around streamlining Ontario public health lab services; however, no decision has been communicated and it is unknown if this is even being considered. In response to a request, an advocacy motion will be tabled at the September Board of Health agenda for consideration.

The recently released report referenced in the Dr. Hirji's Board report, from The AI 4 Public Health institute at the University of Toronto, in partnership with Statistics Canada and the Canadian Institutes of Health Research, "Laying the groundwork for: Artificial Intelligence to Advance Public Health in Canada" will be shared with the Board. Dr. Hirji noted that Public Health Sudbury & Districts is very mindful of the risks associated with Artificial Intelligence and an internal policy will be developed to establish guardrails while not stifling creativity.

Discussion ensued regarding high level updates for the strategic plan priorities. Based on the Board members feedback regarding the Board report at the May 16, 2024, Board meeting, the Board report now includes a new *Highlights* section which highlights activities that action our strategic plan priorities. The Accountability Monitoring Plan will be coming to the Board of Health in the fall.

Additional questions were addressed regarding the oversight for the Public Health Sudbury & Districts infrastructure modernization projects, health and safety inspections, and volunteer program.

N. Tessier emphasized local concerns in Chapleau to maintain remote services provided to rural communities such as the letter of advocacy regarding screening for life mobile cancer screening.

38-24 APPROVAL OF CONSENT AGENDA

MOVED BY SIGNORETTI – NOLAND: THAT the Board of Health approve the consent agenda as distributed.

CARRIED

6. NEW BUSINESS

i) 2023 Audited Financial Statements

- Public Health Sudbury & Districts Audited Financial Statements for 2023

Board of Health Finance Standing Committee Chair, Mark Signoretti, introduced the audited financial statements for 2023. He noted that the Finance Standing Committee met on June 4, 2024, and reviewed the 2023 draft audited financial statements. Oscar Poloni, Audit Partner at KPMG joined the Finance meeting via Teams to review the audit processes and present the audit findings report.

2023 involved the ramping down of COVID-19, refocusing on Public Health priorities and addressing the backlog of programs and services that occurred over the pandemic. The ministry continued to provide Public Health Units with funding for COVID-19 extraordinary expenses at a significantly lower levels with the continued expectation that cost-shared funding would need to be completely expensed before being eligible for extraordinary funding.

The infrastructure modernization projects were mostly completed with two additional initiatives completed over 2023, that being the elevator refurbishment and lab roofing/terrace replacement projects. The organization also began to focus on addressing the IT infrastructure backlog and started a series of IT modernization projects.

The 2023 Audited Financial Statements reflect these major events with the variances being attributable primarily to COVID-19 and the infrastructure modernization project overall.

Based on the auditor's report, the financial statements presented fairly, in all material respects, the financial position of Public Health Sudbury & Districts as of December 31, 2023. The auditors noted that they did not identify any material misstatements, illegal acts or fraud and no internal control issues. As such, the auditors proposed to issue an

unqualified report on the financial statements subject to the approval today of the draft statements. The financial statements for 2023 were presented with the Board Finance Standing Committee's recommendation for approval of the 2023 audited financial statements.

Dr. Hirji and the Corporate Services Finance team under Director, France Quirion, were recognized for their thorough, accurate and strategic work, successfully bringing us to this unqualified recommendation.

It was recommended KPMG be listed as the auditing firm on the final report of the audited financial statements.

39-24 ADOPTION OF THE 2023 AUDITED FINANCIAL STATEMENTS

MOVED BY ANDERSON – SIZER: WHEREAS the Board of Health Finance Standing Committee recommends that the Board of Health for the Sudbury and District Health Unit adopt the 2023 audited financial statements, as reviewed by the Finance Standing Committee at its meeting of June 4, 2024;

THEREFORE BE IT RESOLVED THAT the 2023 audited financial statements be approved as distributed.

CARRIED

ii) Organizational Risk Management

- Briefing Note from Dr. M. Mustafa Hirji, Acting Medical Officer of Health and Chief Executive Officer to the Board of Health Chair dated June 13, 2024
- Annual Organizational Risk Assessment Progress Report, 2023
- Organizational Risk Management Plan: 2023-2025

The risk management plan prescribes that organizational risk reports be reviewed quarterly by Senior Management and an annual report be presented to the Board of Health each June. As the 2023 – 2025 Risk Management Plan was approved in May 2023, there are only two quarters to roll-up into the annual 2023 report.

Dr. Hirji described the risk prioritization matrix that considers impact and likelihood for each risk and associated rating scale. The revised Risk Management Plan incorporates new or updated risks relating to the Strengthening of Public Health.

It was noted that the organization will always experience risks that are outside of the plan. Two themes stand out amongst the risks in this plan. First, risks coming from the current or shifting political context, including the Strengthening Public Health initiative and the lack of funding of public health. Second, the ongoing fall-out of the COVID-19 pandemic which has impacted workload, including a new disease of public health significance that needs to be managed, but without any attendant funding to do so. In addition, staff who worked

intensely through the pandemic continue to experience some burnout, which has an impact on morale. The need for health care staffing post-pandemic is creating recruitment challenges. Public health, of course, had to undertake COVID-19 recovery work. Investments and modernization of IT was delayed due to shifting to pandemic response. And some negative opinions of public health have arisen as a consequence of opposition to pandemic response measures, and as part of a halo of frustration of anything to do with the pandemic.

It was observed that Risk 12.1 pertaining to threats to network security is the highest scoring risk. R. Barclay previously shared information with the MOH and BOH Chair regarding root cause analysis for highest risk hazards identified through the risk ranking. Dr. Hirji noted that this analysis has been done in the past and is intended to be done again. Discussion was also held regarding alignment of the strategic plan priorities and risk management.

40-24 2023-2025 RISK MANAGEMENT PLAN

MOVED BY BARCLAY – TESSIER: WHEREAS the Board of Health motion #23-03 endorsed the 2023–2025 Risk Management Plan with quarterly reporting to Senior Management Executive Committee and an annual roll-up of all data for Board of Health approval; and

WHEREAS the 2023–2025 Risk Management Plan is an organizational requirement under the Ontario Public Health Standards; and

THEREFORE BE IT RESOLVED THAT the Board of Health receive the 2023 annual Risk Management Report; and

FURTHER THAT the Board of Health receive the updated 2023–2025 Risk Management Plan including updates related to Strengthening Public Health.

CARRIED

iii) Indigenous Engagement Governance Reconciliation Framework – Indigenous Municipal and Provincial Appointees to Board of Health

It was recapped that one year ago, as a Board of Health, a commitment was taken to reconciliation and supporting Indigenous communities a step further by passing motion #37-23: *Indigenous Engagement Governance Reconciliation Framework*, which supports the advancement of the Indigenous Engagement Strategy at the governance level.

The framework is an extension of the Indigenous Engagement Strategy and is aligned with the Ministry of Health's *Health Equity Guideline* and the *Relationship With Indigenous Communities Guideline*, and incorporates explicit recommendations for the Board of Health.

As it is National Indigenous Peoples Day tomorrow, and June is National Indigenous History Month, the "*Calling for the selection of Indigenous municipal and provincial appointees to Board of Health for Public Health Sudbury & Districts"* motion is presented for the Board's consideration. The motion calls for the Board of Health and its partners to advocate for Indigenous municipal and provincial appointees to the Board of Health and is within Strategic Direction 1 and the accompanying pathfinder steps from the ReconciliAction Framework. The call can begin to build momentum for Indigenous membership in governance throughout the public health sector in Ontario.

The Board Chair indicated that as a Board of Health and as a public health agency, we want to continue a high standard of service and care for Indigenous people. We listen to the guidance developed by Indigenous peoples in various formats, like the Indigenous Engagement Strategy that was developed in partnership with local Indigenous communities, the Truth & Reconciliation Commission of Canada's Calls to Action, and the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP). We specifically look to Article 18 of the UNDRIP: "Indigenous peoples have the right to participate in decision-making in matters which would affect their rights, through representatives chosen by themselves in accordance with their own procedures, as well as to maintain and develop their own indigenous decision-making institutions."

Passing this motion would build on the work of our Indigenous Engagement Strategy and move closer to our goal of creating opportunities to adapt, enhance and build culturally appropriate services specific to the agency's service area, which Indigenous people are more likely to use, resulting in better health outcomes as per Strategic Direction #1.

R. Lapierre added that, during the Public Health Strengthening voluntary merger discussions with Algoma Public Health, he advocated at the governance committee meetings for indigenous engagement representation for the new Board of Health. He added that having an Indigenous person as a representative at the decision making level, sitting at the table, gives a voice and an opportunity share concerns and ideas. The Board Chair was pleased that the proposed motion is coming forward.

Questions and comments were entertained and it was clarified that the call to municipalities is different depending on whether the municipality has only one board member appointment or shares a board member appointment (to advocate) versus where more than one representative appointment exists (to appoint an Indigenous representative).

41-24 CALLING FOR THE SELECTION OF INDIGENOUS MUNICIPAL AND PROVINCIAL APPOINTEES TO BOARD OF HEALTH FOR PUBLIC HEALTH SUDBURY & DISTRICTS

MOVED BY PARENT – FORTIN : WHEREAS the Board of Health for Public Health Sudbury & Districts is committed to ensuring all people in its service area, including Indigenous peoples and communities, have equal opportunities for health; and,

WHEREAS on June 15, 2023, the Board of Health passed Motion #37-23 Indigenous Engagement Governance Reconciliation Framework which supports the advancement of the Indigenous Engagement Strategy at the governance level; and,

WHEREAS Public Health Sudbury & Districts Indigenous Engagement Strategy's Strategic Direction 1 led to a commitment to promote the selection of Indigenous municipal and provincial appointees to the Board of Health;

THEREFORE BE IT RESOLVED THAT the Board of Health call upon the municipalities in the service area to advocate for the appointment of qualified Indigenous persons, who are grounded in community, have lived experience, are from this territory and reside in Public Health Sudbury & Districts; and

THAT the Board of Health call upon the municipalities in the service area to appoint qualified Indigenous persons, who are grounded in community, have lived experience, are from this territory and reside in Public Health Sudbury & Districts, where more than one representative appointment exists; and

THAT the Board of Health call upon the Province of Ontario to appoint qualified Indigenous persons, who are grounded in community, have lived experience, are from this territory and reside in Public Health Sudbury & Districts.

CARRIED UNANIMOUSLY

iv) Business Name Registration Renewal

- Briefing Note from Dr. M. Mustafa Hirji, Acting Medical Officer of Health and Chief Executive Officer dated June 13, 2024

In 2018, the Board of Health decided to refresh its visual identity and identify itself publicly using the business name Public Health Sudbury & Districts.

It was noted that any registration filed under the *Business Names Act of Ontario* is valid for a period of five years only and can be renewed at any time during the five-year period of registration. It is recommended that the Board of Health for Sudbury & District Health Unit renew the registration of the business name Public Health Sudbury & Districts and that its solicitors be instructed to take all required steps to register the aforesaid business name pursuant to the *Business Names Act (Ontario)*. Staff are exploring revisions to the Board of Health Manual bylaw that would come forward through the regular manual review this fall so that a Board motion would not be required every five years.

It was shared in response to a question that a plan for corporate branding in the Boardroom is being developed.

42-24 BUSINESS NAME REGISTRATON RENEWAL

MOVED BY ANDERSON- CARRIER: WHEREAS the Board of Health for Sudbury & District Health Unit adopted the name Public Health Sudbury & Districts (motion 14-18) and that its solicitors were instructed to take all required steps to register the aforesaid business name pursuant to the Business Names Act (Ontario); and

WHEREAS the Business Name Act (Ontario) requires that the business names be renewed every five (5) years;

THEREFORE, BE IT RESOLVED THAT the Board of Health for the Sudbury & District Health Unit, renew the registration of Public Health Sudbury & Districts as its business name and that its solicitors be instructed to take all required steps to renew the aforesaid business name pursuant to the *Business Names Act* (Ontario).

FURTHERMORE, the Director, Corporate Services alone, is authorized to execute all documents necessary to complete the renewal as required by the Corporation's solicitors.

CARRIED

v) Board of Health Manual

a. Posting of In-Camera Board of Health Agenda Packages and Members Initiating Motions

– Briefing Note from Dr. M. Mustafa Hirji, Acting Medical Officer of Health and Chief Executive Officer dated June 13, 2024

Dr. Hirji indicated that the briefing note and motion are in response to requests that were passed on through the Board of Health Chair as it relates to Board meeting procedures and posting in-camera Board of Health agenda packages earlier and relating to Board members initiating motions.

Currently, closed agenda packages are made available/visible in the BoardEffect application at the time the Board of Health meetings go in-camera. Board members have indicated a desire to have read in-camera materials in advance in order to reflect on the issue and be better prepared for discussion at meetings. Adjustments were proposed to the Board of Health Manual Policy and Procedures to reflect the availability of the in-camera agenda packages no less than three business days and no more than one week prior to the scheduled Board of Health meeting with a closed session.

Board of Health members have also inquired how they may bring forward a motion to a meeting. Dr. Hirji reviewed process for Board members to put forward a motion, per *Section 32, Motions and Order of Putting Questions*, in bylaw 04-88 that a motion may be

brought to the Board as long as there is at least one days' notice to other Board members. No changes are recommended therefore.

Dr. Hirji provided additional context on why motions by Board members are uncommon. It was highlighted that board operations differ significantly from a political council or assembly where debate and some degree of conflict is institutionalized. In board governance, a board-CEO relationship is supposed to be the focus, with open and transparent communication, and mutual respect. Normal practice should be to discuss issues or concerns with the Medical Officer of Health/CEO who would follow-up with the concern expeditiously. While Board of Health members may raise motions per by-law 04-88, the best practice is rather that conversations occur with the Medical Officer of Health/CEO with motions being reserved for when the MOH/CEO is unresponsive.

Questions and comments were entertained.

43-24 BOARD OF HEALTH MANUAL

MOVED BY NOLAND- DESPATIE: THAT the Board of Health, having reviewed the revised E-I-13 Procedure, E-I-14 Policy, and E I 15 Procedure, approves the contents therein for inclusion in the Board of Health Manual.

CARRIED

7. ADDENDUM

None.

8. ANNOUNCEMENTS

Over the past four decades, Public Health Sudbury & Districts has had the honour and privilege of partnering with Science North to promote health and community well-being. In honour of Science North's 40th anniversary, a letter of congratulations has been sent to the Science North Board Chair.

There are no regularly scheduled Board of Health meetings for July and August. The next regular Board of Health meeting will be held on Thursday, September 19, 2024, at 1:30 p.m. in the Boardroom.

Board members were invited to complete the meeting evaluation for today's Board of Health meeting in BoardEffect. The Board Chair noted that the meeting evaluation response rate for the May 16, 2024, Board meeting was 40%.

Dr. Hirji shared the dates and times for the June 21 National Indigenous Peoples Day events.

Everyone was wished a happy and safe summer.

9. ADJOURNMENT

44-24 ADJOURNMENT

MOVED BY LAPIERRE - SIGNORETTI: THAT we do now adjourn. Time: 3:03 p.m.

CARRIED

_____ _____

(Chair) (Secretary)

Public Health
Santé publique
SUDBURY & DISTRICTS

Medical Officer of Health/Chief Executive Officer Board of Health Report, September 2024

Words for thought

Canada banning sales of flavoured nicotine pouches in convenience stores, gas stations

Starting next week, the federal government will impose new restrictions on nicotine pouches to make it illegal to sell them anywhere but from behind a pharmacy counter.

Beginning August 28, the pouches, which go by the brand name Zonnic, will be completely banned from convenience store and gas station shelves. Berry Frost and Tropic Breeze flavours will be recalled and only menthol and mint-flavoured pouches will be allowed in pharmacies.

"All the stuff that's clearly designed to target youth — it's over," Health Minister Mark Holland told CBC News on Thursday.

Ottawa has been promising to crack down on sales of nicotine pouches for nearly 10 months. National health groups have warned about the risk of teenagers using them and becoming addicted to nicotine.

"It has been so deeply disturbing to see so many young people becoming addicted to these nicotine pouches who've never had any interaction with cigarettes," Holland said.

Holland has accused Imperial Tobacco, the cigarette manufacturer that makes the pouches, of using a loophole in Canadian law to get approval from Health Canada.

The federal government is cracking down on the sale and marketing of flavoured nicotine pouches, which it claims are designed to attract teens. Starting August 28, they can only be sold from behind pharmacy counters, and some flavours are banned outright.

"We were duped," Holland told CBC News last November.

The federal government passed legislation this June giving the health minister more powers to unilaterally restrict sales, advertising, manufacturing and importation of products that are harmful or are not being used as intended.

Source: https://www.cbc.ca/news/politics/flavoured-nicotine-pouches-zonnic-restrictions-canada-1.7301932

Date: August 22, 2024

Board members no doubt remember that at the April 18, 2024, this Board of Health added its voice to that of several other boards of health to call for stronger regulation around the sale and promotion of nicotine pouches, particularly around use by youths.

The subsequent June legislation and August announcement described here mirror exactly the call of this Board of Health and our colleagues. It is a great success story of public health advocacy, and how motions by this Board can contribute to real policy changes that improve health.

This is a moment to reflect and celebrate a success of this Board, and acknowledge the impact you can make!

Report Highlights

1. Infectious Disease Pressures

Summer 2024 continued the post-pandemic trend of different pattern of illness. No longer is winter the season of respiratory illnesses; instead it is a phenomenon all-year-long, with more intense activity in winter. COVID-19, in particular, shows limited seasonality. The past three months had 21 respiratory outbreaks in health care institutions, 16 of which were COVID-19. Sudbury & Districts has already seen influenza activity begin, with COVID-19 on the rise. As the delegation today will discuss, these patterns of disease are impacting our operations.

Alongside these respiratory illnesses, this summer has also seen a world-wide outbreak of whooping cough (pertussis). Europe has reported a 10-fold increase, the United States more than a tripling, and a 4-fold increase in Ontario. Sudbury & Districts has seen a 5-fold increase as compared to 2023 so far. This may represent the cyclical nature of pertussis where an outbreak occurs every few years, or it may be related to the broader pattern of infectious diseases having changed in pattern since the pandemic.

Finally, tuberculosis continues to be elevated in Sudbury & Districts this year, going from an average of 1 infection every other year pre-pandemic, to 20 infections so far in 2024. Most tuberculosis in Canada, and certainly what has been observed recently, is a consequence of infections acquired many years ago in other countries, which have remained latent in newcomers until they reactivate. It is not clear if the increase in tuberculosis this year represents something precipitating reactivations, or represents an increase in recent years of newcomers to the region. Regardless, it has added a significant strain to the workload of Public Health as well as health care partners.

2. Substance use

Toxic drug use in our society continues to be a significant challenge in terms of its harms to health, as well as to our social fabric. Complex and intractable problems such as this require an all-of-society approach, leveraging all evidence-based tools at our disposal. The Chief Medical Officer of Health for Ontario recently articulated this in his report, *Balancing Act: An All-of-Society Approach to Substance Use and Harms*. The report highlighted the need for the combined efforts of health promotion, regulatory changes (e.g. decriminalization, safe supply, enforcement), harm reduction (including supervised consumption), treatment, wrap-around supports, and closely studying the data.

Unfortunately, political support for some of these evidence-based approaches is waning. Public Health is no stranger to working in difficult political contexts such as this. We are committed to continuing to advance evidence-based policies through our community collaborations and advocacy to government.

3. Budget Preparations

We are earnestly engaged in planning for 2025's budget. This budget will require balancing the sustaining of public health's work during a time of growing challenges, maintaining affordability for municipalities and ultimately taxpayers, and investing in long-term efficiencies and improvements.

4. "Strengthening Public Health "

We are early awaiting the outcomes of the provincial governments' review of the Ontario Public Health Standards as well as the Funding Review so that we can begin to adapt for the coming years. Recognizing the unique challenges of delivering public health in northern Ontario, I joined the other northern Ontario medical officers of health in writing an advocacy letter to the Chief Medical Officer of Health. This is included on today's agenda.

5. Community Engagement

I continue with my efforts to meet with community partners as I learn the nuances of the community. With vacations over, the intensity of these meetings is increasing this fall.

6. Leveraging Technology

As we seek to become as efficient as possible in difficult financial times, and we strive to deliver Excellence in Public Health as outlined in our Strategic Plan, we are seeking to leverage several technologies. First, we are actively planning to adopt an electronic medical record in 2025 to better harness data on our clients to serve them optimally. Second, we are working to automate routine reports and data workflows so that our skilled staff can expand their capacity. Third, we are exploring artificial intelligence technologies for their promise, having done some internal work and now hiring a consultant to guide this work forward. On this latter item, we hope to report more at next month's meeting.

7. Advancing the Strategic Plan

At this meeting, the Board is presented with performance indicators that we will use as we work on the strategic plan. This fall will also see efforts to engage staff more intensely in the Strategic Plan as we drive it forward.

General Report

1. Board of Health

Board of Health member, Ryan Anderson, was appointed by the province on September 7, 2023, for a period not exceeding a year. Ryan has applied through the Public Appointments Secretariat Unit for a reappointment to the Board of Health for Public Health Sudbury & Districts and a letter of support has been submitted to the Ministry by the Board of Health Chair supporting the reappointment of Ryan Anderson.

A response has not yet been received by the Ministry as of publication of this (September 12, 2024) and R. Anderson's appointment on the Board of Health ended September 6, 2024. Should a reappointment be received from the Ministry. R. Anderson will once again join the Board.

The City of Greater Sudbury has advised of the resignation of Al Sizer on the Board of Health. On September 3, 2024, Michel Brabant was appointed by the City of Greater Sudbury on the Board of Health, replacing A. Sizer. A letter of thanks is being sent to A. Sizer and I extend warm welcome to M. Brabant. An orientation will be scheduled shortly.

The Joint Board Staff Accountability Working Group met on September 6

2. Human Resources

Director of Corporate Services France Quirion has announced her retirement effective the end of December 2024. France has been with Public Health Sudbury & Districts since October 2016 and provided exceptional leadership for the Corporate Services division as well as for the organization as a dedicated senior manager. France has an accomplished career at PHSD and has skillfully led various initiatives, including major infrastructure projects. Join me in congratulating France. Recruitment is underway for a successor.

Interviews have been held for the Associate Medical Officer of Health position, vacant since April 2023. I am hopeful the recruitment will be successful and the Board will receive a report to formally appoint any successful candidate.

3. Annual mandatory training for Board of Health members

Emergency preparedness

The Ontario Public Health Standards require that boards of health effectively prepare for emergencies to ensure 24/7 timely, integrated, safe, and effective response to, and recovery from emergencies with public health impacts, in accordance with ministry policy and guidelines. A key component of emergency preparedness is training of Board of Health members and staff.

The emergency preparedness PowerPoint is attached to the September BoardEffect event and can also be found in BoardEffect under Libraries – Board of Health – Annual Mandatory Training: Emergency Preparedness Training for Board Members. Once you have reviewed the .pdf Power Point, please email quesnelr@phsd.ca to confirm completion of the annual mandatory emergency preparedness training.

4. Accountability Monitoring

The 2024–2028 Accountability Monitoring Plan (AMP) was developed and approved by the Board of Health by way of motion #27-24 in April 2024, with the direction to finalize the Strategic Priority performance measures for the Board's approval. The draft performance measures were developed following this and are being reviewed by the Joint Board of Health/Staff Accountability Working Group. Following review and approval from this Group, the performance measures are being shared with the Board of Health for approval at this September 19, 2024 meeting.

5. Local and Provincial Meetings

An offsite retreat was held with members of the Senior Management Executive Committee team on June 26, 2024, where the team discussed program priorities as we prepare for the 2025 budget.

I met with the Board Chair on August 7, 2024 to check-in on my transition into the role, and to discuss Board business for the coming months.

I continue to hold introductory meetings with local partners and meetings are scheduled into the Fall. Since the last Board report, I have met with the City of Greater Sudbury Mayor, NOSM Provost and Vice President, NOSM PGME Associate Dean, Science North CEO, Health Sciences North President/CEO, Sudbury/Manitoulin Canadian Mental Health Association CEO, Cambrian College President and Student and International Vice President**,** and I will be meeting with Compass Executive Director on September 13, 2024.

Public Health Sudbury & Districts was invited to participate in a roundtable discussion on August 13, 2024, in Sudbury hosted by the Honourable Ya'ara Saks, Minister of Mental Health and Addictions and Associate Minister of Health. Member of Parliament for Sudbury, Viviane Lapointe, and Heather Jeffrey, President of Public Health Agency of Canada as well as key local partners were in attendance. I was pleased to provide a public health perspective at the table. The roundtable discussion provided participants an opportunity to engage in an open dialogue about the current landscape of mental health and substance use services within Sudbury and how the Government of Canada can better support our local work on the ground.

I have formally joined the faculty of NOSM University as an Assistant Professor and am participating in teaching activities for the Public Health & Preventive Medicine physician specialty training program. As part of this, on September 18, I attended a fully-day province-wide retreat in Ottawa around how to apply updates issued by the Royal College of Physicians & Surgeons of Canada to the training approach for public health physicians.

6. Financial Report

As a reminder, following the Board of Health's approval of the 2024 cost shared operating budget in November 2023, the Senior Management Executive Committee adjusted budget areas to align resources to program priorities and to address the inclusion of COVID-19 within the budget. The temporary division created to support COVID-19 was collapsed, and the significantly reduced resources were incorporated into the renamed Health Promotion and Vaccine Preventable Disease Division and the Health Protection Division. Other resources were also shifted to align with program priorities. The adjustments are reflected under the 'Adjusted BOH Approved Budget' column of the financial statements.

The financial statements ending July 2024, show a positive variance of $1,558,485 in the cost-shared programs. Senior Executive Committee has identified program pressures and approved the funding of one-time expenditures to be funded by the available funds.

Annual Financial Report – 2023

The 2023 Public Health Sudbury & Districts Financial Report has been prepared and is included in the Board of Health package as a tool to foster transparency and accountability. The report documents Public Health's various revenue sources, for example, from provincial and municipal contributions, as well as the agency's operating expenses, which include provincial programs and supplementary programs. To complement the 2023 Financial Report, our previously shared 2023 Highlights (from April 2024) further demonstrated our commitment to advancing community health, promoting equity, and preventing disease by highlighting specific programs, services, and initiatives. Once received by the Board, the report will also be posted to the website and shared with the community.

7. Quarterly Compliance Report

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

Public Health Sudbury & Districts has disbursed all payable remittances for employee income tax deductions and Canada Pension Plan and Employment Insurance premiums, as required by

law to August 30, 2024, on September 3, 2024. The Employer Health Tax has been paid, as required by law, to July 31, 2024, with an online payment date of August 14, 2024. Workplace Safety and Insurance Board premiums have also been paid, as required by law, to July 31, 2024, with an online payment date of August 29, 2024. There are no outstanding issues regarding compliance with the Occupational Health & Safety Act or the Employment Standards Act. There has been a complaint submitted pursuant to the Ontario Human Rights Code which will be proceeding to mediation on December 13, 2024.

Public Health Sudbury & Districts has received a non-compliance notice from the Ministry of Seniors and Accessibility regarding certain areas of the website. A compliance plan to update the website to comply with the requirements under the *Accessibility for Ontarians with Disabilities Act* by December 31, 2025, was submitted to the Ministry and approved. The 2025 budget will propose dedicated funds for a comprehensive web site update as part of this plan to ensure full compliance with the *Act*. Achieving this compliance is not only a legal requirement, but necessary to address the first priority of our Strategic Plan, Equal Opportunities for Health.

Following are the divisional program highlights.

Health Promotion and Vaccine Preventable Diseases Division

1. Chronic Disease Prevention and Well-Being

Healthy eating behaviours

Staff facilitated a workshop on sustainable food systems for dietetic learners from the Northern Ontario School of Medicine University Dietetic Practicum Program. The workshop provided learners with the opportunity to learn about sustainable food systems through a variety means to support meeting dietetic competencies.

To support a consistent methodology, staff provided training on Monitoring Food Affordability to local public health agencies from across the province.

Physical activity and sedentary behaviour

Over the summer months, staff and a municipal partner engaged with two school boards and administrators to discuss Active School Travel Planning and potential interventions. This knowledge exchange is the continuation of the efforts of the Active School Travel Planning collaborative which includes representation from the Sudbury Student Services Consortium, Rainbow District School Board, Sudbury Catholic District School Board, Conseil scolaire catholique du Nouvel-Ontario, Conseil scolaire du Grand Nord, City of Greater Sudbury, and

Public Health Sudbury & Districts. Active school travel is an effective way to increase students' physical activity level and overall wellbeing. The group will continue to collaborate to foster a strong partnership which will advance active school travel planning initiatives.

Oral Health

Staff continued to provide comprehensive dental care to clients at our Seniors Dental Care Clinic at Elm Place, including restorative, diagnostic, and preventive services. Staff also continued to provide client referrals to our contracted providers in the community for emergency, restorative and/or prosthodontic services, and enrollment assistance to low-income seniors eligible for the Ontario Seniors Dental Care Program.

A media release was also issued on August 26, 2024, to inform the residents of Espanola that the optimization of fluoride levels at the Espanola Water Treatment Plant had been on pause since the end of May due to an equipment malfunction. The media release assured the public that there were no immediate health risks but advised that affected residents would not be receiving optimal amounts of fluoride through their drinking water until repairs were completed. The media release was also sent by email to local oral health professionals.

2. Healthy Growth and Development

Infant feeding

During the months of June, July and August, staff provided a total of 317 clinic appointments to clients at the main office, as well as the Val Caron, Espanola, and Manitoulin locations. This service supports parents to make an informed decision regarding how they would like to feed their baby. Clients learn skills that promote, protect and support breastfeeding and can ask questions about infant feeding choices such as formula feeding. The assessment conducted by the nurse also offers an opportunity to screen for potential concerns, including tongue tie, insufficient milk supply, and ensuring the infant's weight gain and growth are within expected parameters.

Growth and development

Throughout June, July and August, 58 reminder postcards were sent to parents to book their child's 18-month well-baby visit. The goal of this intervention is to increase the number of infants that are screened early for developmental milestones and referred to services as appropriate.

Between June and August, staff conducted 261 48-hour calls to parents of newborns, addressing such topics as infant feeding, post-partum care, and offering information on community resources.

In July, the Early Connections Matter campaign was launched across the catchment area. The goal of the campaign is to raise awareness about the importance of infant and early child mental health. Parents and caregivers who provide a caring and responsive environment help shape their infant's developing brain promoting good mental health. Infants and children can never have too many positive caring adults in their lives. This campaign reflects the strategic priority of excellence in public health practice. Staff have worked toward collaborating with partners from across all sectors that influence health and well-being to deliver this evidence-informed campaign.

Health Information Line

The Health Information Line fielded 296 calls concerning topics such as infant feeding, healthy pregnancies, parenting, healthy growth and development, mental health services and locating a nearby family physician.

Healthy Babies Healthy Children

Between the months of June, July and August, staff continued to provide support to 218 client families. Two thousand five hundred and eighty-one (2581) interactions were completed. Public health dietitians continued to provide nutrition support to clients who are identified as high nutritional risk.

Healthy pregnancies

Between the months of June, July and August, 96 individuals signed up for PHSD's online prenatal course. This course provides information on life with a new baby, infant feeding, the importance of self-care and navigating the changes a new baby can bring to relationships.

Preparation for parenting

In June 2024, staff delivered a Prep 4 Parenting class to 10 people. Topics covered included preparing for a smooth transition to parenthood, attachment and bonding, communication, roles and responsibilities, demands of caring for a newborn, Post Partum Mood Disorder (PPMD), infant mental health and taking care of a newborn. This program reflects the strategic priority addressing equal opportunities for health. That is, ensuring inclusive programs and services that are informed by diverse community voices and experiences, needs, and priorities.

Positive parenting

On May 16, staff co-chaired the Parenting Programming Advisory Committee. The goal of this meeting was to determine community needs and coordinate parenting services to avoid duplication. Participation on this committee is aligned with our strategic priority of *Impactful Relationships*. Staff are investing time and resources in developing and strengthening partnerships and working collaboratively and collectively to positively impact a shared goal of providing evidence-based positive parenting programs to families in need.

3. School Health

Healthy eating behaviours

In May and June, staff collaborated with two elementary schools to run the *Nourish to Flourish* food literacy promotion program, reaching 48 students from Grade 5 classes. The seven-week program incorporated cross-curricular lessons related to food, and hands-on activities that built students' food skills, knowledge about the importance of a healthy food environment and impacts of food marketing, and positive relationships with food. The program also supported the Northern Fruit and Vegetable Program goal in advancing food literacy among elementary students in Public Health's service area.

Healthy sexuality

During the month of June, staff delivered puberty presentations to eight grades 5-6 classes in two schools, reaching 200 students. The sessions support the curriculum and cover physical and emotional changes that students can expect during puberty. Staff also met with all school boards for regular year-end meetings to plan for the 2024/25 school year.

Oral Health

Staff continued to conduct case management follow-ups for children with urgent dental needs, and to provide preventive dental care to children enrolled in the Healthy Smiles Ontario Program and enrollment support to families interested in applying for the program.

Substance use and harm reduction

During the month of June, staff provided consultation, resources and support to three school boards related to the new Policy/Program Memorandum 128 (PPM-128) which addresses Vaping and Cell Phone Use. Additionally, staff supported naloxone policy development with one of the boards.

Vision

Staff completed the school-based vision screening for children in Senior Kindergarten in June. Parents/guardians of any students identified with a vision concern during screening were informed and advised to have their child receive a comprehensive eye exam with an optometrist.

4. Substance Use and Injury Prevention

Alcohol and Cannabis

A series of four educational social media posts and a media release were issued in August. The media release included health risks associated with all substances and provided safety tips in advance of the long weekend.

Comprehensive tobacco control

Staff supported municipalities in Sudbury East to increase awareness of the Smoke-Free Ontario Act and related bylaws to ensure patrons understand where they can and cannot smoke or vape. Notably, the municipality of Killarney passed a bylaw (No. 2024-22) on June 12, 2024 regulating smoking and vaping in public places and enclosed workplaces. The bylaw was captured in Public Health Ontario's summary that includes all tobacco, vaping, and cannabis bylaws in Ontario. This document is used as a reference to support those working in the field of tobacco control and cannabis to create and amend local bylaws.

The North East Tobacco Control Area Network (NE TCAN) submitted a letter of support to Health Canada in response to their notice of intent to amend the *Contraventions Regulations*. The changes would designate certain offences as contraventions under the *Tobacco and Vaping Products Act* and related regulations. The NE TCAN supports the addition of new offences and increased fine amounts and recognizes that such changes may improve manufacturer and vendor compliance which would further prevent youth access to tobacco and vapour products and help to lower the rates of nicotine use.

In June, a presentation on the topic of vaping was delivered to five peer support staff and one manager at the Sudbury Youth Wellness Hub, highlighting a brief contact intervention toolkit for adult allies, and youth vape cessation support including how to source free nicotine replacement therapy for those over age 18.

Mental health promotion

In support of International Self Care Day (July 24), a social media post was issued reinforcing the importance of self-care for good mental and physical health.

Off-road safety

The Manitoulin Partners for Water Safety continued to collaborate to address water safety in the Manitoulin district. Manitoulin Partners for Water Safety is a collaborative effort between Municipality of Central Manitoulin, Town of Northeastern Manitoulin & the Islands, Township of Assiginack, Assiginack Family Health Team, Mnaamodzawin Health Services, Ontario Provincial Police, Manitoulin-Sudbury DSB Paramedic Services, Ministry of Natural Resources and Forestry, and Public Health Sudbury & Districts. The *Be water safe! Be water smart!* campaign was launched as part of this intersectoral partnership. Community members were reminded of water safety laws and provided tips to enjoy the water in a safe manner. A banner echoing this message was circulated across multiple municipalities and First Nations on Manitoulin Island. Local accommodations were also provided with an opportunity to receive a water safety packet with information and resources they could share with their patrons.

Road safety

In July, the Watch for Us! community sign campaign was launched in the Chapleau, Lacloche Foothills, Manitoulin and Sudbury East areas. The campaign aims to remind drivers to be mindful of vulnerable road users such as pedestrians, cyclists and children playing. Awareness campaigns are only one part of an effective public health intervention. As such, part of the campaign involved participants completing a survey to better understand community needs and identify areas of future work and collaboration. This endeavour would not be possible without the collaboration of many municipalities across our service area.

Substance Use

Drug warnings were released on June 17, 2024, July 17, 2024 and August 28, 2024, following reports of an increase in the number of unexpected reactions and drug poisonings (overdoses) from the use of substances in the Sudbury and districts area. A drug alert was also issued on August 1, 2024 confirming presence of carfentanil locally. The rapid identification of adverse drug reactions, unexpected side effects, or new substances locally helps protect the public from potential harms and allows for swift action to potentially avert additional adverse events.

Public Health is committed to providing valuable information and raising awareness about substance use related harms and community supports, programs and services. Public Health:

- launched new Mental Health and Substance Use Resources on our website connecting the community to essential mental health and substance use resources, and additional community supports, programs and services.
- engaged with the public through 16 social media messages on Facebook and X and responded to numerous media inquiries to further amplify public health messages about substance use surveillance and local trends, the toxic drug crisis, the Northern context, naloxone, and the importance of evidence-based harm reduction services (i.e. supervised consumption).
- supported the Whitefish River First Nation Community Health Centre's door-to-door education campaign with a total of 400 naloxone kits, 210 "*Do not use alone"* stickers, 200 National Overdose Response Service (NORS) stickers, and 250 drug alert warning sign up QR codes.
- distributed stickers featuring the NORS overdose prevention hotline to harm reduction service providers for inclusion with naloxone kits. This initiative aims to enhance safety for people who use drugs by ensuring they always have access to help and never have to use alone.
- illuminated the Big Nickel at Dynamic Earth in purple on August 31, in recognition of International Overdose Awareness Day and provided staff with wearable purple ribbon to wear and show their support.

The Community Drug Strategy for the City of Greater Sudbury (CDS) announced newly appointed co-chairs of its Executive Committee on June 18. The refreshed structure and

leadership of the Community Drug Strategy is another step forward in addressing the toxic drug crisis and strengthening our collaborative efforts as a community.

On August 20, 2024, the Ontario government announced a shift in its approach to addressing substance use. The province will focus on investing in new Homelessness and Addiction Recovery Treatment (HART) Hubs (Government of Ontario, 2024). These hubs will provide a range of services, including primary care, mental health and substance use care, social supports, and transitional housing. Considering the recent changes, Public Health Sudbury & Districts is dedicated to working collaboratively with municipalities and other community partners to support local HART Hub application(s).

Notably, the application for funding for a supervised consumption site in Greater Sudbury was formally rejected the day of the above announcement.

On August 22, 2024, the CDS released a statement that addressed the Government of Ontario's recent announcement regarding new investments in Homelessness and Addiction Recovery Treatment (HART) Hubs, expressing its support for these initiatives. The statement also highlights its disappointment and concern regarding the denial of their application for a supervised consumption site, underscoring the need for continued advocacy for harm reduction services and supports.

Addressing the toxic drug crisis continues to require a multifaceted approach. Public Health Sudbury & Districts remains steadfast in our commitment to comprehensive and evidence-based community drug strategies which includes prevention, treatment, wrap-around care, enforcement, and harm reduction as essential elements that are all necessary to combat the toxic drug crisis.

Public Health currently provides several essential services related to the toxic drug crisis, including needle syringe programs, safe disposal of used needles, drug alerts and warnings, analysis of substance use patterns, and naloxone distribution. We continue to collaborate with partner agencies to address the broader social determinants of health. Additionally, we strive to address structural stigma, promote healthy public policy, and support Community Drug Strategies. These efforts are aligned with the Ontario Public Health Standards' (OPHS) mandate to mitigate the burden of substance use through evidence-based strategies, as well as the Chief Medical Officer of Health's report from earlier this year, *Balancing Act: An All-of-Society Approach to Substance Use and Harms*.

Harm reduction – Naloxone

In June, together with partners, a total of 2,136 naloxone doses were distributed, and 71 individuals were trained in its use. In July, a total of 2,050 naloxone doses were distributed, and 150 individuals were trained in its use.

5. Vaccine Preventable Diseases

Recently, the Ontario Ministry of Health updated its polio vaccine recommendations for children who have previously been immunized internationally with an oral polio vaccine (OPV) on or after April 1, 2016. Public Health reviewed approximately 380 records of children who reside in the service area and required an updated dose of the polio vaccine to meet the revised recommendations. Communication was sent to parents and guardians with information regarding the change in vaccine recommendations, the importance of receiving the updated polio vaccine, as well as next steps to receive the new vaccine.

Over the summer months, staff conducted annual routine cold chain inspections as part of the *Vaccine Storage and Handling Protocol*. This ensures the proper management of vaccine inventory, promotes vaccine safety and effectiveness and helps to reduce vaccine wastage. Staff also took the opportunity during the inspections to provide education and awareness through the distribution of education packages, which included a variety of resources regarding public health programs and services. This action reflects the strategic priority of impactful relationships, where the staff worked towards fostering strong and collaborative relationships with service providers. A total of 192 sites are to be inspected across the service area. As of August 26, 180 sites had passed their inspections, and 3 sites had deficiencies identified on inspection that needed to be corrected before a reinspection.

Advisory Alerts were sent to health care providers on the following programming areas: updated polio vaccine recommendations for children new to Canada, RSV high-risk older adult respiratory syncytial virus (RSV) program for Long Term Care and Retirement Homes, and the pneumococcal vaccine program transition to two new vaccine products.

Health Protection

1. Control of Infectious Diseases (CID)

During the months of June, July, and August, staff investigated 168 sporadic reports of communicable diseases. During this timeframe, 21 respiratory outbreaks and one enteric outbreak were declared. The causative organisms for the respiratory outbreaks were identified to be: SARS-CoV-2/COVID-19 (16), parainfluenza virus (1), rhinovirus (1), adenovirus (1), and a dual adenovirus/rhinovirus outbreak (1). The causative organism for the remaining respiratory outbreak was not identified. The causative organism for the enteric outbreak was identified to be *Salmonella enteritidis*.

Similar to what is being seen across the province and beyond, cases of pertussis continue to rise. Six cases of pertussis were reported in our service area in 2023, compared to 14 cases (25 investigations) reported thus far in 2024. The identified rate of infection in Public Health

Sudbury & Districts (10.75 per 100 000 population[1]) is over three times that of Ontario (3.2 per 100 000 population[2]), though there has been an increase Ontario-wide, and much larger increase in Quebec. Educational advisory alerts and media releases have been issued to provide local health care providers and the public with information about increasing pertussis within the community and importance of assessment, testing, diagnosis, and isolation of persons under investigation.

Staff continue to monitor all reports of enteric and respiratory illness in institutions, as well as sporadic communicable diseases.

During the months of June, July, and August, eight infection control complaints were received and investigated and 14 requests for service were received and addressed.

Infection Prevention and Control Hub

The Infection Prevention and Control Hub provided 192 services and supports to congregate living settings in the months of June, July, and August. These included proactive IPAC assessments, education sessions, policy review, and working with facility staff to respond to cases and outbreaks of acute respiratory infection (ARI), COVID-19, and enteric illness, to ensure that effective measures were in place to prevent further transmission.

2. Food Safety

In June, July, and August, one food product recall prompted public health inspectors to conduct checks of 119 local premises. All affected establishments had been notified and subsequently had removed the recalled products from sale. The recalled food products included plant-based milk due to possible contamination with Listeria.

During the summer months, public health inspectors issued one closure order to a food premises due to an adverse water sample result. The closure order has since been rescinded following corrective action, and the premises allowed to reopen.

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

Staff issued 405 special event food service and non-exempt farmers market permits to various organizations.

Through six Food Handler Training and Certification Program sessions offered in June, July, and August, 116 individuals were certified as food handlers.

[1] Integrated Public Health Information System (iPHIS). Data extracted August 12, 2024
[2] Infectious Disease Queary, Public Health Ontario. Data extracted on August 02, 2024.

3. Health Hazard

In June, July, and August, 71 health hazard complaints were received and investigated. Four of these complaints involved marginalized populations.

4. Ontario Building Code

In June, July, and August, 99 sewage system permits, 41 renovation applications, and nine consent applications were received. Fifteen complaints were received and investigated. User fees for the sewage program are being reviewed and recommendations to increase fees will be submitted to the Board of Health at the November meeting.

5. Rabies Prevention and Control

In June, July, and August, 117 rabies-related investigations were conducted. Four specimens were submitted to the Canadian Food Inspection Agency Rabies Laboratory for analysis and were subsequently reported as negative.

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

6. Safe Water

In June, July, and August, 34 beaches were sampled with a total of 964 samples collected during 176 visits. Re-sampling was conducted in response to sampling results that exceeded the recreational water quality standard of 200 *E. coli* per 100 mL of water. Five beaches were posted with swimming advisories as unsafe for swimming due to elevated levels of *E.coli*. All beaches have had sample results that have since returned to levels that are deemed to be acceptable for the public to swim in. The beach sampling season has now concluded for the year.

During the summer months, 188 residents were contacted regarding adverse private drinking water samples. Public health inspectors investigated 45 regulated adverse water sample results, as well as drinking water lead exceedances at one local school.

Thirteen boil water orders, and ten drinking water orders were issued. Furthermore 17 boil water orders, and five drinking water orders were rescinded.

A closure order was issued to one swimming pool. The closure order has since been rescinded following corrective action and receipt of a satisfactory water sample result.

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

In June, July, and August, *Smoke-Free Ontario Act* Inspectors charged one individual for smoking on school property, and three retail employees for selling tobacco to a person who is less than 19 years of age.

8. Vector Borne Diseases

In June, July, and August, a total of 20 724 mosquitoes were trapped and sent for analysis. During this time, a total of 166 mosquito pools were tested for West Nile virus, with no positive results reported.

On August 1, 2024, a media release was issued in response to the first locally-acquired human case of Lyme disease reported in 2024. The media release included reminders to the public of the importance of taking precautions to protect themselves and those in their care.

9. Emergency Preparedness & Response

During the summer months, Environment and Climate Change Canada issued four heat warnings within Public Health Sudbury & Districts' service area, with two resulting in extended heat warnings.

Staff participated in two municipal emergency management meetings and one municipal emergency tabletop exercise.

In response to a request from the Ministry of Health, Public Health Sudbury & Districts collaborated with Ontario Health North to conduct a tabletop exercise with local health system partners on July 26, 2024. A summary is being shared with the Ministry of Health to inform provincial preparedness for the 2024/2025 respiratory illness season.

10. Needle/Syringe Program

In May, June, and July, harm reduction supplies were distributed, and services received through 9354 client visits across our service area. Public Health Sudbury & Districts and community partners distributed a total of 164 937 syringes for injection, 1 277 996 foils, 31 204 straight stems, and 21 572 bowl pipes for inhalation, through both our fixed site at Elm Place and outreach harm reduction programs.

In June, approximately 49 325 used syringes were returned, which represents an 83% return rate of the needles/syringes distributed in the month of May. In July, approximately 48 848 used syringes were returned, which represents a 90% return rate of the needles/syringes distributed in the month of June.

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

Sexual health clinic

In June, July, and August, there were 280 drop-in visits to the Elm Place site related to sexually transmitted infections, blood-borne infections and/or pregnancy counselling. As well, the Elm Place site completed a total of 971 telephone assessments related to STIs, blood-borne infections, and/or pregnancy counselling, resulting in 520 onsite visits.

Growing Family Health Clinic

In June, July, and August, the Growing Family Health Clinic provided services to 184 patients.

Knowledge and Strategic Services

1. Health Equity

Earlier this year, internal staff completed a survey from Ontario Public Health Association (OPHA) and RentSafe about addressing unhealthy housing conditions through intersectoral collaboration and health equity approaches. This summer, staff from the Health Protection Division, the Health Promotion and Vaccine Preventable Diseases Division, and the Health Equity Team participated in a follow-up discussion with the RentSafe team to provide more details about Public Health initiatives.

The Équipe santé Ontario Sudbury Espanola Manitoulin Elliot Lake Ontario Health Team (OHT) is presently undergoing a strategic planning process aimed at enhancing health services in our communities. Along with other Public Health colleagues, the manager of the Health Equity team attended an in-person engagement session to participate in dialogue on 4 key areas of focus, and to envision successful collective actions. As well, input has been provided to the OHT via their participatory electronic platform.

In June and throughout Pride season, members of the Health Equity team developed internal and external communication to raise awareness of the strengths, challenges, and victories within 2SLGBTQIA+ communities. The manager attended the Community Pride Breakfast hosted by Réseau Access Network, featuring keynote speaker Justine Martine who spoke of the intersections of gender identity and disability.

In July the Ministry of Health, Healthy Populations Unit invited the Health Equity Managers Roundtable to provide feedback on webpage content for the Ministry of Health's new Health Equity Framework. Members of the Health Equity and Indigenous Engagement teams gathered to review and respond to consultative questions specific to the proposed Framework. Responses were collated and forwarded to the Ministry.

Throughout the month of August, members of the Health Equity team participated in the 1st Equity-Oriented Research Training Series hosted by the Dr. Gilles Arcand Centre for Health Equity. Weekly sessions were presented by esteemed health professionals and researchers and included interactive opportunities for participants to build equity-oriented research skills.

2. Indigenous Engagement

The Indigenous Engagement team has been liaising with the Robinson Huron Waawiindamaagewin (RHW) Safety Network, comprised of the 21 First Nations of the Robinson Huron Treaty, police services, and emergency services, to offer support during the Treaty Settlement distribution. Public Health serves 9 of the 21 First Nations of the Robinson Huron Treaty territory.

The Indigenous Engagement team is coordinating Public Health's participation in the 3rd Annual National Day for Truth and Reconciliation Annual GSPS Relay. This relay is hosted by the Greater Sudbury Police Services (GSPS) in partnership with Shkagamik-Kwe Health Centre. It is an initiative intended to "raise awareness, foster understanding, and demonstrate our commitment to addressing the legacy of residential schools in Canada." Public Health staff and Board of Health members can participate by walking, running, biking, swimming, or doing any other activity from September 1 to 24. The closing ceremony will be held at 9 am on September 26, at Bell Park.

The Indigenous Engagement team has been leading the development of the Unlearning and Undoing White Supremacy and Racism Project. This project was originally developed by the Office of the Provincial Health Officer (OPHO) in British Columbia. Public Health is adapting the project, with the permission of the OPHO, to fit our local context. The project addresses colonization, racism, and white supremacy in an 18-month voluntary commitment that allows learners time to read, watch, listen, reflect, and start to understand their role in upholding these harmful systems and how to do better. A task team was struck in May and is made up of a diverse group of staff to review and adapt this work. The project is set to launch in early 2025.

3. Population Health Assessment and Surveillance

In July and August, the PHAS team responded to 60 requests, including routine surveillance and reporting, media requests and other internal and external requests for data, information, and consultation. This was in addition to 15 project related requests (e.g., dashboard, database, report development, and process improvement projects).

The Population Health Assessment and Information Technology teams, with support from the Oral Health team, completed a database application to manage Seniors Oral Health Clinic journeys through service. The application allows for triaging clients based on entry to service

and severity of oral health issues, as well as tracking client expenses. This project application allows for more streamlined tracking of information.

The team has also produced several internal custom reports for infectious disease reporting, which supports our overall planning and response activities. The reports include the following, with additional reports being developed in the near future:

- STIBBI Report (for cases managed by the Sexual Health program team)
- ICDPC-VBD-Environmental Report (for cases managed by the Infectious and Communicable Diseases Prevention and Control, Rabies, and Vector-borne Diseases programs),
- iGAS Report (covers invasive Group A Strep cases managed by the Control of Infectious Diseases program)
- TB Report (for the Tuberculosis Prevention and Control program)
- Hospital IPAC Summary (for monthly/routine reporting of infectious diseases information to our IPAC partners)
- Health Protection Board Report (for monthly/routine reporting of indicators of diseases managed by the Health Protection division to the Board of Health)

The team has also supported the analysis of data for the Physical Literacy for Communities Project. The project's goal was to build capacity to enhance the physical literacy of school-aged children in our service area and assess the impact of programming on children's physical literacy outcomes. The results will be used to support future grant applications and programming directions.

In July and August, the team participated in an external analytics group to support the selection of priority populations for the Sudbury-Espanola-Manitoulin-Elliot Lake Ontario Health Team.

In addition, the team continues to work with the Vaccine Preventable Diseases and Oral Health teams to streamline processes for data collection.

In August, the team participated in the selection of optional content for the 2025/2026 Canadian Community Health Survey. This process was led by Health Analytics & Insights Branch, Ministry of Health, and submitted to Statistics Canada.

4. Effective Public Health Practice

On June 18, an internal Artificial Intelligence (AI) Think Tank took place. Staff from across the agency were invited to attend a talk led by Dr. Steven Rebellato from the Simcoe Muskoka District Health Unit and Dr. Kyle Wilson from Wellington-Dufferin-Guelph Public Health. Both speakers shared their experiences implementing AI in their respective local public health settings. Following the guest speakers, 26 staff from across the agency participated in a

brainstorming session to discuss the possibilities regarding the use of AI for Public Health, along with risks, facilitators, and barriers. A survey on these questions was also circulated to all staff. Building on this work and the findings from staff input thus far, a Request for Proposals (RFP) has been issued for the development of an AI strategy for the agency. This will allow us to collaborate with subject matter experts in identifying and implementing AI solutions for use in Public Health.

Evidence-informed decision-making (EIDM) is a critical factor for effective public health practice and a key component of the agency's Strategic Plan. In order to gain a better understanding of staff knowledge, skills, and self-efficacy for EIDM, Knowledge and Strategic Services administered a voluntary self-assessment survey on EIDM through July and August 2024. Survey respondents demonstrated a strong understanding of EIDM in relation to their roles and identified areas for improvement or support to improve practice. Findings will inform staff development planning and the development or distribution of resources that empower the use of EIDM in public health practice.

5. Staff Development

In June, members of the agency's Management Forum attended a full-day training session to support management leadership development. The session provided an opportunity to managers to further develop skills on workplace culture in a hybrid work environment, managing in times of change, managing conflict, and building teams.

A Manager Community of Practice session was held in the summer to provide an opportunity to managers to discuss and learn from one another on various topics including difficult conversations and managing in a hybrid environment.

6. Student Placement

There are currently 8 confirmed student placements for the fall term. Students include Laurentian and Cambrian BScN students, along with dietetics, biomedical biology and nurse practitioner students. In addition, there will be short-term placements arranged for 6 dental hygiene and 15-18 paramedic students, all from College Boréal.

7. Communications

Throughout the summer, Public Health has worked to provide the community with updates and information to help protect their health. This includes alerting the community of drinking water-related concerns and higher levels of bacteria at bathing beaches. Heat warnings were issued and information about avoiding heat-related illness was also provided. The community was reminded of the importance of protecting themselves against illnesses like Lyme disease, West Nile virus, whooping cough, and blastomycosis. Alerting the community of reports of toxic

drug supply and offering education on how to help avoid and respond to an overdose also continued.

8. Strategic Plan

The 2024–2028 Strategic Plan continues to be socialized with staff across the agency. This has included a roadshow with teams inviting conversation about how they are actioning the strategic priorities. Planning is underway to utilize virtual and physical whiteboards to showcase the examples of strategic priorities in our work. In addition to this, staff have been asked to intentionally showcase the priorities in action through various reports, including board reports or Public Health in Focus.

Respectfully submitted,

Original signed by

M. Mustafa Hirji, MD, MPH, FRCPC
Acting Medical Officer of Health and Chief Executive Officer

Public Health Sudbury & Districts

STATEMENT OF REVENUE & EXPENDITURES

For The 7 Periods Ending July 31, 2024

Cost Shared Programs

	Adjusted BOH Approved Budget	Budget YTD	Current Expenditures YTD	Variance YTD (over)/under	Balance Available
Revenue:					
MOH - General Program	18,538,348	10,814,036	10,814,057	(21)	7,724,291
MOH - Unorganized Territory	826,000	481,833	481,836	(3)	344,164
Municipal Levies	10,548,731	6,153,426	6,153,563	(136)	4,395,168
Interest Earned	160,000	93,333	257,054	(163,720)	(97,054)
Total Revenues:	$30,073,079	$17,542,629	$17,706,509	$(163,880)	$12,366,570
Expenditures:					
Corporate Services:					
Corporate Services	5,662,649	3,252,398	3,420,109	(167,710)	2,242,541
Office Admin.	111,350	64,954	43,418	21,536	67,932
Espanola	126,473	73,280	68,360	4,920	58,113
Manitoulin	137,892	79,879	59,033	20,846	78,859
Chapleau	139,699	80,970	66,926	14,044	72,773
Sudbury East	19,270	11,241	11,470	(229)	7,800
Intake	354,886	204,741	174,416	30,325	180,469
Facilities Management	684,866	399,505	414,190	(14,684)	270,676
Volunteer Resources	3,850	2,246	0	2,246	3,850
Total Corporate Services:	$7,240,935	$4,169,214	$4,257,922	$(88,708)	$2,983,013
Health Protection:					
Environmental Health - General	1,355,382	782,244	721,781	60,463	633,601
Enviromental	2,934,156	1,693,019	1,575,303	117,716	1,358,853
Vector Borne Disease (VBD)	93,347	59,246	25,915	33,332	67,432
Small Drinking Water Systems	209,356	120,782	95,015	25,768	114,342
CID	1,005,683	580,195	527,807	52,388	477,876
Districts - Clinical	224,061	129,272	128,854	418	95,207
Risk Reduction	53,756	30,566	15,341	15,225	38,415
Sexual Health	1,416,735	817,926	727,423	90,502	689,312
SFO: E-Cigarettes, Protection and Enforcement	278,625	157,766	84,075	73,691	194,550
Total Health Protection:	$7,571,102	$4,371,017	$3,901,514	$469,503	$3,669,587
Health Promotion and Vaccine Preventable Diseases:					
Health Promotion - General	1,576,472	906,517	816,205	90,312	760,267
School Health and Behavior Change	1,113,921	642,865	597,721	45,144	516,199
Districts - Espanola / Manitoulin	369,527	212,757	209,216	3,540	160,310
Nutrition & Physical Activity	1,735,325	1,018,677	914,579	104,098	820,747
Districts - Chapleau / Sudbury East	419,200	241,854	228,800	13,054	190,400
Tobacco, Vaping, Cannabis & Alcohol	708,943	409,337	216,612	192,725	492,330
Family Health	1,357,541	783,513	641,927	141,585	715,614
Mental Health and Addictions	750,336	433,197	471,159	(37,962)	279,177
Dental	501,055	289,286	289,628	(342)	211,427
Healthy Smiles Ontario	665,118	385,628	355,318	30,310	309,800
Vision Health	11,670	11,670	4,405	7,265	7,265
SFO: TCAN Coordination and Prevention	485,266	280,702	206,663	74,039	278,603
Harm Reduction Program Enhancement	173,699	100,247	98,562	1,685	75,137
COVID Vaccines	232,400	134,077	54,971	79,105	177,429
VPD and COVID CCM	1,306,797	753,224	638,508	114,715	668,288
MOHLTC - Influenza	(0)	(310)	(400)	90	400
MOHLTC - Meningittis	(0)	(83)	(646)	563	646
MOHLTC - HPV	(0)	(121)	(3,834)	3,712	3,833
Total Health Promotion:	$11,407,269	$6,603,036	$5,739,397	$863,639	$5,667,872
Knowledge and Strategic Services:					
Knowledge and Strategic Services	3,301,486	1,907,902	1,787,296	120,606	1,514,189
Workplace Capacity Development	23,507	11,753	11,032	721	12,475
Health Equity Office	14,940	8,423	6,598	1,825	8,342
Nursing Initiatives: CNO, ICPHN, SDoH PHN	503,611	290,545	267,490	23,054	236,121
Strategic Engagement	10,230	4,838	873	3,965	9,357
Total Knowledge and Strategic Services:	$3,853,774	$2,223,462	$2,073,290	$150,171	$1,780,484
Total Expenditures:	$30,073,079	$17,366,729	$15,972,124	$1,394,605	$14,100,956
Net Surplus/(Deficit)	$(0)	$175,901	$1,734,386	$1,558,485	

Public Health Sudbury & Districts

Cost Shared Programs
STATEMENT OF REVENUE & EXPENDITURES
Summary By Expenditure Category
For The 7 Periods Ending July 31, 2024

		Adjusted BOH Approved Budget	Budget YTD	Current Expenditures YTD	Variance YTD (over) /under	Budget Available
Revenues & Expenditure Recoveries:						
	MOH Funding	30,073,079	17,542,629	17,804,551	(261,922)	12,268,528
	Other Revenue/Transfers	706,252	411,980	365,964	46,016	340,288
	Total Revenues & Expenditure Recoveries:	30,779,331	17,954,610	18,170,516	(215,906)	12,608,815
Expenditures:						
	Salaries	19,295,938	11,018,275	10,419,772	598,504	8,876,166
	Benefits	6,691,083	3,860,287	3,533,076	327,211	3,158,007
	Travel	274,257	165,475	102,789	62,686	171,468
	Program Expenses	828,855	490,079	199,231	290,848	629,624
	Office Supplies	75,150	44,904	17,747	27,157	57,403
	Postage & Courier Services	90,100	52,558	41,874	10,685	48,226
	Photocopy Expenses	5,030	2,934	1,384	1,550	3,646
	Telephone Expenses	70,050	40,863	39,330	1,532	30,720
	Building Maintenance	476,961	278,227	300,717	(22,490)	176,244
	Utilities	236,920	138,203	86,394	51,809	150,526
	Rent	328,254	191,482	193,440	(1,958)	134,814
	Insurance	208,850	206,767	200,694	6,073	8,156
	Employee Assistance Program (EAP)	37,000	21,583	25,080	(3,496)	11,920
	Memberships	42,389	25,924	42,318	(16,394)	71
	Staff Development	127,701	62,687	48,199	14,488	79,502
	Books & Subscriptions	7,445	4,294	3,141	1,152	4,303
	Media & Advertising	123,828	71,938	18,992	52,946	104,836
	Professional Fees	440,684	273,732	281,411	(7,678)	159,273
	Translation	56,152	33,032	74,678	(41,645)	(18,525)
	Furniture & Equipment	22,120	14,355	62,529	(48,174)	(40,409)
	Information Technology	1,340,564	781,109	743,334	37,775	597,230
	Total Expenditures	30,779,331	17,778,709	16,436,130	1,342,579	14,343,201
	Net Surplus (Deficit)	0	175,901	1,734,386	1,558,485	

	C-S Programs	
Gapped Salaries & Benefits	925,714	59.40%
Gapped Operating and Other Revenues	632,771	40.60%
Total gapped funding at June 30, 2024	**1,558,485**	

Sudbury & District Health Unit o/a Public Health Sudbury & Districts
SUMMARY OF REVENUE & EXPENDITURES
For the Period Ended July 31, 2024

Program	FTE	Annual Budget	Current YTD	Balance Available	% YTD	Program Year End	Expected % YTD
100% Funded Programs							
Indigenous Communities	703	90,400	44,767	45,633	49.5%	*Dec 31*	50.0%
Pre/Postnatal Nurse Practitioner	704	139,000	46,208	92,792	33.2%	***Mar 31/2025***	33.3%
LHIN - Falls Prevention Project & LHIN Screen	736	100,000	21,400	78,600	21.4%	***Mar 31/2025***	33.3%
Northern Fruit and Vegetable Program	743	176,100	119,474	56,626	67.8%	*Dec 31*	50.0%
Healthy Babies Healthy Children	778	1,476,897	439,781	1,037,116	29.8%	***Mar 31/2025***	33.3%
IPAC Congregate CCM	780	914,100	223,675	690,425	24.5%	***Mar 31/2025***	33.3%
Ontario Senior Dental Care Program	786	1,315,000	573,661	741,339	43.6%	*Dec 31*	50.0%
Anonymous Testing	788	64,293	21,432	42,861	33.3%	***Mar 31/2025***	33.3%
Total		4,275,790	1,490,398	2,785,392			

Grey Bruce Public Health

September 3rd, 2024

Dr. Kieran Moore
Chief Medical Officer of Health
Ministry of Health
Box 12, Toronto, ON
M7A 1N32

Physical Literacy for Communities: A Public Health Approach

Dear Dr. Moore,

On July 26, 2024 at the Board of Health meeting for Grey Bruce Public Health, the Board is pleased to endorse the attached resolution from Sudbury and Districts Public Health regarding Physical Literacy for Communities: A Public Health Approach. The following motion was passed:

Moved by: Chris Peabody Seconded by: Beverly Wilkins

"THAT, the Board of Health endorses the Physical Literacy for Communities: A Public Health Approach letter".

Carried.

Yours truly,

Sue Carleton
Chair of the Board of Health
Grey Bruce Public Health
101 17th Street East, Owen Sound, N4K 0A5

CC: Ian Culbert, Executive Director, Canadian Public Health Association
Susan Stewart, Chair, Health Promotion Ontario
Dr. Tamara Wallington, Chief Health Promotion and Environmental Health Officer, Public Health Ontario
Richard Way, Chief Executive Officer, Sport for Life
Drew Mitchell, Senior Director of Physical Literacy, Sport for Life
Association of Local Public Health Agencies
All Ontario Boards of Health

alPHa
Association of Loca
PUBLIC HEALTH
Agencies

PO Box 73510, RPO Wychwood
Toronto, Ontario M6C 4A7
E-mail: info@alphaweb.org

Hon. Sylvia Jones
Minister of Health
College Park 5th Flr, 777 Bay St
Toronto, ON M7A 2J3

August 29, 2024

Dear Minister Jones,

Re: Ontario Protecting Communities and Supporting Addiction Recovery with New Treatment Hubs

On behalf of the Association of Local Public Health Agencies (alPHa) and its Boards of Health Section, Council of Ontario Medical Officers of Health Section, and Affiliate organizations, I am writing about the recent provincial government announcement: *Ontario Protecting Communities and Supporting Addiction Recovery with New Treatment Hubs*.

The ongoing drug/opioid poisoning crisis continues to affect every part of Ontario, often with devastating consequences for individuals, their families, and their communities. While alPHa applauds the government's plan to increase supports to address homelessness and addiction treatment, we are concerned regarding the prohibition of harm reduction supports in the new Homelessness and Addiction Recovery Treatment (HART) Hubs. alPHa urges the government to have an approach to substance use that includes the full spectrum of care, ranging from harm reduction to treatment to recovery supports, as part of a comprehensive drug strategy. Such a strategy would reduce overdose deaths, increase access to treatment and other health and social services, reduce transmission of infectious diseases, including HIV and hepatitis C, reduce public injection of drugs, and reduce publicly discarded hazardous syringes.

We appreciate funding for supervised drug consumption sites that are provincially-funded to transition to become a HART Hub and ask for further information, including application and operational details. We also ask the government for assistance, including approvals and flowing funds to these sites in a timely manner, to meet the new requirements for safety and security plans, as part of a collaborative and effective multi-sectoral approach, and to avoid closure of these sites. Furthermore, we encourage the provincial government to create additional HART Hubs in urban areas where demand is highest and in rural and northern communities where travel distances can be prohibitive for those seeking services.

Local public health agencies are well positioned to continue to play a key role in a multi-sectoral response to the opioid crisis. We would be pleased to speak with you and your staff. To schedule a meeting, please have your staff contact Loretta Ryan, Chief Executive Officer, alPHa, at loretta@alphaweb.org or 416-595-0006 ext. 222.

Sincerely,

Trudy Sachowski,
Chair, alPHa

Copy: Dr. Kieran Moore, Chief Medical Officer of Health, Ontario
Elizabeth Walker, Executive Lead, Office of the Chief Medical Officer of Health

The Association of Local Public Health Agencies (alPHa) is a not-for-profit organization that provides leadership to Ontario's boards of health. alPHa represents all of Ontario's 34 boards of health, medical officers and associate medical officers of health, and senior public health managers in each of the public health disciplines – nursing, inspections, nutrition, dentistry, health promotion, epidemiology, and business administration. As public health leaders, 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.

The Honourable Justin Trudeau
Prime Minster of Canada
Justin.Trudeau@parl.gc.ca

The Honourable Chrystia Freeland
Deputy Prime Minister and Minister of Finance
chrystia.freeland@parl.gc.ca

The Honourable Mark Holland
Minister of Health
mark.holland@parl.gc.ca

The Honourable Steven MacKinnon
Leader of the Government in the House of Commons
Steven.MacKinnon@parl.gc.ca

The Honourable Andrew Scheer
House Leader of the Official Opposition
Andrew.Scheer@parl.gc.ca

Alain Therrien
House Leader of the Bloc Québécois
Alain.Therrien@parl.gc.ca

Peter Julian
House Leader of the New Democratic Party
peter.julian@parl.gc.ca

Standing Senate Committee on National Finance
nffn@sen.parl.gc.ca

July 24, 2024

Re: Support for Bills S-233 and C-223 "*An Act to develop a national framework for a guaranteed livable basic income*"

Dear Prime Minster, Deputy Prime Minister and Minister of Finance, Minister of Health, House Leaders, and National Finance Committee:

The Middlesex-London Board of Health supports a guaranteed livable basic income as a policy option for reducing poverty, income insecurity, and food insecurity and for providing opportunities for people with lower incomes. As such, we urge your support of Bills S-233 and C-223 "*An Act to develop a national framework for a guaranteed livable basic income*", currently being considered by the Standing Senate Committee on National Finance and in the process of the second reading in the House of Commons.

- Poverty, income insecurity, and household food insecurity have significant impacts on health and well-being.
- Income has a strong impact on health, with better health outcomes associated with higher income levels, and poorer health outcomes associated with lower income levels [1].
- Income increases access to other social determinants of health (e.g., education, food, housing)[1].
- Children living in poverty have an increased risk for cognitive shortfalls and behavioural conditions, and an increased risk of negative health outcomes into adulthood (e.g., cardiovascular disorders, certain cancers, mental health conditions, osteoporosis and fractures, dementia)[2-4].
- Food insecurity is associated with an increased risk of a wide range of physical and mental health challenges, including chronic conditions, non-communicable diseases, infections, depression, anxiety, and stress[5-12].

London Office
110-355 Wellington St. | London, ON | N6A 3N7
tel: (519) 663-5317 fax: (519) 663-9581

Strathroy Office
51 Front St. E | Strathroy, ON | N7G 1Y5
tel: (519) 245-3230

- Among young children, food insecurity is also associated with poor child health, low birth weight, chronic illness, developmental risk, and poor cognitive outcomes, including vocabulary and math skills[13-15].

A guaranteed livable basic income has the potential to reduce health inequities and positively impact many determinants of health (e.g., income, unemployment and job insecurity, food insecurity, housing, and early childhood development). Evidence suggests that basic income positively impacts health and wellbeing[16,17]. Successful examples of a Canadian basic income include the Old Age Security (OAS) and Guaranteed Income Supplement (GIS). In a cohort of individuals over 65 receiving OAS/GIS, compared to a cohort aged 55-64 years, the probability of food insecurity was reduced by half, even when age, sex, income level, and home ownership were taken into account[18]. In addition, evidence suggests income supplementation reduces food insecurity for low-income Canadians[18] and positively impacts childhood health outcomes (e.g., birth weight, mental health)[19].

In 2022, 10.9% of Ontarians lived in poverty based on the Market Basket Measure, an increase from 7.7% in 2021[20]. In our community in 2021, 16.6% of London households with or without children (89,030 people) were low income based on the Census Family Low Income Measure (CFLIM-AT)[21]. Approximately one in five Middlesex-London residents (18.8%) live in a food insecure household, which represents just over 85,500 residents [22,23].

The Middlesex-London Health Unit conducts the Nutritious Food Basket survey annually to monitor the affordability of food in London and Middlesex County. The 2023 results demonstrate that incomes, particularly when dependent on social assistance, are not adequate for many Middlesex-London residents to afford basic needs[24].

Upstream income-based solutions, such as a guaranteed livable basic income, are needed to address poverty, income insecurity, and household food insecurity and their significant impacts on health and well-being.

Yours truly,

Matt Newton-Reid
Chair, Middlesex-London Board of Health

cc:
Arielle Kayabaga, Member of Parliament - arielle.kayabaga@parl.gc.ca
Karen Vecchio, Member of Parliament - Karen.Vecchio@parl.gc.ca
Lindsay Mathyssen, Member of Parliament - Lindsay.Mathyssen@parl.gc.ca
Lianne Rood, Member of Parliament - Lianne.Rood@parl.gc.ca
Peter Fragiskatos, Member of Parliament - peter.fragiskatos@parl.gc.ca
Ontario Boards of Health

Standing Senate Committee on National Finance
National Finance Committee NFFN@SEN.PARL.GC.CA
Senator Percy Mockler, Chair, National Finance Committee Percy.Mockler@sen.parl.gc.ca
Senator Éric Forest, Deputy Chair, National Finance Committee Eric.Forest@sen.parl.gc.ca
Senator Clément Gignac, Clement.Gignac@sen.parl.gc.ca
Senator Larry W. Smith, LarryW.Smith@sen.parl.gc.ca
Senator Jean-Guy Dagenais, Jean-Guy.Dagenais@sen.parl.gc.ca
Senator Rosa Galvez, Rosa.Galvez@sen.parl.gc.ca
Senator Tony Loffreda, Tony.Loffreda@sen.parl.gc.ca
Senator Jane MacAdam, Jane.MacAdam@sen.parl.gc.ca

London Office
110-355 Wellington St. | London, ON | N6A 3N7
tel: (519) 663-5317 fax: (519) 663-9581

Strathroy Office
51 Front St. E | Strathroy, ON | N7G 1Y5
tel: (519) 245-3230

References

[1] Raphael, D., Bryant, T., Mikkonen, J. and Raphael, A. (2020). Social Determinants of Health: The Canadian Facts. Oshawa: Ontario Tech University Faculty of Health Sciences and Toronto: York University School of Health Policy and Management. Retrieved from https://thecanadianfacts.org/

[2] Lee, H., Slack, K. S., Berger, L. M., Mather, R. S., & Murray, R. K. (2021). Childhood poverty, adverse childhood experiences, and adult health outcomes. *Health & Social Work*, 46(3), 159-170.

[3] Maalouf, M., Fearon, M., Lipa, M. C., Chow-Johnson, H., Tayeh, L., & Lipa, D. (2021). Neurologic Complications of Poverty: the Associations Between Poverty as a Social Determinant of Health and Adverse Neurologic Outcomes. *Current neurology and neuroscience reports*, 21(7), 29.

[4] Wise, P. H. (2016). Child poverty and the promise of human capacity: childhood as a foundation for healthy aging. *Academic pediatrics*, 16(3), S37-S45.

[5] Jessiman-Perreault, G. & McIntyre, L. (2017). The household food insecurity gradient and potential reductions in adverse population mental health outcomes in Canadian adults. *SSM - Population Health*, 3:464-472.

[6] Vozoris, N.T. & Tarasuk, V.S. (2003). Household food insufficiency is associated with poorer health. *The Journal of Nutrition*, 133(1):120-126.

[7] Tarasuk, V., Mitchell, A., McLaren, L., & McIntyre, L. (2013). Chronic physical and mental health conditions among adults may increase vulnerability to household food insecurity. *The Journal of Nutrition*, 143(11):1785- 1793.

[8] Men, F., Gundersen, C., Urquia, M.L., & Tarasuk, V. (2020). Association between household food insecurity and mortality in Canada: a population-based retrospective cohort study. *Canadian Medical Association Journal*, 192(3):E53-E60.

[9] McIntyre, L., Williams, J.V., Lavorato, D.H., & Patten, S. (2013). Depression and suicide ideation in late adolescence and early adulthood are an outcome of child hunger. *Journal of Affective Disorders*, 150(1):123-129.

[10] Kirkpatrick, S.I., McIntyre, L., & Potestio, M.L. (2010). Child hunger and long-term adverse consequences for health. *Archives of Pediatrics and Adolescent Medicine*, 164(8):754-762.

[11] Melchior, M., Chastang, J.F., Falissard, B., Galéra, C., Tremblay, R.E., Côté, S.M., & Boivin, M. (2012). Food insecurity and children's mental health: A prospective birth cohort study. *PLoS ONE*, 2012;7(12):e52615.

[12] Ontario Dietitians in Public Health. (2020). Position statement and recommendations on responses to food insecurity. Retrieved from https://www.odph.ca/membership/documents/5578.

[13] de Oliveira, K.H.D., de Almeida, G.M., Gubert, M.B., Moura, A.S., Spaniol, A.M., Hernandez, D.C., Pérez-Escamilla, R., & Buccini, G. (2020). Household food insecurity and early childhood development: Systematic review and meta-analysis. *Maternal and Child Nutrition*.16(3):e12967. doi: 10.1111/mcn.12967.

[14] Lye, C.W., Sivasampu, S., Mahmudiono, T., & Majid, H.A. (2023). A systematic review of the relationship between household food insecurity and childhood undernutrition. *Journal of Public Health (Oxf)*. 29;45(4):e677-e691. doi: 10.1093/pubmed/fdad070.

[15] Simonovich, S.D., Pineros-Leano, M., Ali, A., Awosika, O., Herman, A., Withington, M.H.C., Loiacono, B., Cory, M., Estrada, M., Soto, D., & Buscemi, J. (2020). A systematic review examining the relationship between food insecurity and early childhood physiological health outcomes. *Translational Behavioral Medicine*. 12;10(5):1086-1097. doi: 10.1093/tbm/ibaa021. https://academic.oup.com/tbm/article-abstract/10/5/1086/5921050.

[16] McKay, F.H., Bennett, R., & Dunn, M. (2023). How, why and for whom does a basic income contribute to health and wellbeing: a systematic review. *Health Promotion International*. 1;38(5):daad119. doi: 10.1093/heapro/daad119.

[17] Ferdosi, M., McDowell, T., Lewchuk, W., & Ross, S. (2020). Southern Ontario's basic income experience. Retrieved from https://labourstudies.socsci.mcmaster.ca/documents/southern-ontarios-basic-income-experience.pdf

[18] McIntyre, L., Dutton, D.J., Kwok, C., & Emery, J.C.H. (2016). Reduction of food insecurity among low-income Canadian seniors as a likely impact of a guaranteed annual income. *Canadian Public Policy* 42:3, 274-286.

[19] Idzerda, L., Corrin, T., Lazarescu, C., Couture, A., Vallieres, E., Khan, S., et al. (2024). Public policy interventions to mitigate household food insecurity in Canada: A systematic review. *Public Health Nutrition*, 27(1), e83. Retrieved from https://www.cambridge.org/core/journals/public-health-nutrition/article/public-policy-interventions-to-mitigate-household-food-insecurity-in-canada-a-systematic-review/01E81A2540245BAC803B608D087B8649

[20] Statistics Canada. Table 11-10-0135-01 Low income statistics by age, sex and economic family type. DOI: https://doi.org/10.25318/1110013501-eng

[21] Statistics Canada. Table 11-10-0018-01 After-tax low income status of tax filers and dependants based on Census Family Low Income Measure (CFLIM-AT), by family type and family type composition. DOI: https://doi.org/10.25318/1110001801-eng

[22] Ontario Agency for Health Protection and Promotion (Public Health Ontario). Household food insecurity estimates from the Canadian Income Survey: Ontario 2019-2022. Toronto, ON: King's Printer for Ontario; 2023.

[23] Middlesex-London Health Unit (2019). Total population and density. Retrieved from https://communityhealthstats.healthunit.com/indicator/geography-and-demographics/total-population-and-density

[24] Middlesex-London Health Unit. (2023). Report No. 69-23: Monitoring food affordability and implications for public policy and action (2023). Retrieved from https://www.healthunit.com/uploads/69-23_-_monitoring_food_affordability_and_implications_for_public_policy_and_action_(2023).pdf

BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT
www.healthunit.com

MIDDLESEX-LONDON BOARD OF HEALTH

REPORT NO. 49-24

TO: Chair and Members of the Board of Health

FROM: Dr. Alexander Summers, Medical Officer of Health
Emily Williams, Chief Executive Officer

DATE: 2024 July 18

SUPPORT FOR "AN ACT TO DEVELOP A NATIONAL FRAMEWORK FOR A GUARANTEED LIVABLE BASIC INCOME"

Recommendations

It is recommended that the Board of Health:

1) *Receive Report No. 49-24 re: "Support for 'An Act to Develop a National Framework for a Guaranteed Livable Basic Income'"; and*
2) *Direct the Board Chair to send a letter to the Prime Minister of Canada, Deputy Prime Minister and Minister of Finance, Minister of Health, House Leaders, Standing Senate Committee on National Finance, and local Members of Parliament in support of S-233 and C-223 "An Act to develop a national framework for a guaranteed livable basic income".*

Report Highlights

- In 2022, 10.9% of Ontarians lived in poverty based on the Market Basket Measure, an increase from 7.7% in 2021.
- Upstream income-based solutions, such as a guaranteed livable basic income, are needed to address poverty, income insecurity, and household food insecurity and their significant impacts on health and well-being.
- Opportunities exist to influence healthy public policy through support for "An Act to develop a national framework for a guaranteed livable basic income" which is currently moving through the Senate (S-233) and the House of Commons (C-223).

Background

Upstream income-based solutions are needed to address poverty, income insecurity, and household food insecurity and their significant impacts on health and well-being. The Association of Local Public Health Agencies (alPHa) endorsed the concept of a basic income guarantee as a policy option for reducing poverty and income insecurity and for providing opportunities for people with lower incomes[1]. A guaranteed livable basic income is a cash transfer from the government to citizens, not tied to labour market participation, that ensures everyone has a sufficient income to meet basic needs and live with dignity.

In 2022, 10.9% of Ontarians lived in poverty based on the Market Basket Measure, an increase from 7.7% in 2021[2]. In 2021, 16.6% of London households, with or without children (89,030 people), were low income based on the Census Family Low Income Measure (CFLIM-AT)[3]. Approximately one in five Middlesex-London residents (18.8%) live in a food insecure household, which represents just over 85,500 residents[4,5]. The Middlesex-London Health Unit conducts the Nutritious Food Basket survey annually to monitor the affordability of food in London and Middlesex County. The 2023 results demonstrate that incomes, particularly when dependent on social assistance, are not adequate for many Middlesex-London residents to afford basic needs[6].

Health Impacts

Poverty, income insecurity, and household food insecurity have significant impacts on health and well-being. Income has a strong impact on health, with better health outcomes associated with higher income levels and poorer health outcomes associated with lower income levels[7]. In addition, income increases access to other social determinants of health (e.g., education, food, housing)[7]. Income inequality is a key health policy issue requiring attention from policymakers[7].

Children living in poverty have an increased risk for cognitive shortfalls and behavioural conditions and an increased risk of negative health outcomes into adulthood (e.g., cardiovascular disorders, certain cancers, mental health conditions, osteoporosis and fractures, dementia)[8-10].

Food insecurity is associated with an increased risk of a wide range of physical and mental health challenges, including chronic conditions, non-communicable diseases, infections, depression, anxiety, and stress[11-18]. Among young children, food insecurity is also associated with poor child health, low birth weight, chronic illness, developmental risk, and poor cognitive outcomes, including vocabulary and math skills[19-21].

Guaranteed Livable Basic Income

A guaranteed livable basic income has the potential to reduce health inequities and positively impact many determinants of health (e.g., income, unemployment and job insecurity, food insecurity, housing, and early childhood development). Evidence suggests that basic income positively impacts health and wellbeing[22,23]. Successful examples of a Canadian basic income include the Old Age Security (OAS) and Guaranteed Income Supplement (GIS). In a cohort of individuals over 65 receiving OAS/GIS, compared to a cohort aged 55-64 years, the probability of food insecurity was reduced by half, even when age, sex, income level, and home ownership were taken into account[24]. In addition, evidence suggests income supplementation reduces food insecurity for low-income Canadians[25] and positively impacts childhood health outcomes (e.g., birth weight and mental health)[26].

From 2017-2019, the Ontario government conducted a basic income pilot with 4,000 participants from the Hamilton area, the Thunder Bay area, and in Lindsay, Ontario. There is limited evaluation from the pilot, as the study ended earlier than anticipated. Results from the Hamilton area showed “many recipients reported improvements in their physical and mental health, labour market participation, food security, housing stability, financial status, and social relationships[23(p4)]”. Further assessment of basic income as a policy option could demonstrate positive health outcomes.

"An Act to develop a national framework for a guaranteed livable basic income" is currently moving through the Senate (S-233)[27] and the House of Commons (C-223)[28]. The Bill requires "the Minister of Finance to develop a national framework for the implementation of a guaranteed livable basic income program throughout Canada for any person over the age of 17, including temporary workers, permanent residents and refugee claimants". The framework includes measures to: 1) determine what constitutes a livable basic income for each region in Canada; 2) create national standards for complementary health and social supports; 3) ensure participation in education, training, or the labour market is not required to qualify; and 4) ensure implementation does not result in a decrease in services or benefits related to health or disability.

Senate Bill S-233 is being considered by the Standing Committee on National Finance after passing the second reading (April 2023) and House of Commons Bill C-223 was read a second time and is in the Order of Precedence after an initial debate (May 2024). The Bills require support to continue moving through the Senate and House of Commons.

Public Health Support and Next Steps

The Board of Health has a history of support for income-based solutions to reduce rates of poverty, income insecurity, and household food insecurity including social assistance policy, increased social assistance rates, support for basic income, and support for the Ontario basic income pilot (Report No. 25-23 Minutes[6], Report No. 070-19[29], Report No. 053-18[30], Report No. 007-17[31], Report No. 063-16[32], Report No. 50-15[33]). Recently, Ottawa Public Health (June 2024 – Appendix A), Thunder Bay Public Health Unit (Agenda item 9.1)[34], and Ontario Dietitians in Public Health[35] have submitted reports and letters in support of Bill S-233 and C-223.

It is recommended that the Board of Health send a letter to the Prime Minister of Canada, Deputy Prime Minister and Minister of Finance, Minister of Health, House Leaders, Standing Senate Committee on National Finance, and local Members of Parliament in support of S-233[27] and C-223[28] "*An Act to develop a national framework for a guaranteed livable basic income*" (Appendix B).

References are affixed as Appendix C.

This report was written by the Municipal and Community Health Promotion Team of the Family and Community Health Division.

Alexander Summers, MD, MPH, CCFP, FRCPC
Medical Officer of Health

Emily Williams, BScN, RN, MBA, CHE
Chief Executive Officer

This report refers to the following principle(s) set out in Policy G-490, Appendix A:

- The Chronic Disease Prevention and Well-Being and Healthy Growth and Development standards as outlined in the *Ontario Public Health Standards: Requirements for Programs, Services and Accountability*.
- The following goal or direction from the Middlesex-London Health Unit's Strategic Plan:
  - Our public health programs are effective, grounded in evidence and equity

This topic has been reviewed to be in alignment with goals under the Middlesex-London Health Unit's Anti-Black Racism Plan and Taking Action for Reconciliation, specifically recommendations:

Anti-Black Racism Plan
Recommendation #37: Lead and/or actively participate in healthy public policy initiatives focused on mitigating and addressing, at an upstream level, the negative and inequitable impacts of the social determinants of health which are priority for local ACB communities and ensure the policy approaches take an anti-Black racism lens.

Taking Action for Reconciliation
Supportive Environments: Establish and implement policies to sustain a supportive environment, as required, related to the identified recommendations.
Equitable Access and Service Delivery: Clarify all funding sources during the development process for collaborative Indigenous-related programs and/or services. Transparency about funding and operational expenses is important to the relationship-building process.

Health Canada introduces new measures to help prevent harms to youth from nicotine replacement therapies

From: Health Canada

News release

August 22, 2024 | Ottawa, Ontario | Health Canada

There are growing concerns that the popularity of new and emerging Nicotine Replacement Therapies (NRTs) is leading to recreational use by people who do not smoke, and, in particular, youth under 18 years of age.

Today, the Honourable Mark Holland, Minister of Health, is announcing that Health Canada is introducing new measures for NRTs through a Ministerial Order to reduce the appeal of, access to, and use of these products by young people for recreational purposes, ensuring access is restricted to adults who use these products to help them quit smoking.

The Order introduces new measures that will:

- Prohibit advertising or promotion, including labelling and packaging, that could be appealing to youth.
- Require NRTs in new and emerging formats, such as nicotine pouches, to be sold only by a pharmacist or an individual working under the supervision of a pharmacist, and to be kept behind the pharmacy counter.

- Prohibit NRTs in new and emerging formats, such as nicotine pouches, from being sold with flavours other than mint or menthol.
- Require a front of package nicotine addiction warning, as well as a clear indication of the intended use as a smoking cessation aid for adults trying to quit smoking.
- Require manufacturers to submit mock-ups of labels and packages for all new or amended NRT licenses to ensure no youth appeal.

For adults who smoke and are trying to quit, smoking cessation aids, such as nicotine gums, lozenges, sprays and inhalers, which have an established history of appropriate use, will continue to be available in a wide range of retail locations, with a variety of flavours.

Nicotine is a powerfully addictive substance, and youth are especially vulnerable to its negative effects, which include harming the part of the brain that controls mood, learning, and attention. Even using small amounts of nicotine may increase the risk of developing a dependence in the future, since youth can become dependent at lower levels of exposure than adults.

NRTs are regulated as drugs under the *Food and Drugs Act*. All NRTs must be approved by Health Canada and carry an approved health claim to be legally sold in Canada.

Quotes

> “Stronger measures are needed to protect youth from the harmful effects of nicotine and stop dependency before it starts. The action our government is taking will keep these products available for adults who need them to quit smoking while making sure they don’t get into the hands of youth for recreational use.”
>
> The Honourable Mark Holland
> Minister of Health

> “Our priority is protecting the health and safety of Canadians, especially younger Canadians. We know that smoking cessation products play an important role in helping adults quit smoking, but we need to make sure these products are doing as they are intended. We’re taking action today to do just that, while protecting youth and non-smokers from the harmful effects of nicotine.”
>
> The Honourable Ya'ara Saks
> Minister of Mental Health and Addictions and Associate Minister of Health

Quick facts

- Tobacco use is responsible for over 45,000 preventable deaths in Canada each year.
- Excessive amounts of nicotine can cause overdose or acute poisoning, which can lead to respiratory failure and death.

- In the U.S., the 2023 National Youth Tobacco Survey found that nicotine pouches were a popular nicotine product among middle school and high school students, and such products were the most used behind e-cigarettes, cigarettes, and cigars.
- The growing popularity of nicotine pouches within the U.S. may also have a significant impact on the awareness of and interest in using these products among youth in Canada, for example through exposure via social media platforms and other forms of media.

Associated links

- Statement from the Minister of Health on nicotine replacement therapies
- Notice of Intent to address risks of youth appeal and access to nicotine replacement therapies
- Only use authorized nicotine pouches as directed, and do not use unauthorized nicotine pouches

Contacts

Matthew Kronberg
Press Secretary
Office of the Honourable Mark Holland
Minister of Health
343-552-5654

Yuval Daniel
Press Secretary
Office of the Honourable Ya'ara Saks

Minister of Mental Health and Addictions and Associate Minister of Health
819-360-6927

Media Relations
Health Canada
613-957-2983
media@hc-sc.gc.ca

Public Inquiries
613-957-2991
1-866-225-0709

Search for related information by keyword: Health protection | Health Canada | Canada | Smoking, vaping and tobacco | general public | news releases | Hon. Mark Holland | Hon. Ya'ara Saks

Date modified:
2024-08-22

Public Health
Santé publique
SUDBURY & DISTRICTS

September 11, 2024

VIA ELECTRONIC MAIL

The Honourable Mark Holland
Minister of Health of Canada
House of Commons
Ottawa, Ontario K1A 0A6

Dear Minister Holland:

Re: New measures to help prevent harms to youth from nicotine replacement therapies

Public Health Sudbury & Districts commends the Honourable Mark Holland for the recent Ministerial order to introduce additional safeguarding measures regarding nicotine replacement therapies (NRT). We are deeply appreciative of your commitment to protect youth from targeted advertising, restrict access to nicotine pouches, and prevent further misuse of NRT which are intended to be used by adults trying to quit smoking.

The new measures outlined in your order are a significant step forward in limiting the interest, access, and recreational use of NRT among young people. These measures align closely with our previous board resolution (#26-24) and correspondence to your office, wherein we urged Health Canada to address the regulatory gap which allowed the sale of nicotine pouches to youth. We also called for increased regulations to restrict the sale of emerging tobacco and nicotine products to ensure that access remains strongly regulated and kept away from children and youth.

We are pleased to recognize that your Ministerial order has addressed these concerns and demonstrate your continued commitment to public health and the protection of youth. We thank you for your attention to this important issue and look forward to working alongside the Ministry of Health to promote and protect the health of all Canadians.

Sincerely,

Mark Signoretti (Sep 12, 2024 12:49 EDT)

Mark Signoretti, Vice Chair, Board of Health *on behalf of*
René Lapierre, Chair, Board of Health

M. Mustafa Hirji, MD, MPH, FRCPC
Acting Medical Officer of Health and
Chief Executive Officer

Sudbury
1300 rue Paris Street
Sudbury ON P3E 3A3
t: 705.522.9200
f: 705.522.5182

Elm Place
10 rue Elm Street
Unit / Unité 130
Sudbury ON P3C 5N3
t: 705.522.9200
f: 705.677.9611

Sudbury East / Sudbury-Est
1 rue King Street
Box / Boîte 58
St.-Charles ON P0M 2W0
t: 705.222.9201
f: 705.867.0474

Espanola
800 rue Centre Street
Unit / Unité 100 C
Espanola ON P5E 1J3
t: 705.222.9202
f: 705.869.5583

Île Manitoulin Island
6163 Highway / Route 542
Box / Boîte 87
Mindemoya ON P0P 1S0
t: 705.370.9200
f: 705.377.5580

Chapleau
34 rue Birch Street
Box / Boîte 485
Chapleau ON P0M 1K0
t: 705.860.9200
f: 705.864.0820

toll-free / sans frais
1.866.522.9200

phsd.ca

cc: Honourable Doug Ford, Premier of Ontario
Honourable Sylvia Jones, Deputy Premier and Minister of Health
Honourable Ya'ara Saks, Canada's Minister of Mental Health and Addictions and Associate Minister of Health
Honourable Michael Parsa, Minister of Children, Community and Social Services
Yasir Naqvi, Parliamentary Secretary to the Minister of Health, Honorable Mark Holland
Dr. Kieran Moore, Chief Medical Officer of Health of Ontario
France Gélinas, Member of Provincial Parliament, Nickel Belt
Jamie West, Member of Provincial Parliament, Sudbury
Michael Mantha, Member of Provincial Parliament, Algoma-Manitoulin
Viviane Lapointe, Member of Parliament, Sudbury
All Ontario Boards of Health
Association of Local Public Health Agencies

APPROVAL OF CONSENT AGENDA

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

Briefing Note

To: Board of Health for Public Health Sudbury & Districts

From: M. Mustafa Hirji, Acting Medical Officer of Health and Chief Executive Officer

Date: September 12, 2024

Re: Unlearning and Undoing White Supremacy and Racism Project

---

☐ For Information ☐ For Discussion ☒ For a Decision

Issue:
Colonization, racism, and white supremacy as social determinants of health affect every person in our society. Some groups benefit and some groups are disadvantaged. Indigenous and racialized individuals, families, and communities are negatively affected disproportionately by these pervasive social issues.

It is our obligation to ensure our services are safe for all as per the Ontario Public Health Standards Foundational Standard Health Equity Guideline, and subsequently the Relationship with Indigenous Communities Guidelines. Internally, the agency's Strategic Plan: 2024 – 2028, Indigenous Engagement Strategy, Public Mental Health Action Framework, and Racial Equity Action Framework support this work. At the governance level, the Indigenous Engagement Governance ReconciliAction Framework (Motion #37-23) further refines and strengthens this work.

The Unlearning and Undoing White Supremacy and Racism Project addresses colonization, racism, and white supremacy in an 18 month voluntary commitment that allows learners time to read, watch, listen, reflect, and start to understand their role in upholding these harmful systems and how to do better. Public Health met with the founding team and gained permission to use and adapt the project files to fit our local context. A task team has been established made up of a diverse group of staff to review and adapt this work. The project is set to launch in early 2025.

Recommended Action:
That Board of Health commit to participating in the Unlearning and Undoing White Supremacy and Racism Project. This commitment will include two hours of self-guided learning and 15-30-minute closed group discussion per month.

Alternative Actions:
N/A

Background:
The Indigenous Engagement strategy has been in place for six (6) years as of October 2024. During this time, Public Health has strengthened relationships with Indigenous partners and has been building the agency's cultural competency. Despite Indigenous Engagement staff work directly on implementation, the Strategy was never intended to be the work of only a few staff, rather everyone in the organization from the Medical Officer of Health to frontline staff. The Board of Health's ReconciliAction Framework also notes that this work is the responsibility of the members of the Board of Health. Everyone who has a role in the agency should see themselves in the Strategy and have a role to play in elements of its implementation. Over the years, Indigenous Engagement team have been working towards collective action. Through initial results of a survey called: *Survey to assess the impact of Indigenous cultural competency activities on workforce capacity* (2024) we heard that staff are ready to move beyond cultural competency training and put the skills into practice.

The Unlearning and Undoing White Supremacy and Racism Project (The Unlearning and Undoing Project) came from the Office of the Provincial Health Officer (OPHO) in British Columbia. The OPHO states, "we are committed to upholding the inherent rights of Indigenous Peoples (First Nations, Métis, and Inuit) in BC, as well as anti-racist approaches, and truth and reconciliation. We are committed to seeing the ways that anti-Indigenous racism and white supremacy show up in our day-to-day work (i.e., policies, practices, processes), and deliberately taking anti-racist approaches to arrest white supremacy and racism. We are also beginning work to pay particular attention to the rights and needs of Indigenous elders, women, 2SLGBTQIA+, youth, children and persons with disabilities throughout this work."

The Unlearning and Undoing Project is an 18-month voluntary commitment designed to assist learners articulate the challenges and barriers that colonization, racism, and white supremacy impose. Each month and module will build the learners knowledge and confidence to not only articulate but to begin addressing these challenges and barriers and advocating for change. These modules are primarily based on resources developed by Black, Indigenous, and People of Colour (BIPOC) experts in their field. The use of BIPOC expert content is intentional. It avoids putting additional burden on BIPOC people in the agency.

Each month will have options with independent work provided. These options include, a quick dip, deep dive, and related resources. The minimum expectation is to do the preparation work in the quick dip. Culminating each module is a group discussion to start unpacking what was shared. To increase safety and participation in the monthly group discussion, the participants will be split into different groups based on their role at Public Health, such as workers, management, people of colour, and governance.

This 18-month project is a large time commitment. However, when we allow ourselves to put other work down to focus two hours per month, for 18 months, on arresting white supremacy, we are ensuring a healthier community for all. The work done here will influence all aspects of our working and personal lives. This is the power of your words, actions, and the influence that you may have in your various spheres of influence in action. This challenging and forward-thinking work will also allow community members to see Public Health, and those who choose to participate in the program, as leaders in health equity and inclusivity.

Risks of not proceeding:
By maintaining the status quo, we are doing a disservice to our vibrant and multicultural community. It is our responsibility to support wellness for all, specifically through the Indigenous Engagement Strategy strategic direction III strengthening our capacity for a culturally competent workforce will be achieved by "[creating] culturally safe, welcoming, and inclusive public health environments" and "[providing] ongoing education opportunities for Board of Health members." By moving forward with the Unlearning and Undoing Project, we are honouring our commitment to ensuring the agency is prepared to support advocacy efforts to address Indigenous social determinants of health (Strategic Direction IV). Should the agency not ensure cultural competency in action we risk Public Health being seen as being untrustworthy and unable to follow through with its commitments to Indigenous partners and communities.

Financial Implications:
Within budget.

Ontario Public Health Standard:
Health Equity Guideline, 2018

Strategic Priority:
Strategic Priority 4 – Healthy and resilient workforce
Indigenous Engagement Strategy – Strategic Direction IV

Contact:
Kathy Dokis, Director, Indigenous Public Health

Public Health
Santé publique
SUDBURY & DISTRICTS

Briefing Note

To: Board of Health for Public Health Sudbury & Districts

From: M. Mustafa Hirji, Acting Medical Officer of Health and Chief Executive Officer

Date: September 12, 2024

Re: 2024–2028 Accountability Monitoring Plan: Strategic Priority Performance Measures

☐ For Information ☐ For Discussion ☒ For a Decision

Issue:

In November 2023, the Board of Health approved the 2024–2028 Strategic Plan and directed the Medical Officer of Health to develop a monitoring process for the Plan. Subsequently, the 2024–2028 Accountability Monitoring Plan was developed and approved by the Board of Health by way of motion #27-24 in April 2024, with the direction to finalize the Strategic Priority Performance Measures for the Board's approval.

Recommended Action:

That the Board of Health for Public Health Sudbury & Districts approve the 2024–2028 Accountability Monitoring Plan Strategic Priority Performance Measures as presented.

Background:

The 2024–2028 Accountability Monitoring Plan explains how we comply with legal, funding, and program requirements and contributes to the Board's commitment to transparency with all stakeholders. The Accountability Monitoring Plan includes three main monitoring and reporting categories that collectively demonstrate accountability for provincial mandates and local commitments: organizational requirements, foundational and program requirements, and the Strategic Plan.

Strategic Priority Performance Measures

Ongoing monitoring of the integration of the strategic priorities within programs and services provides an opportunity to gauge progress on these key areas. The priorities guide our work, and the Strategic Priority Performance Measures are one way to measure how we are progressing with actioning our agency Strategic Plan. The measures were developed with feedback from key staff and senior management and validated by the Joint Board of Health/Staff Working Group.

The final recommended performance measures were selected based on ease of collection (either already in progress or ability to do so), ability to demonstrate impact, and reflection of key drivers that guide our work. Where possible, outcome measures were preferred over process measures.

The draft performance measures were shared with the Joint Board of Health/Staff Working Group for review and direction on September 6, 2024, and they are being recommended to the Board for approval.

Once the measures are approved, an operational technical document will be developed to support data collection and reporting processes.

Reporting Frequency

The Board of Health will receive the 2024–2028 Accountability Monitoring annual report each February following the reporting year (i.e. January to December 2024 reporting will be shared in February 2025). This report will include reporting on the Strategic Priority Performance Measures. The Joint Board of Health/Staff Accountability Working Group will review the annual report prior to recommending it to the Board of Health.

Financial Implications:

There are no direct financial implications of this recommendation, however staff time will be needed to operationalize the plan and reporting processes. Staff time will vary throughout the year and, at peak times, select staff will be prioritized towards this and away from other activities.

Ontario Public Health Standard: Public Health Accountability Framework

Strategic Priority: all

Contact: Renée St Onge, Director, Knowledge and Strategic Services

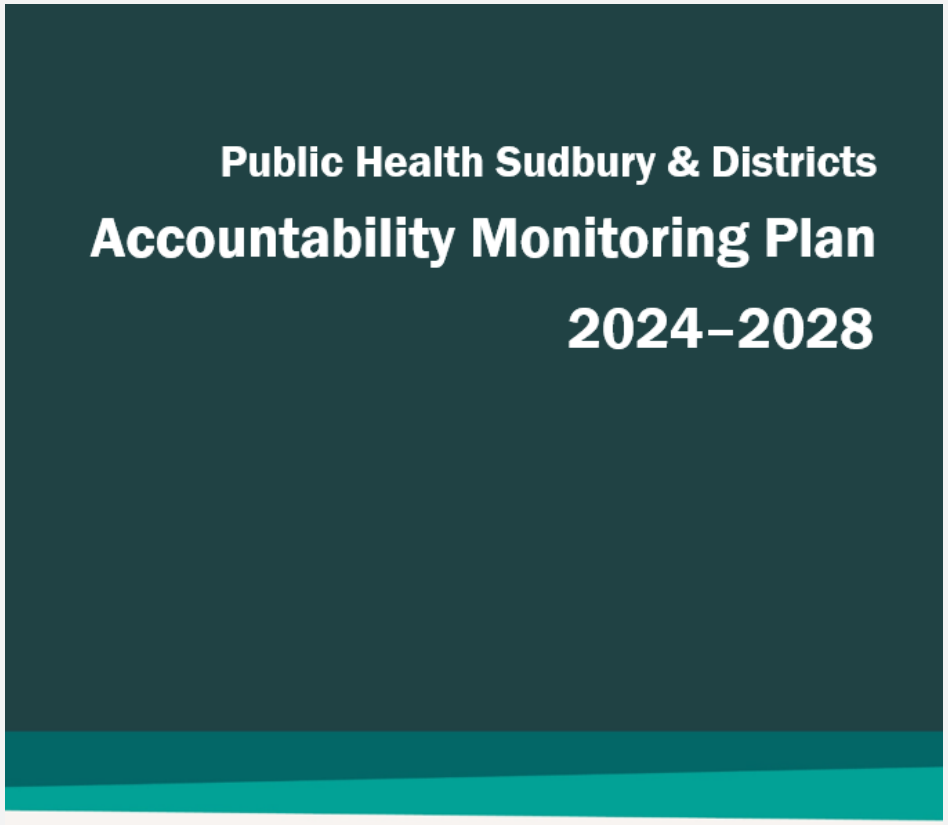
2024–2028
Accountability Monitoring Plan

Strategic Priority Performance Measures

September 19, 2024

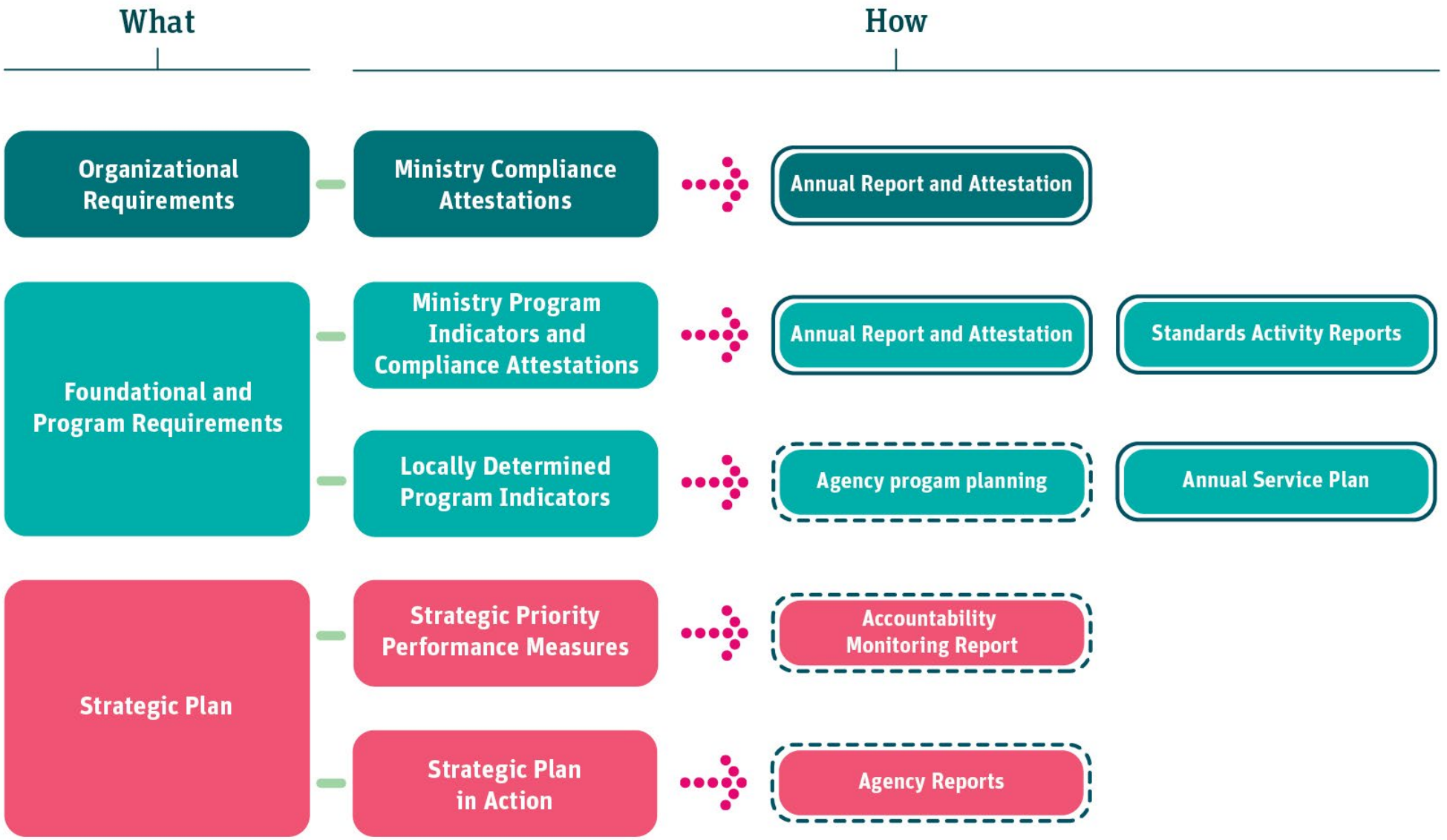
Public Health
Santé publique
SUDBURY & DISTRICTS

Accountability Monitoring Plan



- November 2023: *2024-2028 Strategic Plan* approved + Board of Health direction to develop monitoring process.
- April 2024: *2024–2028 Accountability Monitoring Plan* approved by Board of Health.
  - a focal point of the Board's commitment to transparency, accountability, and public reporting.
  - implements standards as per the *Ontario Public Health Standards (2021)*
  - an overarching framework for comprehensive performance measurement and continuous quality improvement.

Public Health Sudbury & Districts Accountability Monitoring Framework



Provincial Lens Local Lens

Public Health
Santé publique
SUDBURY & DISTRICTS

Strategic Priority Performance Measures

Background

- Performance measures are one way to demonstrate progress with actioning our Strategic Plan.
- Defining elements from each strategic priority informed the development of the performance measures.
- Measures were developed with feedback from staff, senior management, and Joint Board of Health/Staff Working Group members
- Measures were selected based on ease of collection, ability to demonstrate impact, and reflection of key drivers

Strategic Priorities

Equal opportunities for health

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

To achieve this, we will:

- Identify and address systemic barriers and social and economic factors that impact health, including mental health.
- Support awareness, education, advocacy, and policy development to address the root causes of health inequities, including poverty and class, structural racism, discrimination, and oppression.
- Ensure inclusive programs and services that are informed by diverse community voices and experiences, needs, and priorities.
- Champion actions to improve health equity at every opportunity by supporting all communities in our service area, including Indigenous, racialized, and all equity-deserving communities, to reach their full health potential.

Strategic Priority #1: Equal opportunities for health

Draft Performance Measures	Notes
1. Number of advocacy initiatives that support an increased understanding of health equity.	*Advocacy initiatives include a comprehensive approach with multiple steps and activities prioritizing coordinated action to inform system change and improve health outcomes. For example, advocacy initiatives generally include multi-part approaches with multiple activities such as: presentations to key stakeholders and decision-makers, engagement in policy development, municipal plan reviews, letters of support to government, motions to the Board of Health or other governing bodies, sharing of evidence with a Public Health perspective.*
2. Number of programs and services for which equity and diversity was improved as a result of the use of health equity assessments.	*Improved equity and diversity in practice may look like the tailoring of programs and services to meet priority population needs, the integration or consideration of components that address systemic barriers and social and economic factors that impact health, or the addition or modification of programs and services to support addressing the root causes of health inequities such as poverty, racism, or discrimination.*
3. Number of initiatives where the voices and/or perspectives of equity-deserving populations informed the development or delivery of activities that are Public Health led or led in partnership.	*Initiatives may include any activity that aims to improve population health and well-being. Voices and perspectives of equity-deserving groups may be incorporated through direct connection and one-on-one activities with an individual or through community partnerships/engagement where equity-deserving groups contribute to a project (planning, development, implementation).*
4. Qualitative description of activities that support advocacy and partnerships to improve self-determined Indigenous health.	*Examples of activities may include but are not limited to collaborative relationships with Indigenous partners (Urban-Indigenous and First Nation Communities); any relationship for the purpose of planning, education, service provision, or research. Storytelling will be used for the qualitative description as Storytelling is important to Indigenous communities and this narrative measure supports that approach.*

Strategic Priorities

Impactful relationships

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

To achieve this, we will:

- Foster strong and collaborative relationships with local communities, organizations, municipalities, and diverse sectors (locally and provincially), to work toward improving the health of the population.
- Ensure community engagement with a diversity of people, including with people with lived and living experiences, as we identify, plan, implement, and evaluate initiatives and services.
- Engage with all communities, including Indigenous populations, in a way that is meaningful for them and in a manner that is trauma-informed and respectful of their lived experiences.
- Invest time and resources in developing and strengthening partnerships and working collaboratively and collectively to positively impact a shared goal.

Strategic Priority #2: Impactful relationships

Draft Performance Measures	Notes
1. Number of changes made to programs and services that improve the health of the community as a result of working collaboratively with community partners.	*Demonstrates partner relationships and how their feedback and/or collaboration informs public health work to improve the health of the communities. Changes to program and services that improve the health of the community may include program and service improvements such as tailoring service locations, target audiences, timing of service, etc. as reflective in program plans.*
2. Number of partnerships, collaborations, and engagements with Indigenous-led organizations and/or First Nations that led to joint planning, implementation, and evaluation of programs and services for the Indigenous population.	*This measure demonstrates the agency's commitment to meaningful collaborations that support self-determined Indigenous health. The Indigenous Engagement Strategy: Finding our path together, aims to establish relationships with Indigenous communities and partners in a way that is meaningful and effective. Over time, the strategy strives for successful collaborations and healthier communities for all with a mission of Public Health Sudbury & Districts working together with area Indigenous Peoples and communities to collaboratively strengthen public health programs and services for all.*
3. Number of collaborations with municipalities that impact the health of the community.	*Collaborations with municipal partners (at any level) include things like informing the implementation of City strategies (such as official plans, housing and homelessness strategies, poverty reduction plans, well-being initiatives, etc.), participation on municipal advisory committees, etc.*
4. Qualitative narratives and examples of programs or services, delivered in partnership, where activities have moved along the spectrum of engagement.	*This measure shows how and when activities are progressing along the IAP2 spectrum of engagement – moving beyond inform and toward collaborate and empower – to support partnerships and activities that improve the health of our communities. An example in practice could be Public Health Sudbury & Districts' former Car Seat Inspections which moved from Inform and Involve, to Collaborate, then Empower (partners now deliver it).*

Strategic Priorities

Excellence in public health practice

We strive for ongoing excellence in local public health practice, including demonstrating accountability and monitoring the effectiveness, impact, and quality of our programs and services.

To achieve this, we will:

- Ensure effective public health practice to collect, use, and generate quality evidence, including feedback from communities and partners.
- Collaborate with communities and partners from across all sectors that influence health and well-being to deliver programs and services that are innovative and evidence-informed and that can be adapted to reflect current and emerging needs and priorities.
- Demonstrate accountability and transparency to clients, communities, and stakeholders.
- Safeguard public health resources to ensure appropriate investment in upstream health promotion and disease prevention priorities, leveraging local initiatives while remaining within the scope of public health.

Strategic Priority #3: Excellence in public health practice

Draft Performance Measures	Notes
1. Number of improvements made that enhanced client, community, and partner experience as a result of client feedback.	*Any improvement to process or change in direction to a program or service that was made based on the feedback received from a client, community member, or partner will be tracked as an improvement made. Negative feedback received that does not result in a change to a program, service, or process will not be tracked.*
2. Number of *evidence generating projects* where findings result in a change in public health practice.	*Evidence generating projects involve the collection and/or analysis of data to test or investigate a question or statement. Examples of evidence-generating projects include, but are not limited to, original research, needs assessments, feasibility assessments, pilot studies, secondary analysis of data, and program evaluations of all kinds. They do not include data collected for the purposes of routine surveillance, monitoring disease rates, or merely documenting ongoing activity.*
3. Number of upstream health promotion initiatives planned and implemented that have a higher population level and/or long-lasting impact.	*Upstream health promotion initiatives that demonstrate impact on population health include evidence-based population health interventions that impact the natural, social, and built environments and thereby create long-lasting outcomes. These are the most effective ways to address non-communicable disease and injury prevention and enhance population mental health and wellness. Education and skill building activities that have lower population level/long-lasting impact compared to other activities and unless they are done as part of comprehensive health promotion initiatives, will not be included in the reporting of this performance measure.*

Strategic Priorities

Healthy and resilient workforce

We will invest in our public health workforce and ensure that we are well positioned to meet the needs of the communities we serve.

To achieve this, we will:

- Cultivate a skilled, diverse, and culturally competent and humble workforce that values equity, diversity, and inclusion and prioritizes the creation of safe and supportive environments in efforts to foster genuine allyship.
- Build a culture of collaboration, engagement, continuous quality improvement, and ongoing learning.
- Foster an enriching work environment that supports and sustains the mental health, well-being, and resiliency of Public Health staff.
- Invest in and support the development of a well-trained, knowledgeable, and adaptable workforce to meet the ongoing and evolving public health needs and priorities of the community.

Strategic Priority #4: Healthy and resilient workforce

Draft Performance Measures	Notes
1. a) Number of training and professional development sessions where at least 80% of survey respondents reported an increase of knowledge, skills, abilities, and/or competence.	*All training and professional development topics such as cultural competence, Equity, Diversity and Inclusion, mental health, public health core competencies, Indigenous engagement, etc. will be included in the training sessions that are evaluated for reporting on this performance measure. A survey will be developed for staff to complete at the end of each training or professional development opportunity. At least 80% of survey respondents denote a high benchmark, demonstrating a significant majority of individuals applying learnings.*
1. b) Number of professional development opportunities that resulted in Indigenous focused content incorporated into programs and services.	*Results of training (webinars, smudging workshops, meetings) for improving Indigenous focused content in programs and services. The outcome will be application of knowledge to see inclusion of Indigenous perspectives.*
2. Assessment of Quality Improvement Maturity.	*This performance measure aims to show progression along the stages of QI Maturity (beginning, emerging, progressing, achieving, excelling). This measure will help hold the agency accountable for continuous quality improvement work and demonstrate the impact that building a culture of quality has on the organization.*
3. Number of cross training opportunities available for staff in key emergency response roles that facilitate staff rotation, staff respite, and staff redeployment for surge response.	*Cross training is a process where staff members learn skills or tasks from another team or division to foster competency, support future emergency response, and address capacity needs. Examples may include the review of modules developed by other teams, mentorship, shadowing, etc.*

Next steps

- Approval of proposed performance measures by Board of Health
- Development and implementation of data collection processes
- Performance measures to be reported on in first Accountability Monitoring report – February 2025

Public Health
Santé publique
SUDBURY & DISTRICTS

Copyright ©

ACCOUNTABILITY MONITORING PLAN, 2024-2028: STRATEGIC PRIORITY PERFORMANCE MEASURES

MOTION:

WHEREAS the Board of Health motion #27-24 endorsed the 2024–2028 Accountability Monitoring Plan for Public Health Sudbury & Districts and directed the Medical Officer of Health to operationalize the Plan, ensuring an annual report to the Board of Health; and

WHEREAS one step in the operationalization of the plan is the development of performance measures specific to the 2024–2028 Strategic Plan; and

WHEREAS the Joint Board of Health/Staff Accountability Working Group reviewed the proposed performance measures and recommends them to the Board of Health;

THEREFORE BE IT RESOLVED that the Board of Health approve the Strategic Priority Performance Measures as part of the 2024–2028 Accountability Monitoring Plan for Public Health Sudbury & Districts.

6020 Highway 542, P.O. Box 420
Mindemoya, ON P0P 1S0
Tel:705-377-5726
Fax:705-377-5585
Email: ddeforge@centralmanitoulin.ca

July 8, 2024

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

Via Email: premier@ontario.ca

Dear Premier Ford,

RE: PUBLIC HEALTH ONTARIO PROPOSES PHASING OUT FREE WATER TESTING FOR PRIVATE WELLS

Please be advised that the Council of the Municipality of Central Manitoulin adopted the following resolution at their meeting of June 27, 2024, regarding the above noted matter;

Resolution # 200-2024

Moved by: Councillor D. Stephens
Seconded by: Councillor Mitchell

BE IT RESOLVED THAT Central Manitoulin Council supports the Township of Archipelago's request to the Province of Ontario to reconsider and ultimately decide against the proposed phasing out of free private drinking water testing services;

FURTHER, this resolution is circulated to all Ontario municipalities, the Minister of Health, and Sudbury District Health Unit…Carried

Please contact our office should you require further information.

Sincerely,

Ms. Denise Deforge
CAO/Clerk

cc. Minister of Health **sylvia.jones@pc.ola.org**
Sudbury District Health Unit **sutcliffep@phsd.ca**
Ontario Municipalities

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

June 20, 2024

Hon. Sylvia Jones
Deputy Premier and Minister of Health
Government of Ontario
sylvia.jones@ontario.ca

Hon. Andrea Khanjin
Minister of the Environment, Conservation and Parks
Government of Ontario
minister.mecp@ontario.ca

Dear Honourable Ministers,

On Wednesday, June 12, 2024, the Board of Health for Peterborough Public Health approved a motion to request continued provincial coordination and support of wastewater surveillance across broad communities including the Peterborough Public Health region.

On May 30, 2024, PPH learned that the Provincial government will discontinue funding for wastewater surveillance throughout the province, including the local partnership with Trent University as of July 31st (early end to their current contract) despite continued relevance and importance of this information to residents of our region. The public health field has come to understand the broad utility of wastewater surveillance, not only for COVID-19 but for other infectious disease threats. In recent months it has proven useful for RSV, Influenza, MPox, and Polio.

COVID-19 continues to kill and have a greater severity than other respiratory viruses. In our small region there have been 188 deaths due to COVID-19 through the pandemic including 12 confirmed deaths in 2024 (396 in Ontario) and in 2023 there were 35 deaths (2,063 in Ontario). By comparison, there has been one confirmed outbreak-related death from influenza to-date in 2024.

The provincial decision to discontinue funding for wastewater surveillance comes at the same time that the province is also shutting down the Case and Contact Management (CCM) surveillance tool provincially, which will mean that we will lose easy access to individual case count data for COVID-19, another local surveillance indicator of risk. Therefore, the importance and relevance of wastewater surveillance data is even greater.

Locally, wastewater surveillance has been an exemplary collaboration with Trent University and has been led by Professor Christopher Kyle. The Trent University partnership has been nationally and globally innovative, leading important research work that had not only local implications for the COVID-19 pandemic, but has resulted in internationally relevant research output with a peer reviewed publication in Canada's national journal and additional research outputs anticipated.

For the community of the Peterborough Public Health region since the Omicron wave of COVID-19 in 2021, individual-level testing has not been feasible and accessible. For this reason, wastewater has been the primary indicator of community transmission of COVID-19 and other respiratory viruses and informs the Peterborough

Public Health COVID-19 Risk Index, the most visited page on the Peterborough Public Health website (4,952 distinct views). Beyond individual-level use, we have been informed that many community organizations and institutions rely on the Risk Index to establish guidance for respiratory virus precautions.

The provincial decision to cut funding early to this program, and not renew funding on an annual basis comes as a surprise to the public health community, who believed that wastewater surveillance would be an established function on a long-term basis. Although there does appear to be some possibility of funding that may continue federally for certain large urban sites (e.g., Toronto, Ottawa), Peterborough and rural sites do not appear to be in the scope of the forthcoming federal program. There was no duplication of work, and the federal program will be far more narrow than the previous provincial program.

Termination of this program will be a great loss of local infrastructure and capacity to support wastewater surveillance, in particular with the introduction of new infectious disease threats and preparedness for pandemics into the future. The tracking of mpox and polio were recent examples of its use in detecting emerging infectious diseases, and with ongoing H5N1 transmission in the United States, there is an immediate possibility of needing wastewater surveillance for detection of H5N1.

This will continue to be the case on an ongoing basis, and one of, if not the most, important mechanisms of public health surveillance, particularly in a cost-effective, non-intrusive community snapshot manner.

Your support of continued wastewater surveillance as an early warning system would benefit all local residents and maintain world class status in disease surveillance.

Sincerely,

Original signed by

Councillor Joy Lachica
Chair, Board of Health

cc: Professor Christopher Kyle, Trent University
Local MPPs
Hon. Mike Holland, Minister of Health, Health Canada
Ontario Boards of Health

SUPPORT FOR ONTARIO TO CONTINUE TO PROTECT THE SAFETY OF PRIVATE DRINKING WATER

MOTION:

WHEREAS twenty-two percent of households within the Public Health Sudbury & Districts service area rely on private drinking water systems; and

WHEREAS it is recommended that drinking water be tested frequently to ensure that it is safe for human consumption; and

WHEREAS exposure to contaminated drinking water can lead to severe gastrointestinal illness and in rare cases may result in death; and

WHEREAS anyone can become ill from drinking contaminated water, however children, older adults and people with weakened immune systems are at a higher risk of the harmful effects; and

WHEREAS Public Health Ontario's Well Water Testing program is a publicly-funded service that tests water samples from private drinking water sources for indicators of bacterial contamination; and

WHEREAS testing drinking water quality at private laboratories can be cost prohibitive; and

WHEREAS Public Health Ontario in conjunction with the Ministry of Health has proposed joint modernization plans in 2017 and again in January 2023 that proposed discontinuing well water testing as part of a plan to streamline operations; and

WHEREAS the Auditor General of Ontario in its December 6, 2023 *Value-for-Money Audit: Public Health Ontario*, **called for Public Health Ontario and the Ministry of Health to move forward with streamlining laboratory operations in consideration of the proposed modernization plans; and**

WHEREAS Public Health Ontario and the Ministry of Health have not yet announced a final plan for streamlining laboratory operations at this time;

THEREFORE BE IT RESOLVED THAT the Board of Health for Public Health Sudbury & Districts strongly recommends to the Minister of Health and to Public Health Ontario that Ontario's Well Water Testing program be continued in the plan to implement streamlined laboratory operations, and

That the Board of Health ENDORSE the resolutions adopted by the Council of the Town of Gore Bay (May 14, 2024), the Council of the Corporation of Northeastern Manitoulin & the Islands (May 23, 2024), and the Council of Central Manitoulin (July 8, 2024) concerning provincial well water testing.

Public Health
Santé publique
SUDBURY & DISTRICTS

Briefing Note

To: Board of Health for Public Health Sudbury & Districts

From: M. Mustafa Hirji, Acting Medical Officer of Health & Chief Executive Officer

Date: September 12, 2024

Re: Perspectives from Northern Ontario for the Public Health Funding Review

---

☐ For Information ☐ For Discussion ☒ For a Decision

Issue:

The Ontario government is undertaking a review of funding for local public health. A principle concern of the province is the wide variation in provincial funding per capita across local public health agencies. A very focused consultation was conducted as part of this review in the month of June. That consultation did not include any direct reach-out to medical officers or boards of health in northern Ontario. Given the unique factors when delivering public health in northern Ontario, as well as the 2013 funding review which proposed an approach that would have disadvantaged northern communities, the seven northern Medical Officers of Health though it was important that our perspectives were clearly articulated for the province as it undertakes the funding review.

Recommended Action:

The Board of Health endorse the August 16, 2024, letter by the northern Ontario Medical Officers of Health entitled “Perspectives from Northern Ontario for the Public Health Funding Review”.

Alternative Actions:

The Board of Health not to endorse the letter and to remain silent on the matter. This is not recommended given the need for stable and equitable funding for the Board of Health to be able to successfully fulfill its mandate for public health.

Background:

The northern Ontario Medical Officers of Health transmitted a letter to the Chief Medical Officer of Health on August 16, 2024, that articulated the following key messages:

- The size of Ontario’s geography and small population density is a unique challenge for delivery public health in northern Ontario

- Given the north's size, there is breadth, diversity, and complexity to our population and our partners
- Northern Ontario experiences gaps in the health care infrastructure which necessitates public health often fulfilling health care functions that are not undertaken in other parts of the province.
- Municipalities in northern Ontario are smaller and lack the economies of scale of larger municipalities in southern Ontario. This challenges municipalities to contribute as much to public health funding to compensate for lower provincial contributions.
- That certain measures used to justify funding should be used with caution in northern Ontario
    - The Census undercounts Indigenous peoples
    - The Ontario Marginalization Index is not applicable in much of northern Ontario given low population

The northern Medical Officers of Health believe any new provincial funding approach must provide equitable funding, rather than equal funding per capita across the province, accounting for unique circumstances in different areas of Ontario, including those unique elements in the north.

Financial Implications:

There are no direct financial implications to this report.

Successful advocacy on this issue will ensure sustainability and equity of public health programming in northern Ontario.

Ontario Public Health Standard:

Not Applicable

Strategic Priority:

Not Applicable

Contact:

Attachment: "Perspectives from Northern Ontario for the Public Health Funding Review" Letter of August 16, 2024.

August 16, 2024

To:	Kieran Moore Chief Medical Officer of Health & Assistant Deputy Minister
From:	Medical Officers of Health for the 7 Northern Ontario Local Public Health Agencies
Subject:	**Perspectives from Northern Ontario for the Public Health Funding Review**

We are writing to you as the seven local public health agencies in Northern Ontario to share some perspectives unique to the North regarding the current Public Health Funding review.

Before we outline our perspectives, we do wish to note our support of the government undertaking a funding review. It has been our perspective, and that of the local public health field, that a funding approach that enables stable and predictable funding is needed so that we can adequately plan and deliver our services.

We understand that the provincial government is quite concerned by the difference in per capita funding between local public health agencies. We agree, this is something needing to be addressed, but that the goal should not be *equal* (per capita) funding across local public health agencies, but rather *equitable* funding which accounts for the circumstances of each health unit.

The following are some equity considerations that can strengthen and improve the validity of the funding approach for public health in Northern Ontario.

For clarity, our comments are intended to relate only to the base funding grants; we do not intend to make comment on the Unorganized Territories Fund, which we believe requires its own review (we welcome the opportunity for further discussion of this at a future date).

Considerations for Funding Public Health in Ontario

1. Geography

Northern Ontario has much larger service areas than in the rest of the province. Northern Ontario spans 90% of Ontario's land mass, but has only a minority of the province's population. [1] That has major implications in terms of service delivery:

- Our staff must travel long distances to deliver service. That has implications in both transportation costs as well as opportunity costs of staff time. Inflationary pressures have exacerbated these costs.

- Given some of our communities are very remote and inaccessible by roads, travel in many cases is not just by car, but by charter flight or boat. This further increases our travel costs.[1]

- Since the populations we serve in Northern Ontario are distributed over a large area, we do not benefit from the population density that facilitates economies of scale. That means we must plan and organize a service many times over. In Northern Ontario, we have 142 municipalities plus many other communities in unorganized territories, as well as First Nations communities, If delivering a vaccination program, for example, a northern local public health agency must plan, organize, travel, set-up, and deliver clinics in many locations, taking into account the lack of public transportation in and between most northern communities. These clinics will ultimately serve fewer people and cannot take advantage of the economies of scale possible in a southern Ontario city where only 2 or 3 fixed locations might be need.

- Our rural geography impacts the nature of services we must deliver as well. For example, since much more of our populations are living in rural and remote areas as compared to the rest of the province, we are much more involved with inspecting small drinking water systems and private drinking water testing. Unlike a municipality in southern Ontario that may have a few large municipal water treatment plants that aren't inspected by local public health, northern communities have a plethora of small drinking water systems that do need regular inspections. This adds significant costs to our budgets to travel to and conduct inspections as well as to transport well water samples to the lab. As well, even where a community may be on municipally treated water, these are smaller plants befitting the size of the municipalities without large public works departments operating them. Larger municipalities enjoy economies of scale

[1] While it may be argued that the Unorganized Territories Grant accounts for serving this population, and this does not impact the broader funding approach, we highlight (1) that some fly-in/boat-in communities are organized municipalities (e.g. Moosonee), and (2) in 2008, when local public health associations were asked to account for their true costs of delivering services to unorganized territories, it was concluded that costs were 99% higher than what the Unorganized Territory Grant provided [15], and so the cost-shared budget heavily supported delivery of services to these communities. Since 2008, the Unorganized Territory Fund has increased 41.3% [15] while cumulative CPI in Ontario has increased 47.1% [16], implying that the role of cost-shared funding has increased since then, especially after accounting for population growth.

from running large plants that foster expertise and sophistication, and comparably lower maintenance costs. Most northern Ontario municipalities don't enjoy these economies of scale, resulting in more common problems and interruptions to operations, and so more involvement by public health to assess risk, monitor water quality, and issue boil water advisories, and drinking water advisories.

- Technology, which may sometimes allow bridging distance through virtual delivery of services, is often not possible in Ontario's North or is very expensive to support. In 2023, the Canadian Government-sponsored Northern Ontario Broadband Report [2] found that only 26% of Northern Ontario communities met the standard of 50% of the population of the community having 10/50 Mbps internet speed. In many communities, and particularly spaces between them, mobile phone service is also spotty. The residents we serve in Northern Ontario therefore frequently do not have the ability to be served virtually.

2. Breadth, Diversity, and Complexity of Populations and Partners

The vast land area of the North also brings with it greater diversity in a few different dimensions:

- The North has 32% (142/444) of Ontario municipalities, but only 20.5% (7/34) of Ontario's health units.
- The North has 107 of the 134 First Nations Communities in Ontario (80%), and 78% of the on reserve population in Ontario (recognizing that the Census is an undercount of Indigenous population, so these numbers may underrepresent the true number). [3] Alongside these populations are Band Councils and Indigenous organizations with whom we engage to ensure we can provide services in a way that is welcome and meaningful, while navigating complex jurisdictional ambiguity.
- People in the North have much lower socio-economic standing. Between 2009 and 2018 Northern Ontario had an annual average of GDP growth [1] of 0.1% compared to 1.7% for Ontario as a whole [4]. Other social determinants of health track similarly in Northern Ontario, and so health outcomes are worse. For example, in 2021 if looking at Mortality from Avoidable Causes [5], the Northern health units had an average avoidable mortality of 323 deaths per 100,000 versus 204 for the rest of Ontario. In fact, the seven Northern health units rank in the top 8 health units for avoidable mortality, and occupy all of the top six positions. Worse social determinants of health put a greater burden on Northern local

public health agencies in terms of the number of clients needing our intervention, and the efforts we need to invest per person to mitigate inequities.

- For Indigenous populations in particular, in Ontario the median income for First Nations people living on reserve is $32,400, $44,000 for those living off reserve, and $50,400 for non-Indigenous people. [6] Similarly, “Low income” status is more prevalent among Indigenous people who live on reserve (33.7%) and off reserve (16.9%) compared to non-Indigenous people (9.9%). [7] With 78% of the on reserve Indigenous population of Ontario, this is a significant pressure on Northern local public health budgets.
- Northern Ontario has disproportionately more Francophones and French Designated Areas (Figure 1), legally obligating more resources be devoted to translation and to ensuring provision of French-language services. Public Health must also engage with Francophone communities and organizations who are numerous across the large Northern geography.

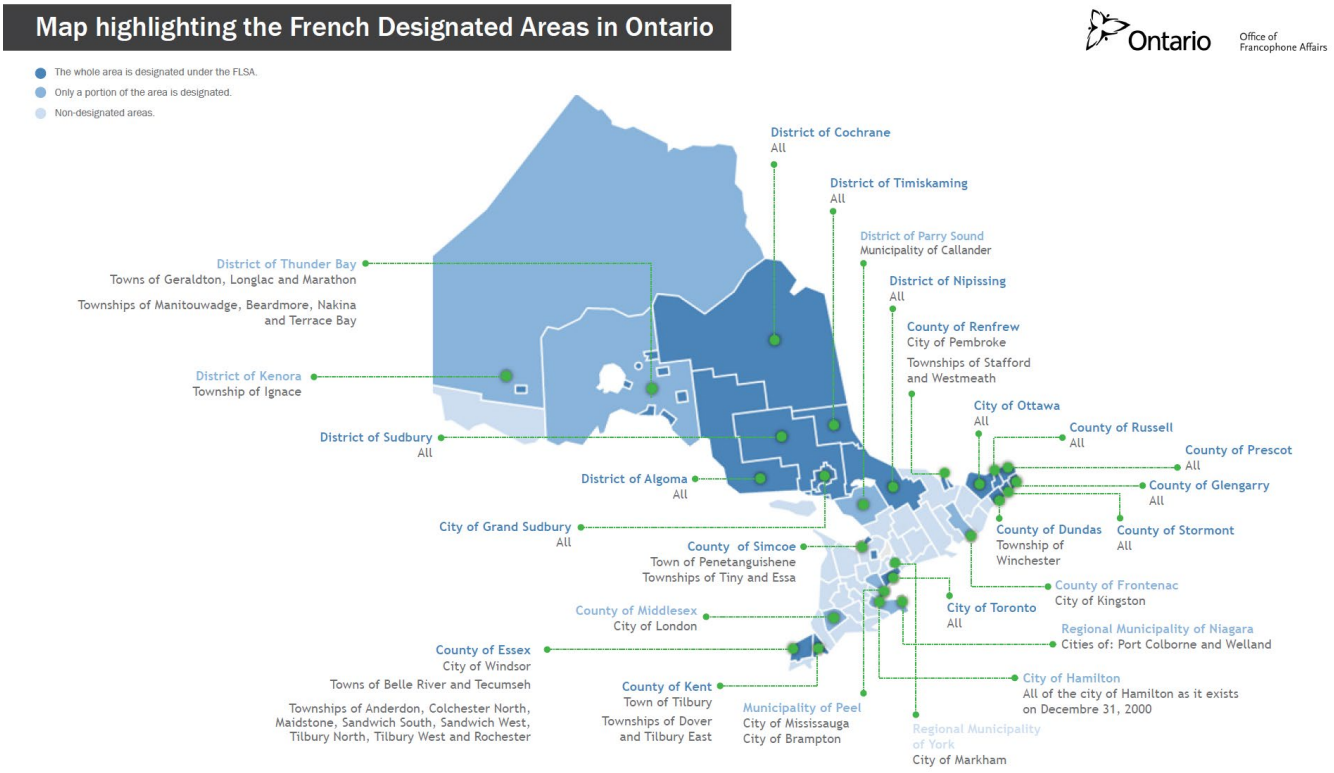


Figure 1. Designated French Language Areas in Ontario. [8]

The implication of this breadth and diversity of our populations and our partners is that it multiplies our workload: we have more municipal, Indigenous, and other partners with whom to engage; and we must meet people where they are with respect to language, Indigenous status, and social determinants of health, and invest in mitigating these. These are challenges not experienced as acutely in other parts of the province.

In addition, when attempting to work upstream, the complex patchwork of partners, many of whom are not well-funded, pose challenges to building coherent coalitions to advance advocacy or policy change for improvement of upstream health determinants.

3. Health Care Gaps

Northern Ontario is unfortunately lacking in health and dental care capacity. According to Ontario's Health Care Experience Survey for December 2019 (most recent results available) [9], 6.7% of Ontarians lacked a primary care provider, but that increased to 11.7% of residents of the North West LHIN and 11.8% of the North East LHIN. The Northern Sub-region reached as high as 29.0% of residents lacking a primary care provider.

In part, this is a function of primary care providers delivering acute care in much of Northern Ontario. In the North, family physicians routinely cover emergency departments, handle most obstetrics, are the primary surgical assists, and support long-term care, often working at multiple sites in a week.

It often falls to local public health to fill the gaps in primary care. For example, looking at the Fall 2023/24 COVID-19 vaccination program, pharmacies did not have the capacity to provide vaccinations in the North to the extent they did in the rest of the province (44.7% of vaccinations delivered by pharmacies in the North compared to 73.9% of vaccinations province-wide). Northern Public health units filled that gap, delivering 43.2% of COVID-19 vaccinations as compared to 15.7% Ontario-wide. Indeed, the six public health units with the lowest pharmacy delivery were all in Northern Ontario, and all 7 Northern Ontario PHUs were in the bottom 10 PHUs for pharmacy share of COVID-19 vaccinations. Despite the lack of pharmacy participation, Northern local public health agencies achieved above average vaccination coverage (17.9% to provincial average of 15.8%) through our efforts.

Table 1 Fall 2023/24 COVID-19 Vaccination Delivery [10] [11]

Public Health Unit	Proportion of Vaccines Delivered by Pharmacy	Proportion of Vaccines Delivered by Primary Care	Proportion of Vaccines Delivered by Public Health	Coverage Achieved
Ontario	73.9%	4.4%	15.7%	15.8%
Northern PHUs	44.7%	5.4%	43.2%	17.9%
Porcupine	21.2%	2.2%	66.0%	13.3%
Northwestern	16.2%	3.4%	71.8%	17.0%
Timiskaming	24.0%	12.3%	57.9%	17.2%
Algoma	65.4%	10.0%	18.6%	19.6%
Thunder Bay District	39.7%	8.5%	44.2%	19.9%
North Bay Parry Sound	48.8%	2.0%	43.8%	19.2%
Sudbury & Districts	54.8%	2.6%	36.9%	17.1%

Similar gaps in in primary health care capacity impact other program areas such as child health programming, sexual health programming, infectious disease programming, and rabies post-exposure prophylaxis.

Gaps in primary care can also increase rapidly with the closure of a single clinic or provider group. For example, in 2024, Sault Ste Marie experienced a dramatic announcement that 10,000 patients (8% of the entire health unit's population) would be de-rostered from their primary healthcare provider due to one provider group having difficulty recruiting primary care providers to replace retirements. [12]

There is also a lack of specialists in the North. Ontario's Health Care Experience Survey [9] shows that 65.2% of Ontarians must wait longer than 30 days for specialist care. However, that increases to 72.3% of residents in the North West LHIN and 73.8% of those in the North East LHIN. These specialist care gaps create particular challenges for public health follow-up. For example, in the follow-up and care of tuberculosis clients or syphilis infections, both of which have increased in incidence since the pandemic, most Northern communities do not have infectious disease specialists to oversee care, and primary care providers lack experience with these diseases. It falls on public health, who has some expertise from following all cases of these infections, to guide the health care system in care of such clients. This is not the norm in the rest of Ontario where greater clinical expertise exists.

4. Municipal Capacity

Just as local public health agencies struggle with the lack of economies of scale when delivering services to rural and remote populations, it should be observed that municipalities experience these same challenges with their services. Adding in the relatively lower economic opportunities in the North, Northern municipalities therefore have property tax bases that are very stretched. This makes it comparatively difficult for them to contribute to cost-shared funding of local public health. This should be considered in the obligation placed on municipalities in a new funding approach.

We believe all of the above make it more costly to deliver local public health in Northern Ontario, and that needs to be taken into account in the new funding approach.

We also wish to make a couple of comments on measures and metrics which may seem sensible to apply in the funding approach, but which have weaknesses when used for Northern geographies.

Caution on Applying Measures in Northern Ontario

1. Census Undercounting of Indigenous Populations

It is known that many Indigenous people do not complete the Canadian Census, and so the Census's counts for Indigenous population are significant undercounts throughout Northern Ontario. [12]

For example, the Health Counts Kenora project (Our Health Counts - WNHAC) used a respondent driven sampling approach and demonstrated that 76.9% of Indigenous people in the City of Kenora did not complete the 2016 census [7]. Using a conservative approach, "the Canadian Census undercounts Indigenous adults and children living in Kenora by at least 2.6 to 4.0 times." The 2016 Canadian Census reports that 3,155 Indigenous people lived in the City of Kenora; the 2021 Census reported 3,595. Both Thunder Bay and Timmins have also conducted similar counts and found significant undercounts.

As a population known to experience disproportionate health inequities, it is important that any new funding approach factor in the undercount of Indigenous peoples in the Census, and that this undercount is of a population that deserves disproportionate public health resources invested to address their health inequities.

In particular, as a new funding approach attempts to account better for population growth over time, it needs to be addressed that Northern Ontario is seeing significant growth in populations not well captured by the Census, such as Indigenous, anabaptist, and newcomer populations.

2. Inapplicability of ON-Marg in low population areas

The Ontario Marginalization Index is based on analysis at the Census dissemination area. Unfortunately, for much of Northern Ontario, there isn't sufficient population to have data for dissemination areas. For example, in Northwestern health unit, of 229 constituent dissemination areas, 101 (44%) have no data. Therefore, these areas are ignored in ON-Marg calculations. These areas that are excluded from ON-Marg calculations have many First Nation communities with low socioeconomic status and high deprivation, and so their exclusion has the impact of skewing ON-Marg metrics for Northern Ontario to appear less marginalized than is the reality.

Where dissemination areas do have data, that data is not always reliable. For example, on First Nations communities, the Low Income Measure input to ON-Marg has a flag of caution on interpretation, which means that the material deprivation dimension of ON-Marg should similarly be used in caution when looking at First Nations communities. The Northern public health units share land with 107 of the 134 First Nation communities in Ontario.

We appreciate that designing a funding approach for a diverse and complex group of local public health agencies is no easy task.

At its core, our fundamental message is that if a funding approach is to truly advance health outcomes and health equity across the province, health equity must be foundational in its design, and not be simply a variable included amongst many others. Metrics like per capita funding are attractive for their simplicity and ease of understanding. But that clarity in fact masks the complexities of serving Ontarians who are not uniform statistical units, but who live within diverse social contexts defined by countless inequities. We seek a funding approach that delivers not *equal* per capital funding, but *equitable* per capital funding.

We thank you for the consideration of the issues raised in this letter as you undertake the challenge of developing an *equitable* funding approach.

We would be very pleased to meet in the near future to discuss our perspectives further, and how we can support your team as the funding review proceeds.

And we look forward to there being an opportunity to review a funding proposal in the coming months before a final version is submitted for government approval.

Sincerely,

Lianne Catton (Aug 21, 2024 09:39 EDT)

Lianne Catton
Medical Officer of Health & CEO, Porcupine Health Unit

Glenn Corneil (Aug 19, 2024 08:59 EDT)

Glenn Corneil
Acting Medical Officer of Health & CEO, Timiskaming Health Unit

Janet DeMille
Medical Officer of Health & CEO, Thunder Bay District Health Unit

M. Mustafa Hirji
Acting Medical Officer of Health & CEO, Public Health Sudbury & Districts

John Tuinema (Aug 16, 2024 19:11 EDT)

Kit Ngan Young Hoon
Medical Officer of Health, Northwestern Health Unit

John Tuinema
Acting Medical Officer of Health & CEO, Algoma Public Health

Carol Zimbalatti (Aug 17, 2024 16:33 EDT)

Carol Zimbalatti
Medical Officer of Health & EO, North Bay Parry Sound District Health Unit

CC:

Liz Walker, Executive Lead, Office of the Chief Medical Officer of Health
Colleen Kiel, Director , Public Health Strategic Policy, Planning and Communications Branch
Brent Feeney, Director , Accountability and Liaison Branch
Fiona Kouyoumdjian, Associate Chief Medical Officer of Health
Wajid Ahmed, Associate Chief Medical Officer of Health

References

[1] Innovation, Science and Economic Development Canada, "Evaluation of the Northern Ontario Development Program (canada.ca).," January 2022. [Online]. Available: https://fednor.canada.ca/en/evaluation-northern-ontario-development-program. [Accessed 28 July 2024].

[2] Blue Sky Economic Growth Corporation, "Northern Ontario Broadband Report 2023 - Connected North," May 2023. [Online]. Available: https://connectednorth.ca/northern-ontario-broadband-report-2023/. [Accessed 26 July 2024].

[3] Ministry of Indigenous Relations and Reconciliation, "Indigenous peoples in Ontario | In the Spirit of Reconciliation: Ministry of Indigenous Relations and Reconciliation's first 10 years | ontario.ca," 29 March 2018. [Online]. Available: https://www.ontario.ca/document/spirit-reconciliation-ministry-indigenous-relations-and-reconciliation-first-10-years. [Accessed 2 May 2022].

[4] Ministry of Finance, "2019 Ontario Economic Outlook and Fiscal Review | Economic Data Tables," 6 November 2019. [Online]. Available: https://budget.ontario.ca/2019/fallstatement/ecotables.html#t2. [Accessed 26 July 2024].

[5] Public Health Ontario, "Potentially Avoidable Mortality Health Equity Snapshot," [Online]. Available: https://www.publichealthontario.ca/en/Data-and-Analysis/Health-Equity/Avoidable-Mortality-Health-Inequities. [Accessed 29 July 2024].

[6] Statistics Canada, *2021 Census*..

[7] M. H. D. L. Kit Young Hoon, *Considerations for the funding formula for local health units,* Northwestern Health Unit Briefing Note, July 5, 2024.

[8] Government Services in French. Ministry of Francophone Affairs, "Map highlighting the French Designated Areas in Ontario," 31 May 2024. [Online]. Available: https://files.ontario.ca/ofa_designated_areas_map_en.pdf. [Accessed 25 July 2024].

[9] Ontario Health, "Health Care Experience Survey—Full Report," 31 December 2019. [Online]. Available: Ministry of Health Visual Analytics Hub. [Accessed 7 August 2024].

[10] Ministry of Health, *COVID-19 Vaccination Program: Weekly Report,* 2024.

[11] Ministry of Health, *COVID-19 Vaccination Program: Weekly Report,* 2024.

[12] "Community Update Regarding Primary Care. Group Health Centre.," 25 January 2024. [Online]. Available: https://ghc.on.ca/featured/community-update-regarding-primary-care-2/. [Accessed 9 August 2024].

[13] "Indigenous people in Toronto badly undercounted by census, but experts hopeful for change | CBC News," 30 September 2022.

[14] Funding Review Working Group, "Public Health Funding Model for Mandatory Program: The Final

Report of the Funding Review Working Group," Ministry of Health, 2013.

[15] Statistics Canada, "Price Trends: 2014 to Today," [Online]. Available: https://www150.statcan.gc.ca/n1/pub/71-607-x/2018016/cpilg-ipcgl-eng.htm. [Accessed 14 August 2024].

ENDORSING PERSPECTIVES FROM NORTHERN ONTARIO FOR THE PUBLIC HEALTH FUNDING REVIEW

MOTION:

THAT the Board of Health endorse the August 16, 2024 letter by the northern Ontario Medical Officers of Health entitled “Perspectives from Northern Ontario for the Public Health Funding Review”.

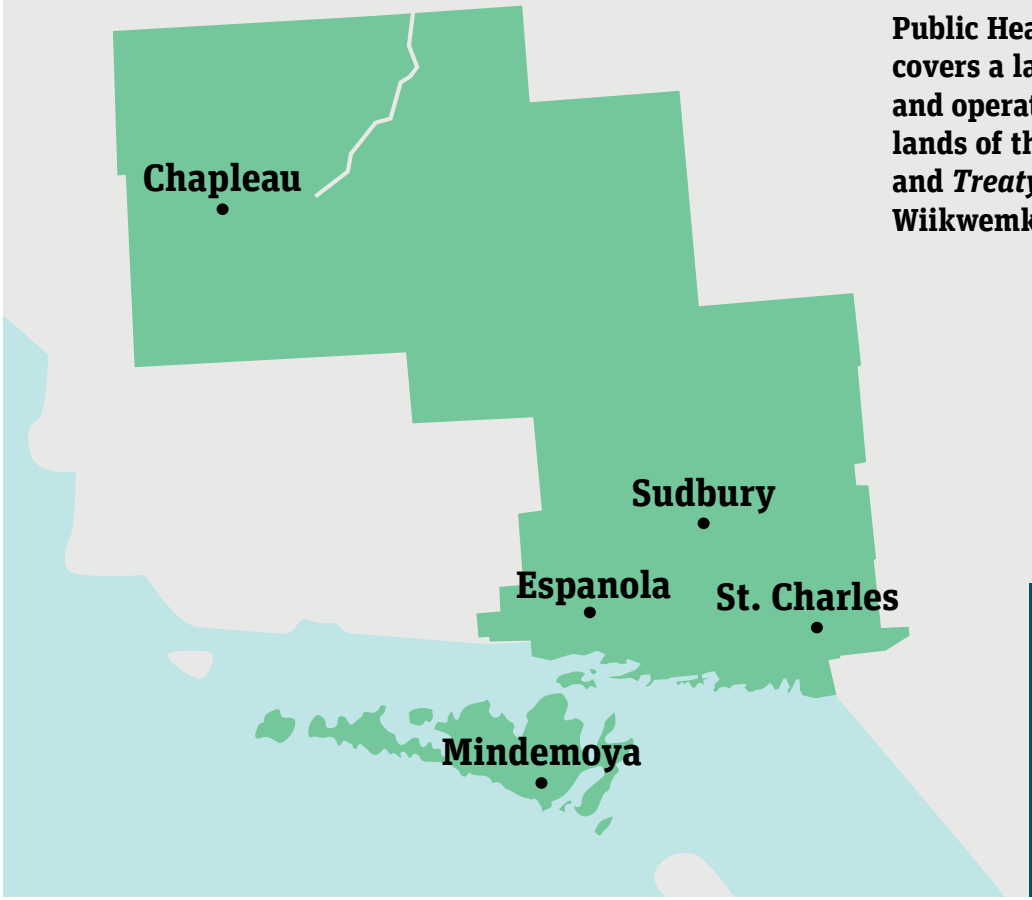
2023 Financial Report

Public Health
Santé publique
SUDBURY & DISTRICTS

From delivering routine vaccines in school settings to working proactively to reduce the burden of toxic drug use, from launching our *Positive Space* initiative to participating in Indigenous worldview experiential training, Public Health Sudbury & Districts expressed its vision of *Healthier Communities for All* by working to advance health throughout 2023. Service delivery in our vast area is championed by our independent Board of Health, which represents local needs and perspectives.

We continue to strengthen collaboration with community partners and our relationships with First Nations and Indigenous communities, creating opportunities to work closely in pursuit of healthy, resilient communities. Accountability and transparency guide our decisions as we implement the programs and services of the *Ontario Public Health Standards* (OPHS).

Public Health Sudbury & Districts' service area

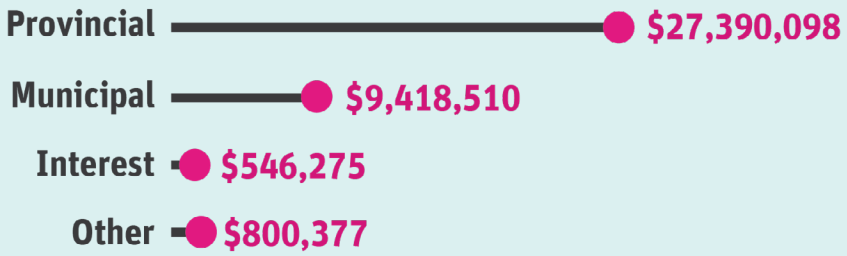


Public Health Sudbury & Districts covers a land area of 46 167.2 km² and operates within the traditional lands of the *Robinson-Huron Treaty* and *Treaty 9*. We also recognize that Wiikwemkoong remains unceded.

Our mission is to work with local communities to promote and protect health and to prevent disease for everyone.

To complement the 2023 Financial Report, our 2023 Highlights (PDF, 211 KB) further demonstrated our commitment to advancing community health, promoting equity, and preventing disease.

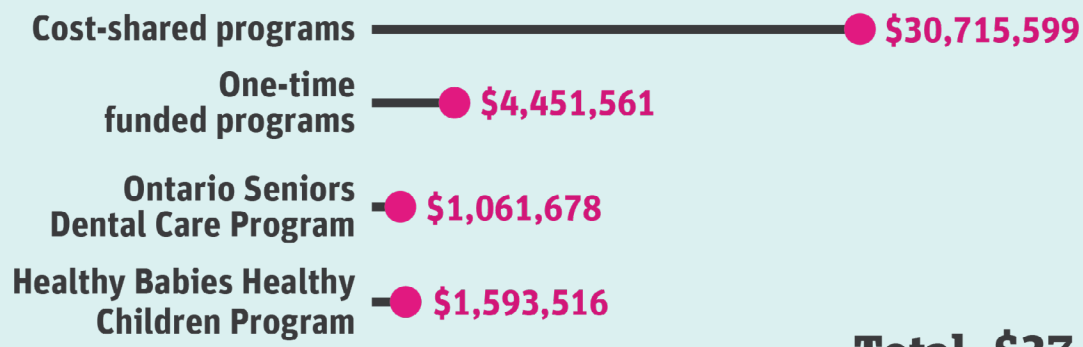
Revenue sources:



Total: $38,155,260

Operating expenses:

Provincial programs:



Total: $37,822,354

Supplementary programs:

Miscellaneous programs — $193,020

Total operating expenses: $38,015,374*

**Surplus revenue of $139,886 was added to the agency's working capital reserves.*

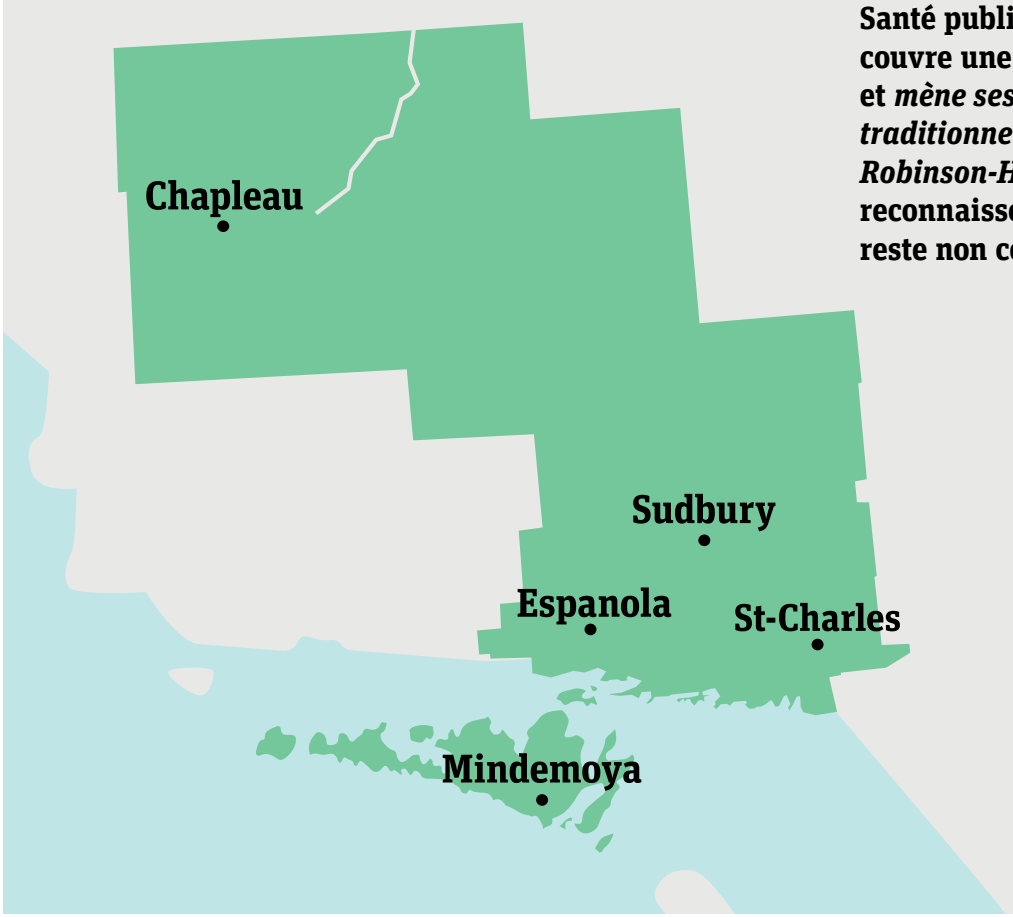
Rapport financier 2023

Public Health
Santé publique
SUDBURY & DISTRICTS

Qu'il s'agissait de fournir des vaccins courants en milieu scolaire ou de s'efforcer proactivement de réduire le fardeau que représente l'usage de drogues toxiques, ou encore de lancer son initiative *Espace positif* pour participer à une formation pratique sur les visions du monde autochtones, Santé publique Sudbury et districts a exprimé sa vision de *communautés plus saines pour tout le monde* en faisant progresser la santé tout au long de 2023. La prestation de services dans notre vaste région est défendue par notre conseil de santé indépendant, qui représente les besoins et les points de vue à l'échelle locale.

Nous continuons de renforcer la collaboration avec les partenaires communautaires et nos relations avec les populations autochtones et des Premières Nations, créant ainsi des occasions de collaborer étroitement dans le but de former des communautés résilientes et en santé. Lorsque nous instaurons les programmes et services prévus dans les *Normes de santé publique de l'Ontario* (NSPO), la responsabilisation et la transparence orientent nos décisions.

Territoire de Santé publique Sudbury et districts

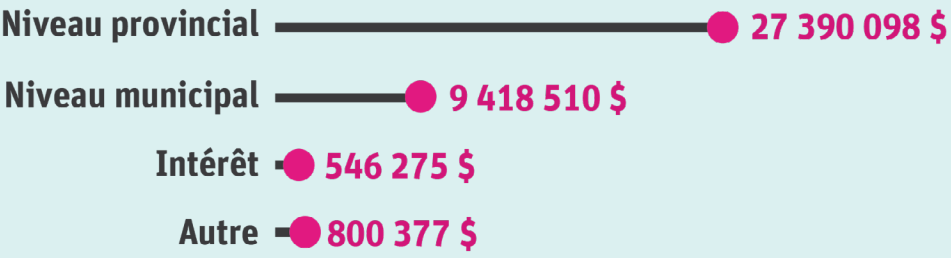


Santé publique Sudbury et districts couvre une superficie de 46 167,2 km² et *mène ses activités sur les terres traditionnelles visées par le Traité Robinson-Huron* et le *Traité no 9*. Nous reconnaissons aussi que Wiikwemkoong reste non cédé.

Notre mission consiste à collaborer avec les communautés afin de promouvoir et de protéger la santé, mais aussi de prévenir les maladies dans toute la population.

En complément du rapport financier 2023, nos faits saillants de 2023 (PDF, 211 Ko) ont démontré davantage notre engagement à faire progresser la santé communautaire, à promouvoir l'équité et à prévenir les maladies.

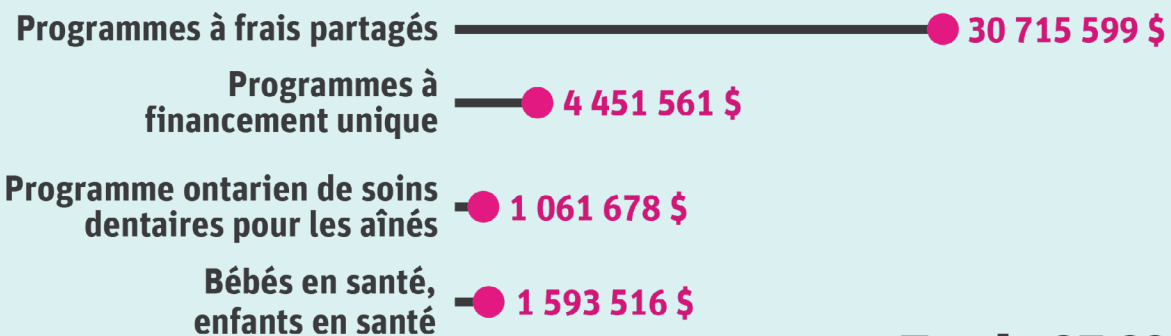
Sources de revenus :



Total : 38 155 260 $

Dépenses de fonctionnement :

Programmes provinciaux :



Total : 37 822 354 $

Programmes supplémentaires :

Total des dépenses de fonctionnement : 38 015 374 $*

**Nous avons ajouté un revenu excédentaire de 139 886 $ au fonds de roulement de l'organisme.*

Briefing Note

To: Board of Health for Public Health Sudbury & Districts

From: M. Mustafa Hirji, Acting Medical Officer of Health and Chief Executive Officer

Date: September 12, 2024

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 in its entirety and revisions are recommended for Board of Health approval.

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:

- Proposed revisions from the Board of Health Manual displayed via tracked changes are *appended* to this briefing note.
- During the manual review, housekeeping and minor revisions were identified for the following:
    - A-II-10 Distribution Policy
    - C-I-10 Organizational Structure Information Sheet
    - C-I-12 Board of Health Roles and Responsibilities Information Sheet
    - C-I-14 Board of Health Self-Evaluation Policy
    - C-II-11 Board Finance Standing Committee Terms of Reference
    - C-III-10 Management Philosophy & Organizational Structure Information Sheet
    - C-III-11 Chief Executive Officer of the Board Information Sheet
    - C-III-12 Enterprise Risk Management Policy
    - D-I-10 Ministry of Health Information Sheet
    - D-I-11 Public Health Ontario Information Sheet
    - D-I-12 Association of Local Public Health Association (alPHa) Information Sheet
    - D-I-14 Ontario Public Health Association Information Sheet
    - D-I-16 Ontario Health Information Sheet
    - D-II-10 Funding Information Sheet

  - E-I-12 Distribution of Agenda Procedure
  - E-I-13 Minutes and Motions Procedure
  - E-I-15 Preparation of a Closed Meeting Agenda Procedure
  - F-II-10 Public Communication Policy
  - H-I-10 Professional Practice Support and Workforce Capacity Building Policy
  - I-I-10 Remuneration and Expenses Procedure
  - I-IV-10 Hiring of MOH, AMOH and Professional Staff Policy
  - I-VI-10 Performance Appraisal of MOH/CEO Policy
  - J-I-10 Ontario Public Health Standards, Protocols and Relevant Legislation Information Sheet

- Highlights of proposed substantive revisions include the following:
  - A-III-10 Policy Development Review Cycle langue updated to ensure alignment
  - C-I-15 Code of Conduct: Further to the Policy being approved in June 2019, a new Procedure is proposed to address appropriate action and follow up in the event of an investigation. Minor edits are proposed in the Policy.
  - C-I-16 Conflict of Interest: Updates to the Policy and Procedure as identified during the 2022 Board of Health Manual review.
  - E-I-11 Preparation of the agenda Procedure: Proposed revisions to provide additional clarity and reflect current practices.
  - F-I-10 Community and Stakeholder Engagement Policy edited to reflect best practices from the Community engagement primer.
  - F-II-20 Annual Report Policy to reflect changes in the annual report.
  - F-III-10 Freedom of Information Procedure updates to reflect legislation language
  - G-I-30 By-Law 04-88 minor revisions as well as an update to reflect process for Board of Health meeting delegation requests.
  - G-I-40 ByLaw 01-93 Further details the Board's delegated responsibilities to Director of Corporate Services
  - G-I-50 ByLaw 01-98 updates language to better reflect current provincial legislation
  - G-I-60 By-Law 02-02 updated to delegate appointment of inspectors to the Medical Officer of Health. This results in removing the specific list of appointed inspector names from the Bylaw.
  - I-II-10 Board Appointments Policy, Procedure and Information Sheet updated to reflect BOH motion 41-24
  - I-III-10 Orientation to Board Members Procedure. Proposed revisions focus on the importance of the orientation program less emphasis regarding the content of the orientation program.
  - I-V-10 Board of Health Mobile Device Use Policy, Procedure and Form reflect current practice Board members use their own devices and laptops

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

- Remove
    - Proposal to **repeal** F-IV-10 Disclosure Policy
        - As *Ontario Public Health Standards* now requires that inspection and enforcement information be disclosed at least to the standard as outlined within F-IV-10, it recommended that this policy be repealed. Public Health Sudbury & Districts will continue to publicly disclose information in accordance with the *Ontario Public Health Standards, the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA), and the Personal Health Information Protection Act (PHIPA).*
    - C-IV-10 Ethical Practice of Public Health Information Sheet to be deleted.

Next Steps:

- A review is currently underway to assess the requirement of signing Board minutes, motions and the Board report. Depending on the outcome of the review, proposed revisions might be coming forward for E-I-13 Minutes and Motions Policy.
- 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 for staff to 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: N/A

[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
Maintenance of Manual

Subject
Distribution

Number
A-II-10

Approved By
Board of Health

Original Date
September 24, 1991

Revised Date
~~June 21, 2018~~September 19, 2024

Review Date
~~September 15, 2022~~September 19, 2024

Purpose

The Board of Health manual will be distributed in print copy as follows:

- Boardroom
- Board Secretary
- ~~Medical Officer of Health/Chief Executive Officer~~

The Board of Health manual will ~~also~~ be made available electronically for all staff to access.

The Board of Health manual will be available electronically to Board members ~~electronically on their electronic devices provided by Public Health Sudbury & Districts~~ and ~~made available~~ to the public ~~via the Public Health Sudbury & Districts website~~.

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
~~November 18, 2021~~September 19, 2024

Review Date
September 19~~95~~, ~~2022~~2024

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~~Public Health Sudbury & Districts, ~~with the general policies established by the municipalities~~with the bylaws of ~~Public Health Sudbury & Districts~~Board of Health, and with Acts, Regulations, and/or policies of relevant ministries, including the Ministry of Health. Policies will generally also be coherent with the general policies established by the municipalities whenever reasonable.

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

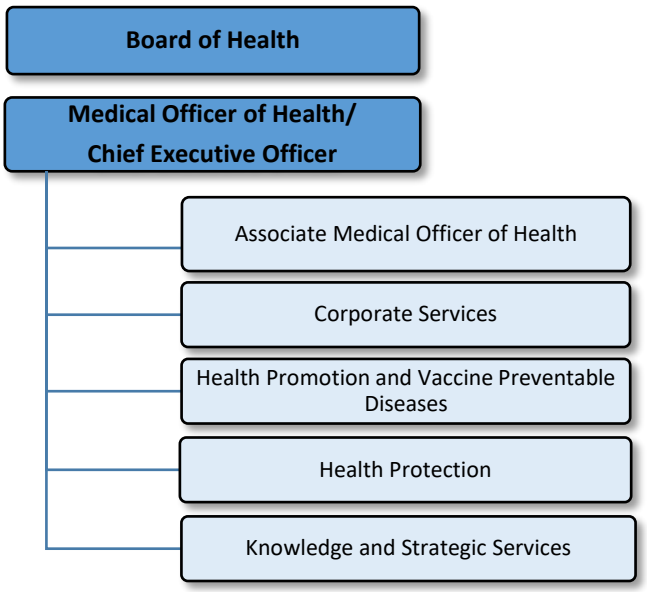
Approved By
Board of Health

Original Date
January 16, 2003

Revised Date
~~November 18, 2021~~September 19, 2024

Review Date
~~September 15, 2022~~September 19, 2024

Information
- Board of Health
    - Medical Officer of Health
        - Associate Medical Officer of Health
        - Corporate Services
        - Health Protection
        - Health Promotion and Vaccine Preventable Diseases
        - 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.~~

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
September ~~15, 2022~~19, 2024

Review Date
September ~~15, 2022~~19, 2024

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 2021 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 2021 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 2021 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. 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 documents to the Ministry of Health including the Annual Service Plan and Budget Submission and associated quarterly and annual ~~,~~ performance and financial 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 & Functions

Section
Board of Health

Subject
Board of Health Self-Evaluation

Number
C-I-14

Approved By
Board of Health

Original Date
February 16, 2012

Revised Date
~~June 16, 2016~~September 19, 2024

Review Date
September ~~15, 2022~~19, 2024

Purpose
The Board of Health shall engage in an annual self-evaluation process of its governance practices and outcomes. This may be supplemented with an evaluation by key partners and/or stakeholders.

The annual self-evaluation process shall include consideration of whether~~:~~

- Decision-making is based on access to appropriate information with sufficient time for deliberations;
- Compliance with all federal and provincial regulatory requirements is achieved;
- Response in a timely manner to a~~A~~ny material notice of wrongdoing or irregularities ~~is responded to in a timely manner~~;
- Reporting systems provide the board with information that is timely and complete;
- Members remain abreast of major developments in governance and public health best practices, including emerging practices among peers; and
- The Board as a governing body is achieving its strategic outcomes.

The Board of Health shall also engage in a meeting-specific self-evaluation process to ensure continuous quality improvement. This process shall include feedback on items such as alignment of agenda package content with the governance role and the strategic plan and Board member contribution to decision-making. This process shall also include feedback on the Board Chair role. Results shall be provided monthly to the Board Chair and Medical Officer of Health, and an annual summary shall be provided to the full Board of Health.

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~~September 19, 2024

Review Date
~~September 15, 2022~~September 19, 2024

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~~any public communication 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;
- Demonstrate engagement and respect during Board of Health and Committee meetings, and refrain from any interruptions (~~Be encouraged to~~ including by disabling~~e~~ the audible signals on ~~their cell phones during any Committee or Board of Health meetings~~mobile devices).

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 Filing Complaints and Resolution

As outlined in the procedure, 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 first 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

Procedure (New)

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
September 19, 2024

Revised Date

Review Date

Procedure

~~1. A code of conduct contributes to the creation and maintenance of a culture of integrity. It outlines behaviours that are expected of Board of Health members.~~

- ~~There must be no self-dealings or any conduct of private business or personal services between any Board member and Public Health Sudbury & Districts except as procedurally controlled to assure openness, competitive opportunity and equal access to "inside" information.~~
- ~~Board members must not use their positions to obtain employment within the organization for themselves, family members or close associates.~~
- ~~Should a Board member be considered for employment he/she must advise the Chair of their interest and withdraw from Board deliberation, voting and access to applicable Board information.~~
- ~~Board members must remain neutral by referring all requests for organizational services either on a personal nature or on behalf of others to the Medical Officer of Health/Chief Executive Officer, who will be responsible~~

~~for initiating a course of action appropriate to the circumstances, and will advise the Board member of the outcome.~~

2. ~~Board members must 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.~~
   - ~~Board members shall support one another and the Medical Officer of Health/Chief Executive Officer. If a Board member has a performance concern regarding a fellow Board member or the Medical Officer of Health/Chief Executive Officer, that concern shall be brought to the Board through the Chair.~~

3. ~~Board members must treat staff in a fair, prudent and ethical manner.~~

4. ~~In the event of a conflict not resolvable between Board members or between the Medical Officer of Health/Chief Executive Officer and Board members, mediation is available through the Board Chair.~~

If a Board member has a conduct concern regarding a fellow BOH member or the Medical Officer of Health, the BOH member is recommended first to ~~first~~ speak directly and respectfully to the person in order to share the concerns and find a resolution together.

A Board member who identifies or witnesses' behaviour or activity conducted by a Board Member that appears to be in contravention of the Code of Conduct may address the prohibited behaviour or activity themselves using an informal or formal approach as identified below.

Part 1 – Informal Complaints

1. Advise the member that the behaviour or activity appears to contravene the Code of Conduct.
2. Encourage the member to acknowledge and agree to stop the prohibited behaviour or activity.
3. Document the incidents including dates, times, locations, other persons present, and any other relevant information.
4. Request the Board Chair, with support from the Medical Officer of Health, as needed to assist in the informal discussion of the alleged complaint with the member to resolve the issue, or in the case of behaviour or activity involving the

Board Chair, the Vice-Chair may provide such assistance with the support of the Medical Officer of Health, as needed.

5. If applicable, confirm to the member your satisfaction with the response of the member, or, if applicable, advise the member of your dissatisfaction with the response, and consider the need to pursue the matter in accordance with the formal complaint procedure indicated below, or in accordance with any other applicable judicial or quasi-judicial process or complaint procedure.

Part 2 – Formal Complaints

1. Complaints shall be made in writing and shall be dated and signed.
2. The complaint must include reasonable and probable basis for the allegation and any contravention of the Code of Conduct. A supporting affidavit setting out the evidence in support of the allegation must also be included.
3. If the complainant is a member of the Board, their identify may not be protected if the independent third-party investigator finds that the complaint was not made in good faith.
4. The Board of Health may by public motion, file a complaint and/or request an investigation of any ~~the~~ Board~~'s~~ member(s)~~hip~~.

Filing of Complaint and Classification

Formal complaints shall be filed with the Board Secretary who shall forward the matter to an independent third-party investigator for initial classification to determine if the matter is, on its face, a complaint with respect to non-compliance with the Code of Conduct and not covered by other legislation or other policies as described below.

If the complaint does not include a supporting affidavit, the Board Secretary may defer forwarding it to an independent third-party investigator for classification until an affidavit is received.

Complaints Outside Jurisdiction

If the complaint, including any supporting affidavit, is not, on its face, a complaint with respect to non-compliance with the Board of Health Code of Conduct or the complaint is covered by other legislation or complaint procedure, the independent third-party investigator shall advise the complainant in writing as follows:

1. Criminal Matter: If the complaint on its face is an allegation of a criminal nature consistent with the *Criminal Code of Canada*, the complainant shall be advised that if the complainant wishes to pursue any such allegation, the complainant must pursue it with the appropriate Police Service.
2. Other Policy Applies: If the complaint seems to fall under another policy, the complainant shall be advised to pursue the matter under such policy.
3. Lack of Jurisdiction: If the complaint is, for any other reason not within Board of Health jurisdiction, the complainant shall be so advised and provided with any additional reasons and referrals as the independent third-party investigator considers appropriate.
4. Matter Already Pending: If the complaint is in relation to a matter which is subject to an outstanding complaint under another process, such as a court proceeding, a Human Rights complaint or similar process, the independent third-party

investigator may, in his/her/their sole discretion and in accordance with legislation, suspend any investigation pending the result of the other process.

Annual Report to the Board

The Board Secretary shall ensure that a report is brought forward to the Board of Health annually on all complaints received and, on their disposition, including complaints deemed not to be within jurisdiction.

Refusal to Conduct Investigation

If the independent third-party investigator is of the opinion that the referral of a matter to them is frivolous, vexatious or not made in good faith, or that there are no grounds or insufficient grounds for an investigation, the independent third-party investigator shall not investigate and, where this becomes apparent in the course of an investigation, shall terminate the investigation.

Opportunities for Resolution

Following receipt and review of a formal complaint, or at any time during the investigation, where the independent third-party investigator believes that an opportunity to resolve the matter may be successfully pursued without a formal investigation, and both the complainant and the member agree, efforts may be pursued to achieve an informal resolution.

Board of Health Manual
Public Health Sudbury & Districts

Policy

Category
Board of Health Structure & Function

Section
Board of Health

Subject
Conflict of Interest

Number
C-I-16

Approved By
Board of Health

Original Date
June 21, 2018

Revised Date
September 19, 2024

Review Date
September ~~15~~19, ~~2022~~2024

Purpose
Members bring a perspective based on their skills and experiences in order to act in the best interest of Public Health Sudbury & Districts in their capacity as members of the Board of Health and in compliance with their duties and obligations under the *Health Protection and Promotion Act.* Members cannot act in their own personal interest or as a representative of any professional, political, socio-economic, cultural, geographic, or other organization or group. This policy applies to all members of the Board of Health and their (immediate) family members.

The purpose of this policy is to describe how to recognize and declare a conflict of interest and covers the obligations of Board of Health members resulting from their required duties while acting in the capacity of members of the Board of Public Health Sudbury & Districts.

Each individual member of the Board of Health is responsible to ensure that they are in compliance at all times with the *Municipal Conflict of Interest Act* and has the responsibility to follow this policy.

Definitions

"Conflict of Interest" exists when a member has a direct or indirect pecuniary interest in any matter in which the Board is concerned, including any matter in which:

a) he/she or his nominee:
   I. is a shareholder in, or a director or senior officer of, a corporation that does not offer its securities to the public, or
   II. has a controlling interest in, or is a director or senior officer of, a corporation that offers its securities to the public
   III. is a member of a body that has a pecuniary interest in a matter; or

b) he/she is a partner in employment of a person or body that has a pecuniary interest in the matter.

For the purpose of this definition the pecuniary interests of an immediate family member shall, if known to the member, be deemed to be also the pecuniary interest of the member.

"Immediate Family Member" means the member's spouse or domestic partner, children and other dependents, natural or adoptive parents, siblings, stepparent, stepchild, stepbrother or sister, father-in-law, mother-in-law, daughter-in-law, son-in-law, brother-in-law, sister-in-law, grandparent, grandchild, and spouse of grandparent or grandchild. Immediate Family also includes parents, siblings, parents-in-law, and siblings-in-law.

"Pecuniary Interest" includes any matter in which the member has a financial interest or in which the financial interests of the member may be affected and save and except for interests which the member may have which is an interest in common with electors generally or their honorarium arising from membership on the Board or as a user of services of the Board in like manner and subject to the like conditions as are applicable to persons who are not members.

As such each Board of Health member must:

- Ensure there are no self-dealings or any conduct of private business or personal services between any Board member and Public Health Sudbury & Districts except as procedurally controlled to assure openness, competitive opportunity and equal access to "inside" information.

- Not use their positions to obtain employment within the organization for themselves, immediate family members or close associates.

- Advise the Chair of their interest if being considered for employment within the organization and withdraw from Board deliberation, voting and access to applicable Board information.

- Remain neutral by referring all requests for organizational services either on a personal nature or on behalf of others to the Medical Officer of Health/Chief Executive Officer, who will be responsible for initiating a course of action appropriate to the circumstances, and will advise the Board member of the outcome.

Members of the Board of Health/Committees shall not accept any financial or other endorsements for fulfilling their duties and obligations as members of the Board of Health other than provided for by Board of Health policy.

In the event of a conflict not resolvable between Board members or between the Medical Officer of Health/Chief Executive Officer and Board members, mediation is available through the Board Chair.

Board of Health Manual
Public Health Sudbury & Districts

Procedure

Category
Board of Health Structure & Function

Section
Board of Health

Subject
Conflict of Interest

Number
C-I-16

Approved By
Board of Health

Original Date
June 21, 2018

Revised Date
September 19, 2024

Review Date
September ~~15~~19, ~~2022~~2024

Process
Each member of the Board of Health is made aware of how to access the most recent version of the *Municipal Conflict of Interest Act*.

Based on the significance of recommendations made by Committees of the Board of Health, Conflict of Interest policies and procedures also apply to Committees of the Board of Health.

At the beginning of each calendar year, Board of Health members are required to complete the Annual Conflict of Interest Declaration form. All completed forms are submitted to the Recording Secretary for tracking purposes.

In addition to completing the Annual Conflict of Interest Declaration form, at the beginning of each Board of Health meeting or Committee meeting, the Chairperson asks Members if they have any conflicts of interest to declare.

Any member of the Board of Health/Committee who has reasonable grounds to believe that he/she has a conflict of interest in a matter that is before the Board of

Health/Committee declares the conflict of interest and the general nature of the conflict of interest prior to any consideration of the matter at the meeting. At the time of the meeting, or as soon as possible afterwards, the member shall file a written statement of the interest and its general nature, **if not already declared in the Annual Conflict of Interest Declaration form**, with the Recording Secretary using the Subsequent Conflict of Interest Declaration form.

- Public Meeting

Once a conflict of interest is identified, the member(s) with the conflict of interest cannot participate in the discussion or vote. The member(s) is not to attempt, in any way, to influence the voting on the issue under consideration.

- In Camera Meeting

Where the meeting is not open to the public, the member shall forthwith leave the meeting or the part of the meeting during which the matter is under consideration.

- Quorum Deemed Constituted

Where the number of members who are disabled from participating in a meeting is such that at that meeting the remaining members are not of sufficient number to constitute a quorum, then, despite any other general or special provision of the *Municipal Act*, the remaining number of members shall be deemed to constitute a quorum, provided such number is not less than two.

- Disclosure to be Recorded in Minutes

Where the meeting is open to the public, the declaration of interest and the general nature are recorded in the minutes of the meeting.

Where the meeting is not open to the public, every declaration, but not the general nature of that interest, are recorded in the minutes of the next meeting that is open to the public.

- When Absent from Meeting at Which Matter Considered

Where the interest of a member has not been disclosed by reason of the member's absence from the meeting, the member shall disclose the interest at the first meeting of the Board/Committee, as the case may be, attended by the member after the meeting where the matter was considered.

- Registry

All declaration forms shall be maintained in a registry. The registry shall be available for public inspection ~~in the manner and during the time that the Board of Health may determine.~~according to Public Health Sudbury & Districts File Classification Scheme and Records Retention Schedule CR06 and PHSD's Records Management Policy P-I-10..

- Reporting

As part of the Public Health Funding and Accountability Agreement with the Ministry of Health, PHSD is required to disclose actual, potential or perceived conflict of interest.

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
~~November 18,~~ September 19, 2024~~2021~~

Review Date
September ~~15, 2022~~19, 2024

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.

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
~~November 18, 2021~~September 19, 2024

Review Date
September ~~15, 2022~~19, 2024

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.

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. It also functions to implement decisions and execute operations in a coordinated fashion.

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 is accountable to and 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
Board of Health Structure & Function

Section
Management

Subject
Chief Executive Officer of the Board

Number
C-III-11

Approved By
Board of Health

Original Date
January 16, 2003

Revised Date
~~June 17, 2004~~September 19, 2024

Review Date
September ~~15, 2022~~19, 2024

Information
The Medical Officer of Health is the Chief Executive Officer of the Board and all information pertaining to Board operation, be it program or budget, is the responsibility of the Medical Officer of Health/Chief Executive Officer. This is supported by legislation.

The public must be assured that qualified medical personnel are assessing their health needs and that the Board will act on such advice.

The Chief Executive Officer should be someone clearly recognized as being professionally sound in the area of health protection services and delivery of health oriented programs.

~~He/she~~They must be fully aware of the management task and be prepared to be fully involved. This is not an academic stance. The Medical Officer of Health, as Chief Executive Officer of the Board, must become a good manager as well as being a good public health professional.

The Medical Officer of Health is responsible for the development and execution of all approved health programs and the quality and effectiveness of the health unit's managerial results. ~~He/she~~They ~~is~~are accountable to the Board for ~~his/her~~their actions and has direct communication with the Board.

Board of Health Manual
Public Health Sudbury & Districts

Policy

Category
Board of Health Structure & Function

Section
Management

Subject
Enterprise Risk Management

Number
C-III-12

Approved By
Board of Health

Original Date
October 20, 2016

Revised Date
~~June 21, 2018~~September 19, 2024

Review Date
September ~~15, 2022~~19, 2024

Purpose
Public Health Sudbury & Districts shall have a risk management framework based on a risk management process developed by the Ontario Internal Audit Division of the Treasury Board Secretariat. The framework will ensure risks are identified and will ensure that monitoring and response systems are in place at Public Health Sudbury & Districts to effectively respond to these risks.

The Board of Health shall set the tone that systematic, integrated risk management is valuable for managing risks and for demonstrating accountability to stakeholders.

The Board of Health supports the following principles:

- Risk management is an essential component of good management.
- Risk management is e~~i~~mbedded into the culture and operation~~s of the health unit~~.
- Better decisions are made when supported by a disciplined approach to risk management.
- Risk management activities should be aligned with strategic objectives at all levels of the organization.

- Risk management should be integrated into informed decision making and priority setting and should become part of day-to-day management activities.
- Threats should be managed, and opportunities leveraged as appropriate and in accordance with best practices.
- The agency's risks should be re-assessed regularly, and risk and mitigation strategies should be reported on regularly.
- Through the risk management process, the agency should anticipate and respond to changing social, environmental and legislative requirements.
- The integration of risk management into decision making should be supported by a corporate philosophy and culture that encourages everyone to manage risk and to communicate openly about risk.
- Every employee has a role to play in risk management.

Process:

The Board of Health approves the risk management framework (see Appendix A) and establishes its risk appetite in relation to specific risks. These are documented in the Risk Management Risk Assessment and Heat Map (see Appendix B).

The Board receives and reviews an annual report of risks and mitigation strategies of currently identified risks. A comprehensive risk management review will occur every three years to ensure that identified risks are still relevant to the organization and reflective of community and political contexts.

Definitions:

Risk: Risk is an uncertain event or condition that, if it occurs, has an effect on the achievement of objectives. It includes both threats to the objectives and opportunities to improve on the objectives Adapted from Project Management Institute PMBoK 2000

Enterprise Risk Management: A holistic and integrated risk management process that takes a strategic view of risk across the whole organization or enterprise.

Risk Management: A systematic approach to setting the best course of action under uncertainty by identifying, understanding, acting on, monitoring and communicating risk issues.

Risk Appetite: The amount and type of risk that the organization is willing to take in order to meet strategic objectives.

Risk Management Framework: Establishes a process for implementation of effective risk management practices at all levels of the organization. The Public Health Sudbury & Districts Risk Management Framework, which follows the five step risk management process developed by the Treasury Board Secretariat, articulates a five-step approach to risk management which provides the flexibility to manage risks accordingly.

Risk Management Plan: The organization's risk management plan includes the implementation of effective risk management processes and strategies to actively respond to change and uncertainty in a timely manner and to demonstrate accountability to stakeholders.

Appendix A: Public Health Sudbury & Districts' Risk Management Framework

Summary

The purpose of this risk management framework is to establish a process for implementation of effective risk management practices at all levels of the organization. This framework, which follows the five-step risk management process developed by the Treasury Board Secretariat, articulates a five-step approach to risk management which provides the flexibility to manage risks accordingly.

The risk management policy is aimed at fulfilling risk management requirements set out within the ~~2018~~ 2021 Ontario Public Health Standards' Organizational Requirements.

Philosophy Statement

Public Health Sudbury & Districts is committed to fostering an environment that supports a continuous quality improvement approach to organizational effectiveness. This includes the implementation of effective risk management processes and strategies to actively respond to change and uncertainty in a timely manner and to demonstrate accountability to stakeholders.

Background

Public Health Sudbury & Districts acknowledges that there is an element of risk in any decision or activity and risk taking may be deemed acceptable when appropriately managed. Risk is defined as:

> Risk is an uncertain event or condition that, if it occurs, has an effect on the achievement of objectives. It includes both threats to the objectives and opportunities to improve on the objectives.
>
> Adapted from Project Management Institute PMBoK 2000

The 20~~18~~21 Ontario Public Health Standards: Organizational Requirements mandate Board of Health stewardship and oversight of risk management. The Medical Officer of Health, and through delegation to all staff, has the responsibility to monitor and respond to emerging issues and potential threats to the organization. Potential threats include but are not limited to; financial, human resources, operational, technology and legal risks.

SDHU Risk Management Framework*

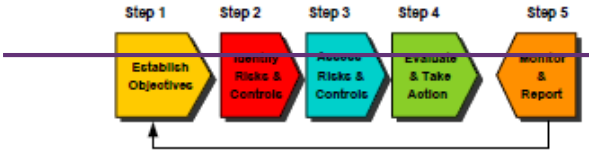
Step 1: Establish objectives

- Risks must be assessed and prioritized in relation to an objective
- Objectives can be at any level; operational, program, initiative, unit, branch, health system
- Each objective can be general or can include specific goals, key milestones, deliverables and commitments

Risk
The future event that may impact the achievement of established objectives. Risks can be positive or negative.

Control / Mitigation Strategy
Controls / mitigation strategies reduce negative risks or increase opportunities.

The risk management process



Consequences
- Identify the specific consequences of each risk
- Consider financial, non-financial, performance, etc.

Vulnerability
- Identify exposure to risk
- Vulnerability may vary with each situation and change over time

Cause/Source of Risk
- Understand the cause/source of each risk
- Use a fish-bone diagram

Step 2: Identify risks & controls

Identify risks - What could go wrong?
- Consider each category of risk
- Obtain available evidence
- Brainstorm with colleagues and/or stakeholders
- Examine trends and consider past risk events
- Obtain information from similar organizations or projects
- Increase awareness of new initiatives/ agendas and regulations

Identify existing controls – What do you already have in place?
- Preventive controls
- Detective controls
- Recovery / Corrective controls

*Based on the Risk Management Strategy & Process Toolkit from the Ontario Internal Audit Division, Treasury Board Secretariat

14 categories of risk

RISK	Description
Financial	Uncertainty around obtaining, committing, using, losing economic resources; or not meeting overall financial budgets/commitments.
Operational or Service Delivery	Uncertainty regarding the activities performed in carrying out the entity's strategies or how the entity delivers services.
People / Human Resources	Uncertainty as to the capacity of the entity to attract, develop and retain the talent needed to meet the objectives.
Environmental	Uncertainty usually due to external risks facing an organization including air, water, earth, forests. . An example of an environmental, ecological risk would be the possible occurrence of a natural disaster and its impact on an organization's operations.
Information / Knowledge	Uncertainty regarding access to, or use of, inaccurate, incomplete, obsolete, irrelevant or untimely information; unreliable information systems; inaccurate or misleading reporting.
Strategic / Policy	Uncertainty around strategies and policies achieving required results; or that old and/or new policies, directives, guidelines, legislation, processes, systems, and procedures fail to recognize and adapt to changes.
Legal / Compliance	Uncertainty regarding compliance with laws, regulations, standards, policies, directives, contracts, MOUs and the risk of litigation.
Technology	Uncertainty regarding alignment of IT infrastructure with technology and business requirements; availability of technological resources.
Governance / Organizational	Uncertainty about maintenance or development of appropriate accountability and control mechanisms such as organizational structures and systems processes; systemic issues, culture and values, organizational capacity, commitment, and learning and management systems, etc.
Privacy	Uncertainty with regards to exposure of personal information or data; fraud or identity theft; unauthorized data.
Stakeholder / Public Perception	Uncertainty around managing the expectations of the public, other governments, Ministries, or other stakeholders and the media to prevent disruption or criticism of the service and a negative public image.
Security	Uncertainty relating to breaches in physical or logical access to data and locations (offices, warehouses, labs, etc).
Equity	Uncertainty that policies, programs, or services will have a disproportionate impact on the population.
Political	Uncertainty that events may arise from or impact the Minister's Office/Ministry, e.g. a change in government, political priorities or policy direction.

PHSD Risk Management Framework*

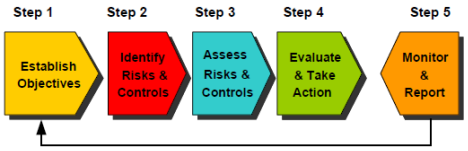
Step 1: Establish objectives

- Risks must be assessed and prioritized in relation to an objective
- Objectives can be at any level; operational, program, initiative, unit, branch, health system
- Each objective can be general or can include specific goals, key milestones, deliverables and commitments

Risk
The future event that may impact the achievement of established objectives. Risks can be positive or negative.

Control / Mitigation Strategy
Controls / mitigation strategies reduce negative risks or increase opportunities.

The risk management process



Consequences
- Identify the specific consequences of each risk
- Consider financial, non-financial, performance, etc.

Vulnerability
- Identify exposure to risk
- Vulnerability may vary with each situation and change over time

Cause/Source of Risk
- Understand the cause/source of each risk
- Use a fish-bone diagram

Step 2: Identify risks & controls

Identify risks - What could go wrong?
- Consider each category of risk
- Obtain available evidence
- Brainstorm with colleagues and/or stakeholders
- Examine trends and consider past risk events
- Obtain information from similar organizations or projects
- Increase awareness of new initiatives/ agendas and regulations

Identify existing controls – What do you already have in place?
- Preventive controls
- Detective controls
- Recovery / Corrective controls

*Based on the Risk Management Strategy & Process Toolkit from the Ontario Internal Audit Division, Treasury Board Secretariat

14 categories of risk

RISK	Description
Financial	Uncertainty around obtaining, committing, using, losing economic resources; or not meeting overall financial budgets/commitments.
Operational or Service Delivery	Uncertainty regarding the activities performed in carrying out the entity's strategies or how the entity delivers services.
People / Human Resources	Uncertainty as to the capacity of the entity to attract, develop and retain the talent needed to meet the objectives.
Environmental	Uncertainty usually due to external risks facing an organization including air, water, earth, forests. . An example of an environmental, ecological risk would be the possible occurrence of a natural disaster and its impact on an organization's operations.
Information / Knowledge	Uncertainty regarding access to, or use of, inaccurate, incomplete, obsolete, irrelevant or untimely information; unreliable information systems; inaccurate or misleading reporting.
Strategic / Policy	Uncertainty around strategies and policies achieving required results; or that old and/or new policies, directives, guidelines, legislation, processes, systems, and procedures fail to recognize and adapt to changes.
Legal / Compliance	Uncertainty regarding compliance with laws, regulations, standards, policies, directives, contracts, MOUs and the risk of litigation.
Technology	Uncertainty regarding alignment of IT infrastructure with technology and business requirements; availability of technological resources.
Governance / Organizational	Uncertainty about maintenance or development of appropriate accountability and control mechanisms such as organizational structures and systems processes; systemic issues, culture and values, organizational capacity, commitment, and learning and management systems, etc.
Privacy	Uncertainty with regards to exposure of personal information or data; fraud or identity theft; unauthorized data.
Stakeholder / Public Perception	Uncertainty around managing the expectations of the public, other governments, Ministries, or other stakeholders and the media to prevent disruption or criticism of the service and a negative public image.
Security	Uncertainty relating to breaches in physical or logical access to data and locations (offices, warehouses, labs, etc).
Equity	Uncertainty that policies, programs, or services will have a disproportionate impact on the population.
Political	Uncertainty that events may arise from or impact the Minister's Office/Ministry, e.g. a change in government, political priorities or policy direction.

SDHU Risk Management Framework

Step 3: Assess Risks & Controls

Assess inherent risks
- *Inherent likelihood* – Without any mitigation, how likely is this risk?
- *Inherent impact* – Without any mitigation, how big will be the impact of the risk on your objective?

Assess controls
- Evaluate possible preventive, detective, or corrective mitigation strategies.

Reassess residual risks
- Re-assess the impact, likelihood and proximity of the risk with mitigation strategies in place.
- *Residual likelihood* – With mitigation strategies in place, how likely is this risk?
- *Residual impact* – With mitigation strategies in place, how big an impact will this risk have on your objective?

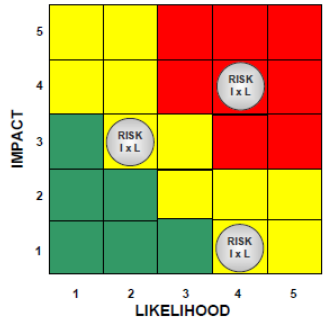
Key Risk Indicators (KRI)
- Leading Indicators - Early or leading indicators that measure sources or causes to help prevent risk occurrences
- Lagging Indicators - Detection and performance indicators that help monitor risks as they occur.

Risk Tolerance
- The amount of risk that the area being assessed can manage

Risk Appetite
- The amount of risk that the area being assessed is willing to manage

The tolerance and risk appetite values may differ e.g. Staff can afford to lose email capabilities for five hours (risk tolerance) but only be willing to lose email capabilities for one hour (risk appetite).

RISK PRIORITIZATION MATRIX



Step 4: Evaluate & Take Action

- Identify risk owners.
- Identify control owners.
- Have mitigation strategies reduced the risk rating (Impact x Likelihood) enough that the risk is below approved risk tolerance levels?
- Do you need to implement further mitigation strategies?
- Develop SMART (Specific, Measurable, Achievable, Realistic, Time-specific) actions that will either reduce the likelihood of the risks or minimise the impact.
- Develop detailed action plans with timelines, responsibilities and outline deliveries.

Step 5: Monitor & Report

- Have processes in place to review risk levels and risk mitigation strategies as appropriate.
- Monitor and update by asking:
  - Have risks changed? How?
  - Are there new risks? Assess them
  - Do you need to report or escalate risks? To whom? When? How?
- Develop and monitor risk indicators

Definitions

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

PHSD Risk Management Framework

Step 3: Assess Risks & Controls

Assess inherent risks
- *Inherent likelihood* – Without any mitigation, how likely is this risk?
- *Inherent impact* – Without any mitigation, how big will be the impact of the risk on your objective?

Assess controls
- Evaluate possible preventive, detective, or corrective mitigation strategies.

Reassess residual risks
- Re-assess the impact, likelihood and proximity of the risk with mitigation strategies in place.
- *Residual likelihood* – With mitigation strategies in place, how likely is this risk?
- *Residual impact* – With mitigation strategies in place, how big an impact will this risk have on your objective?

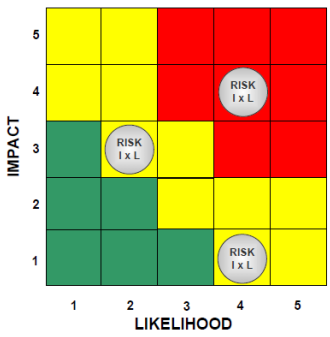
Key Risk Indicators (KRI)
- Leading Indicators - Early or leading indicators that measure sources or causes to help prevent risk occurrences
- Lagging Indicators - Detection and performance indicators that help monitor risks as they occur.

Risk Tolerance
- The amount of risk that the area being assessed can manage

Risk Appetite
- The amount of risk that the area being assessed is willing to manage

The tolerance and risk appetite values may differ e.g. Staff can afford to lose email capabilities for five hours (risk tolerance) but only be willing to lose email capabilities for one hour (risk appetite).

RISK PRIORITIZATION MATRIX



Step 4: Evaluate & Take Action

- Identify risk owners.
- Identify control owners.
- Have mitigation strategies reduced the risk rating (Impact x Likelihood) enough that the risk is below approved risk tolerance levels?
- Do you need to implement further mitigation strategies?
- Develop SMART (Specific, Measurable, Achievable, Realistic, Time-specific) actions that will either reduce the likelihood of the risks or minimise the impact.
- Develop detailed action plans with timelines, responsibilities and outline deliveries.

Step 5: Monitor & Report

- Have processes in place to review risk levels and risk mitigation strategies as appropriate.
- Monitor and update by asking:
  - Have risks changed? How?
  - Are there new risks? Assess them
  - Do you need to report or escalate risks? To whom? When? How?
- Develop and monitor risk indicators

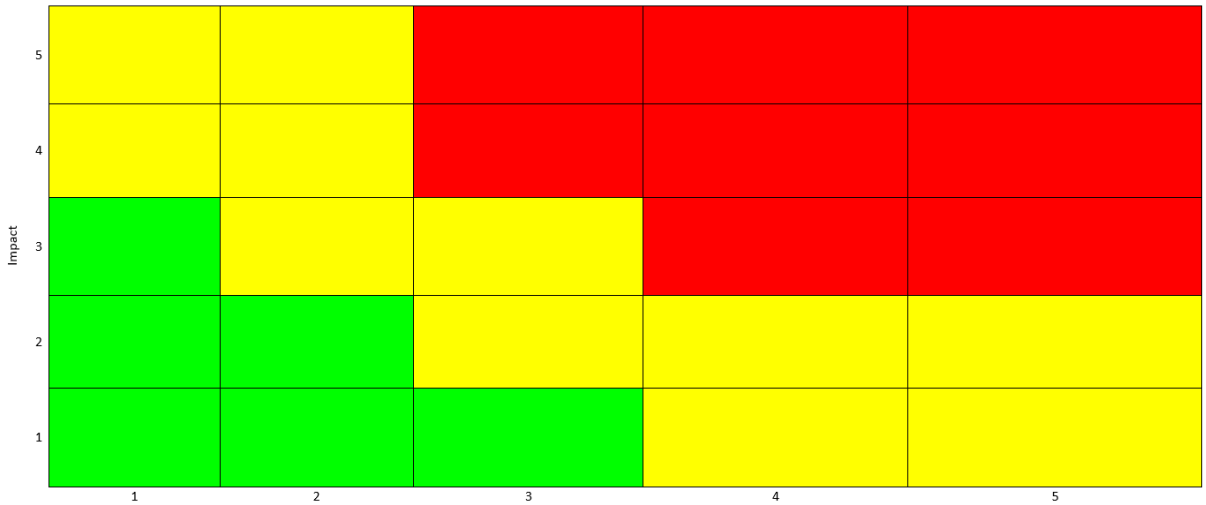
Definitions

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

Appendix B: Public Health Sudbury & Districts Organizational Risk Assessment and Heat Map

Public Health Sudbury & Districts Organizational Risk Assessment	
Overall Objective:	
Subordinate Objective:	
Risk Categories	Rating Scale
1. Financial Risks	
2. Governance / Organizational Risks	
3. Human Resources	
4. Knowledge / Information	
5. Technology	
6. Legal / Compliance	
7. Service Delivery / Operational	
8. Environment	
9. Political	
10. Stakeholder / Public Perception	
11. Strategic / Policy	
12. Security Risks	
13. Privacy Risks	
14. Equity Risks	

Organizational Risks: Heat Map of Current Residual Risks



Low Risk	Risks do not exist or are of minor importance and are not likely to significantly affect the achievement of objectives. Risks can be managed by routine procedures.
Medium Risk	Risks are a moderate threat to the achievement of objectives. Specific management responsibilities and specific procedures are required.
High Risk	Risks are a significant threat to the achievement of key objectives. Detailed management planning and attention is required.

Board of Health Manual
Public Health Sudbury & Districts

Information Sheet TO BE DELETED

Formatted: Font: 12 pt

~~Category~~
~~Board of Health Structure & Function~~

~~Section~~
~~Ethical Practice~~

~~Subject~~
~~Ethical Practice of Public Health~~

~~Number~~
~~C-IV-10~~

~~Approved By~~
~~Board of Health~~

~~Original Date~~
~~January 16, 2003~~

~~Revised Date~~
~~June 20, 2019~~

~~Review Date~~
~~September 15, 2022~~

~~Information~~
~~Most professional and many special interest associations have codes of ethics or conduct to which their members must adhere. The purpose of these codes is to ensure, on behalf of the public who deal with the association's members, that the association is safeguarding the standard of services being offered.~~

~~Likewise, local health agencies wishing to adopt or maintain a code of ethics should take certain steps to ensure their efficacy.~~

- ~~The code must be adopted, or accepted, by the Board at a meeting of the Board.~~
- ~~The code must be well and widely published and known by both Board and staff.~~
- ~~There must be enforcement procedures and a system of natural justice for those accused of violations. This would include:~~
    - ~~written complaints~~
    - ~~notification to the accused~~

- ~~the opportunity to be heard, together with counsel, before a tribunal of peers~~

Board of Health Manual
Public Health Sudbury & Districts

Information Sheet

Category
Public Health System

Section
Provincial

Subject
Ministry of Health and Office of the Chief Medical Officer of Health

Number
D-I-10

Approved By
Board of Health

Original Date
January 16, 2003

Revised Date
September ~~15, 2022~~19, 2024

Review Date
September 1~~95~~, 202~~42~~

Information
The Ministry of Health is the provincial government body to whom ~~health units~~ boards of health are primarily responsible. It is charged with the responsibility of administering such legislation as the *Health Protection and Promotion Act* ~~*(1990)*~~, the *Health Insurance Act* ~~*(1990)*~~, the *Commitment to the Future of Medicare Act* ~~*(2004)*~~, ~~and~~ the *Public Hospitals Act* ~~*(1990)*~~, and *Immunization of School Pupils Act* ~~*(1990)*~~.

The role of the Ministry of Health in the organization and operation of ~~health units~~boards of health is well established in the *Health Protection and Promotion Act*, which defines its responsibilities, in regard to such matters as changes in health unit by-laws, financing, inspection, construction of facilities, etc.

The Office of the Chief Medical Officer of Health is the Ministry's primary liaison with boards of health and staff of ~~health units~~local public health agencies. The function of the Office of the Chief Medical Officer of Health is to promote good health, to monitor the health status of Ontarians and to control the spread of disease. It does this in part through financial support and expert advice to the 34 local public health units or boards

of health which conduct local programs and, in part, by developing its own province-wide programs. The Office of the Chief Medical Officer of Health is equally concerned with preventing disease, by measures ranging from better sanitation to vaccinations for school children and provides funding for local official health agencies in these areas.

As part of its mandate, the Office of the Chief Medical Officer of Health has broad responsibilities to support the Minister of Health. Furthermore, it is responsible for informing other branches within the government on public health issues, and liaising with other provinces, territories and the federal government regarding public health in Ontario.

~~The Office of the Chief Medical Officer of Health of the Ministry of Health provides leadership and support to public health through:~~

~~The development of Ontario Public Health Standards and protocols for program delivery and consultative and education support to facilitate their implementation.~~

~~Support services to health units and corporate management.~~

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
~~November~~ September 19, 2024 ~~18, 2021~~

Review Date
September ~~15, 2022~~19, 2024

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.

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, local 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 18, 2021~~ September 19, 2024

Review Date
~~September 15, 2022~~September 19, 2024

Information
The Association of Local Public Health Agencies (alPHa) is the provincial representative body for boards of health and ~~health unit~~local public health agency 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 local public health agencies ~~health units~~ in Ontario. alPHa advises and lends expertise to members on the governance, administration and management of ~~health units~~local public health. 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 public 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~~local public health agencies, 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)~~from the Boards of Health (BOH Section) and seven members from the Council of Ontario M~~m~~edical ~~o~~Officers of ~~h~~Health ~~members (i.e. (~~COMOH ~~Executive Committee),)~~. The balance of the alPHa Board is composed of one representative from each of the seven Affiliate organizations ~~one non-voting representative from the Ontario Public Health Association, and an individual from seven affiliate organizations~~ which include~~:~~

- 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 (HPO)
- Ontario Association of Public Health Dentistry (OAPHD)
- Ontario Dietitians in Public Health (ODPH)
- ~~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, 2021~~September 19, 2024

Review Date
~~September 15, 2022~~September 19, 2024

Information
The Ontario Public Health Association (OPHA) is a ~~v s a~~ non-partisan, non-profit organization that brings together a broad spectrum of groups and individuals concerned about people's health. OPHA's members come from various backgrounds and sectors ~~–~~, from the various disciplines in public health, health care, academic, non-profit to the private sector. ~~oluntary, 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.~~

They are united by OPHA's mission of providing leadership on issues affecting the public's health and strengthening the impact of people who are active in public and community health throughout Ontario. This mission is achieved through professional development, information and analysis on issues effecting community and public health, access to multidisciplinary networks, advocacy on health public policy and the provision of expertise and consultation.~~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 be an independent voice for a broadly defined conception of public health – a dynamic organization that promotes:

- equity
- social justice
- inclusivity and diversity
- fostering active and mutually rewarding partnerships
- volunteerism and valuing volunteer contributions
- 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.

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

---

[i] ~~Alliance for Heathier Communities~~
~~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 (HPO)~~
~~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
Ontario Health

Number
D-I-16

Approved By
Board of Health

Original Date
November 15, 2007

Revised Date
~~September 15, 2022~~September 19, 2024

Review Date
~~September 15, 2022~~September 19, 2024

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, and modernize the province's health care system. Ontario Health oversees health care planning and delivery across the province to build a person-centered ~~and connects and coordinates the multiple and complex 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
- CorHealth Ontario

As well, the health system support functions are provided by six Ontario Health regions (formerly Ontario's Local Health Integration Networks):

Ontario Health region	Former Local Health Integration Network (LHIN)
North East	North East
North West	North West
East	Central East South East Champlain
Central	Central Central West Mississauga Halton North Simcoe Muskoka
Toronto	Toronto Central
West	South West Hamilton Niagara Haldimand Brant Waterloo Wellington Erie St. Clair

The work of Ontario Health includes~~:~~

- measuring and reporting on how the health system is performing
- overseeing the delivery and quality of clinical care services, including cancer, renal, cardiac, palliative, mental health and addictions services
- managing funding and accountability for parts of the health system
- creating provincial digital and virtual services that will give patients and health care providers more complete health information
- delivering organ and tissue donation and transplantation services
- setting quality standards and developing evidence-based guidelines to improve clinical care
- helping to oversee and coordinate Ontario's response to the COVID-19 pandemic, working closely with the government, health system and other partners

~~Operating Model is based on the patient perspective and is the framework for the evolution and integration of Ontario Health (OH). It lays the foundation for the organizational integration reflecting the following three portfolios:~~

- ~~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 continue to 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, in the following areas: legal, privacy and risk, finance, human resources, communications and engagement, and corporate planning.~~

The work of Ontario Health is also guided by five objectives critical in the delivery of world-class health care services. They aim to~~:~~

- enhance patient experience
- improve population health
- improve provider experience
- improve value
- advance health equity

Public Health Sudbury & Districts engages with Ontario Heath, including locally, regionally, and provincially, to identify areas of synergy and collaboration in alignment with our public health mandate, with a goal of working towards healthier communities for all.

Formatted: No bullets or numbering

Formatted: Font: (Default) Arial

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
~~November 18, 2021~~September 19, 2024

Review Date
September ~~15, 2022~~19, 2024

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 as well as the Ministry of Children, Community and 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 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 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- 2019 up to 75%
- January 2020 ~~– present~~ up to 70%
- January 2024 Restored grants to funding levels provided in 2019

For the January 2015 fiscal, the Ministry of Health 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. Effective January 2024, the Ministry of Health restored grants to the 2019 funding levels while they undertake a funding review under the Strengthening Public Health initiative. The revised funding approach is scheduled to be implemented in 2026.

Some programs continue to be 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
~~November 18, 2021~~September 19, 2024

Review Date
September ~~15~~19, ~~2022~~2024

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

A dated~~n~~ Attendance Register (Roll Call) ~~(dated)~~ is completed at the meeting, with the Chair announcing the names as listed and the Board members responding. Notation is made on the roll call as to whether the Board member is present, in person or virtually, or absent.

3) Declaration of Conflict of Interest

This is asked by the Chair of the Board ~~members~~ and provides ~~which is their~~an opportunity for members to ~~announce~~ declare a conflict and the general nature of the conflict of interest (as per C-I-16). At the time of the meeting, or as soon as possible afterwards, the member shall file a written statement of the interest and its general nature, if not already declared in the Annual Conflict of Interest Declaration form.~~,~~

~~A declaration of conflict of interest which would then eliminate that individual from any discussion on that topic. These should be recorded in the minutes.~~ See Procedure C-I-16.

4) Delegations/Presentations

Topics for the staff presentations are identified via the Board agenda planner and proposed by the MOH/CEO. List the title of the presentation on the agenda, as well as the staff name(s), title(s) and division(s).

~~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:~~

The consent agenda is a single item that includes all items that the Board of Health would normally approve with little or no discussion, and which involve no decision-making. 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. These can include unapproved minutes to ensure timely communication to 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~~other health units or organizations relating to public health matters.

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

~~13)~~6) **New Business**

These items are listed and are derived from items that are of interest/concern requiring discussion, direction, or approval.

~~14)~~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~~ made available and before the Board meeting. A motion is prepared to deal with items on the addendum.

~~15)~~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.

Motion to go in-camera can also be included under New Business where a specific item requires a closed discussion.

~~16)~~9) Rise and Report

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

10) Announcements

Provides an opportunity for the Board Chair, MOH or Board members to share reminders, announcements, etc.

~~17)~~11) 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. The Board of Health Chair is given an opportunity to comment on the draft agenda.

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

Board of Health Manual
Public Health Sudbury & Districts

Procedure

Category
Board of Health Proceedings

Section
Board of Health Meetings

Subject
Distribution of Agenda Package

Number
E-I-12

Approved By
Board of Health

Original Date
March 23, 1989

Revised Date
~~June 21, 2018~~September 19, 2024

Review Date
September 19~~5~~, 2024~~2~~

Process
Once the agenda is prepared, the agenda package, along with supporting documentation, are uploaded and published in the board meeting software platform for the Board of Health members to access via their electronic devices.

One print package is required for the Board of Health minute binder and one extra agenda package is to be kept on hand should anyone require it at the meeting.

Three business days before the Board meeting (typically ~~O~~on the Monday of the week ~~preceding a~~of the Board meeting), Communications staff posts the agenda package to the Public Health Sudbury & Districts website and shares a link with the news media informing them of the meeting. The MOH office shares the agenda package with constituent municipalities electronically.

Any questions related to the agenda package is to be directed to the Board Secretary.

Board of Health Manual
Public Health Sudbury & Districts

Procedure

Category
Board of Health Proceedings

Section
Board of Health Meetings

Subject
Minutes and Motions

Number
E-I-13

Approved By
Board of Health

Original Date
February 26, 1990

Revised Date
~~June 20, 2024~~September 19, 2024

Review Date
~~June 20~~September 19, 2024

Process

Board of Health Meeting Minutes

All items listed on the Agenda in order of appearance, should be addressed in the minutes even if it is only to indicate no action/discussion or tabled for information. It should contain a brief, succinct synopsis of any discussion that takes place and the conclusions reached. Specific reference to an individual should be avoided, other than that of "the Chair", "Board Members", etc. The comments should not be so brief that anyone years after would not be able to determine the theme of the discussion as the minutes are classed as permanent documents.

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 of the Board must be approved in a subsequent closed meeting of the Board.

Board of Health closed session materials, that may include the previous in-camera minutes, will be made available electronically as non downloadable and non printable, no less than three business days and no more than one week prior to the scheduled Board of Health meeting with a closed session. The in-camera agenda package, that may include the previous in-camera minutes, will be removed immediately following the meeting. Once approved, the minutes of the closed sessions must be retained by the Recording Secretary.

See Policy E-I-14 Posting/Circulation Board of Health approved and unapproved minutes. Minutes of previous meetings constitute part of the Agenda Package.

See Procedure E-I-12 regarding Distribution of the Agenda Package.

Once approved, original minutes are filed for permanent preservation and properly labeled in a binder along with the supporting documentation, i.e. attendance register (once photocopied and forwarded to Payroll for disbursements of per diems, mileages, etc.), addendum and any information distributed at the Board meeting.

The Board Chair and Recorder signs the approved minutes at the next regularly scheduled meeting.

Standing Committee Minutes

These are also a brief, succinct synopsis of events that transpire during the meeting. Motions that are prepared for the meeting can relate only to items which the Committee may deal with on their own (~~i.~~e.g. election of committee Chair, procedural matters). All other items should be listed as recommendations and presented as a motion to the Board for approval as the Committee may not approve an item, only recommend that the Board approves the item, save and except when the Board Executive Committee assumes governance of the Board when regular board meetings are not scheduled.

See Policy E-I-14 Posting/Circulation Board of Health approved and unapproved minutes. Minutes of previous meetings constitute part of the Agenda Package.

Committee minutes for the Board and Board Standing Committee minutes should indicate the presiding Chairperson for that meeting and be signed off by that Chairperson and the Recording Secretary.

Closed session minutes of Board Standing Committees such as the Board Executive Committee 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 in a subsequent closed meeting of the originating standing committee. Board of Health closed session materials, that may include the previous in-camera minutes, will be made available electronically as non-~~-~~downloadable and non-printable, no less than three business days and no more than one week prior to the scheduled Board Standing Committee meeting with a closed session. The

in-camera agenda package, that may include the previous in-camera minutes, will be removed immediately following the meeting. Once approved, the minutes of the closed sessions must be retained by the Recording Secretary.

Motions

Motions are prepared as listed on the agenda in advance of the meeting~~, for review by the Medical Officer of Health/Chief Executive~~. They are then numbered in sequence at the top right-hand corner (i.e. 1 of 12, 2 of 12, etc.) as they are distributed amongst the Board members upon their arrival prior to the start of the Board meeting for a Mover and a Seconder. Motions can therefore, be put in order and made available to the Chair for reference and approval at the meeting as they appear on the agenda.

Motions – Closed Meeting

> Before holding a meeting or part of a meeting that is to be closed to the public, the board shall state by resolution the fact of the holding of the closed meeting and the general nature of the matter to be considered at the closed meeting.

Motions - Open Meeting

> A meeting shall not be closed to the public during the taking of a vote.

Exception

> A meeting may be closed to the public during a vote if the vote is for a procedural matter or for giving directions or instructions to officers, employees or agents of the municipality, local board or committee of either of them or persons retained by or under a contract with the municipality or local board.

After the meeting, motions are then numbered in conjunction with the other motions (i.e. 25-90, 26-90, etc.) with the last two digits signifying the year in which the motion was presented and approved. The numbering of motions for the Board and Standing Committee will be distinct. Once properly numbered and also included on an electronic master list, they then become a part of the master list of **all** motions that are available through the office of the Secretary to the Board. A summary of program-related motions is also available on the Public Health Sudbury & Districts website.

Motions are filed in the Board motion binder for permanent preservation.

Board of Health Manual
Public Health Sudbury & Districts

Procedure

Category
Board of Health Proceedings

Section
Board of Health Meetings

Subject
Preparation of a Closed Meeting Agenda

Number
E-I-15

Approved By
Board of Health

Original Date
June 15, 2017

Revised Date
~~June 20, 2024~~September 19, 2024

Review Date
~~June 20~~September 19, 2024

Process
A closed agenda is to be prepared and made visible for Board members via BoardEffect no less than three working days and no more than one week prior to the scheduled Board of Health meeting with a closed session. The in-camera agenda package will be removed immediately following the meeting.

The closed agenda should contain, along with the following items, in order of appearance, date, time and place of meeting to begin closed meeting proceedings once the in-camera motion is passed for the Board.

1) Review of Agenda / Declaration of Conflict of Interest

This is asked by the closed meeting Chair (position held by the Vice-Chair~~)~~ of the Board~~)~~ ~~members~~ and provides an opportunity for members to announce a conflict (as per C-I-16). A declaration of conflict of interest ~~This~~ ~~would~~ will eliminate that individual from any discussion on that topic. These ~~should~~ will be recorded in the minutes.

2) Approval of In-Camera Minutes of Previous In-Camera Meeting

These are distributed as part of the closed meeting agenda package.

3) New Business

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

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

Any motions listed on the agenda of a closed meeting should include a notation:

MOTION for consideration out of camera:

The Board will entertain a motion to rise and report from the in-camera proceedings.

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

A print package is required for the confidential Board of Health closed meeting binder.

See E-I-13 and E-I-14 related to the distribution of the closed meeting minutes, motions as well as the posting and circulation of closed meeting minutes.

Board of Health Manual
Public Health Sudbury & Districts

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
September 19~~5~~, 2024~~2~~

Review Date
September 19~~5~~, 2024~~2~~

Purpose
The Board of Health believes that it has a paramount role within Sudbury and districts 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 protection, 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 Agency~~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.
- Encourage collective community action to mobilize strengths and build community capacity to act on issues impacting population health.
-
- Engage in multi-sectoral collaboration with municipalities and other stakeholders, including people with lived and living experience- in decreasing health inequities in accordance with the *Health Equity Guideline, 2018* (or as current).
- 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* (or as current).
- Recognize and respect unique factors to co-design engagement strategies that reflect the needs of partners, stakeholders, and members of the public.
-
- Engage with community partners, stakeholders, and the public, including priority populations, in the assessment, 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

Policy

Category
Communication

Section
Community

Subject
Public Communication

Number
F-II-10

Approved By
Board of Health

Original Date
May 23, 1991

Revised Date
~~June 21, 2018~~September 19, 2024

Review Date
~~September 15, ~~September 19, 2024~~2022~~

Purpose
The Board of Health recognizes that its primary mandate is to prevent disease and injury and to promote and protect health. This mandate can best be fulfilled if the public is fully informed of the health status, health risks, and health needs of the community. The Board of Health is committed to utilizing all appropriate means of public dissemination of information about the health of the community and the programs and activities of the Board that are directed towards disease and injury prevention and health promotion and protection.

The Board of Health, being a publicly funded agency, further recognizes its responsibility to account to the community and various funding agencies for its expenditures of public funds.

To these ends, through its staff, the Board of Health will~~:~~

- Ensure effective communication strategies which reflect local needs by utilizing a variety of communication modalities, taking advantage of existing

resources where possible, and complementing national/provincial health campaigns.

- Disseminate timely information regarding the health status, health risks, and health needs of the community in a timely way to the public and to interested agencies and institutions.
- Respond in a timely and appropriate manner to requests from the public, the media, and other agencies and institutions for information about emerging public health issues or concerns, and to emergencies that may affect the public's health.
- Adhere to the provisions of the *Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990* and the *Personal Health Information Protection Act, 2004, S.O. 2004*, and confidentiality policies of the Board of Health when responding to these requests.
- Advise the public, the media, funding and planning bodies, and interested agencies and institutions of the activities and programs of the Board of Health.
- Report to constituent municipalities, appropriate ministries of government, and the public regarding the financial status of the ~~Health Unit~~ Agency and its various programs.

The Board Chair or individual Board members, while recognizing the public's right to access the Board for information, will respond to public enquiries within the following guidelines:

- Only policies currently approved by the Board are to be discussed.
- Policies under development are not public information until approved by the Board.
- Enquiries of a technical or operational nature are referred to the Medical Officer of Health/Chief Executive Officer.
- Personal opinions shall be identified as such.
- Issues that have potential financial or legal implications for the Board shall be directed to the whole Board or the Medical Officer of Health/Chief Executive Officer.
- Written requests for information shall be directed to the Medical Officer of Health/Chief Executive Officer in keeping with Policy F-III-10 and respecting the *Municipal Freedom of Information and Protection of Privacy Act*, *R.S.O. 1990* and the *Personal Health Information Protection Act, 2004, S.O. 2004*.

Board of Health Manual
Public Health Sudbury & Districts

Policy

Category
Communication

Section
Annual Reports

Subject
Annual Report

Number
F-II-20

Approved By
Board of Health

Original Date
January 15, 2004

Revised Date
~~June 21,2018~~September 19, 2024

Review Date
~~September 15, 2022~~September 19, 2024

Purpose
In keeping with Policy F-II-10 with respect to public communication, and the requirements in the 2018 Ontario Public Health Standards, ~~a~~ Public Health Sudbury & Districts will produce annual performance and financial reports to be ~~will be prepared and~~ distributed to the general public ~~on an annual basis~~.

This annual performance and financial reports will include information on~~:~~

- Programmatic and financial performance
- Delivery of quality public health programs and services
- Governance
- Compliance with various legislative requirements

Board of Health Manual
Public Health Sudbury & Districts

Procedure

Category
Communication

Section
Confidentiality

Subject
Freedom of Information

Number
F-III-10

Approved By
Board of Health

Original Date
May 23, 1991

Revised Date
~~June 21, 2018~~September 19, 2024

Review Date
~~November 18, 2021~~September 19, 2024

Process
Except as described in this procedure, all Board of Health meetings are open to the public.

The *Municipal Act* applies to local boards or committees of local boards. Per the *Municipal Act* S.239 (2), a meeting or part of a meeting may be **closed** to the public under conditions as prescribed in the Act.

As per section 239 (3), ~~A~~a meeting or part of a meeting shall be closed to the public if the subject matter ~~relates to the~~being considered~~ation~~ is,

(a) a request under the *Municipal Freedom of Information and Protection of Privacy Act*, if the council, board, commission or other body is the head of an institution for the purposes of that Act; or

(b) an ongoing investigation respecting the municipality, a local board or a municipally-controlled corporation by the Ombudsman appointed under the *Ombudsman Act*, an

Ombudsman referred to in subsection 223.13 (1) of this Act, or the investigator referred to in subsection 239.2 (1). 2014, c. 13, Sched. 9, s. 22.

~~of a request under the *Municipal Freedom of Information and Protection of Privacy Act* if the council, board, commission or other body is the head of an institution for the purposes of that Act. (2001, c. 25, s. 239 (3))~~

As per section 239 (3.1), a meeting may be closed to the public if the following conditions are both satisfied:

1. The meeting is held for the purpose of educating or training the members.

2. At the education or training meeting, no member discusses or otherwise deals with any matter in a way that materially advances the business or decision-making of the council, local board or committee. 2006, c. 32, Sched. A, s. 103 (1).

Before holding a meeting or part of a meeting that is to be closed to the public, a municipality or local board or committee of either of them shall state by resolution,

(a) the fact of the holding of the closed meeting and the general nature of the matter to be considered at the closed meeting; or

(b) in the case of education or training sessions, the fact of the holding of the closed meeting, the general nature of its subject-matter and that it is to be closed under article 239 subsection 3.1 of the *Municipal Act*.

Copies of Board records in the possession or under the control of the Secretary to the Board may be made available to members of the public and shall be processed in accordance with the General Administrative Manual (GAM) policy for information requests. Payment of the costs of photocopying shall be in accordance with Public Health Sudbury & Districts fee schedule.

Municipal Freedom of Information and Protection of Privacy Act does not apply to a record of a meeting closed under subsection (3.1). 2006, c. 32, Sched. A, s. 103 (3) of the Municipal Act.

In the event that Public Health Sudbury & Districts receives a complaint relating to a closed Board of Health meeting, Public Health Sudbury & Districts will utilize the services of the Ombudsman Ontario as the investigator when required in accordance with s.239 of the Municipal Act.

The Secretary to the Board of Health will ensure that members of the press covering Board meetings have access to relevant information.

Board of Health Manual
Public Health Sudbury & Districts

~~Policy~~REPEAL

~~Category~~
~~Communication~~

~~Section~~
~~Confidentiality~~

~~Subject~~
~~Disclosure~~

~~Number~~
~~F-IV-10~~

~~Approved By~~
~~Board of Health~~

~~Original Date~~
~~January 17, 2002~~

~~Revised Date~~
~~September 15, 2022~~September 19, 2024

~~Review Date~~
~~September 15~~19, ~~2022~~2024

~~Purpose~~
~~The Board of Health is committed to public transparency and demonstrates this by surpassing minimum *Ontario Public Health Standards, 2021*, requirements for disclosure of information via the following on the release of enforcement and inspection information:~~

1. ~~Charges: Statistical information on charges (i.e. no identifying information) is released to Board of Health at its regularly scheduled meetings.~~
2. ~~Convictions: Convictions related to food premises, public pools, public spas, and personal services settings, tobacco and electronic cigarette vendor infractions are posted on Public Health Sudbury & Districts *Check Before You Go!* website as soon as possible following the conviction. Convictions are posted and for a period of 12 months onths from the date on which the conviction was rendered or for the time period prescribed within the *Ontario Public Health Standards*, whichever is longest.~~
3. ~~Orders: Orders pertaining to food premises, public pools, public spas, personal services settings, and tobacco vendors are posted on Public Health~~

Formatted: Font: Italic

~~Sudbury & Districts *Check Before You Go!* website as soon as possible following the issuance of the order and for a period of 12 months from the date on which the order was rescinded.~~

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 1~~95~~, 2024~~2~~

Review Date
September 1~~95~~, 2024~~2~~

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 and has not provided notice of their absence or provided their regrets.

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~~ the~~unit~~ premises owned or leased by the Board of Health.

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
    - Adjournment

Delegation 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.

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 another 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 or required by the Ontario government.

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.
Revised and passed by the Board of Health, Public Health Sudbury & Districts this 18th day of November 2021.

Board of Health Manual
Public Health Sudbury & Districts

By-Law

Category
Board of Health By-Laws

Section
By-laws

Subject
By-law 01-93

Number
G-I-40

Approved By
Board of Health

Original Date
April 22, 1993

Revised Date
~~June 21, 2018~~September 19, 2024

Review Date
September ~~15, 2022~~19. 2024

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

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

2. All matters related to the financial affairs of the Board shall be the responsibility of the Medical Officer of Health/Chief Executive Officer, with delegation as deemed appropriate.

3. The Board will maintain a formal list of names, titles and signatures of those individuals who have signing authority.

4. Signing authorities shall be restricted to:

    - the Chair of the Board of Health
    - the Medical Officer of Health/Chief Executive Officer
    - the Director, Corporate Services

5. Two signatures from the above list shall be required on each cheque.

6. The Director, Corporate Services is hereby authorized on behalf of the Board to:

    - deposit or negotiate or transfer to the bank or trust company (but only for the credit of the Board) all or any cheques, promissory notes, bills of exchanges or orders for payment of monies;
    - receive all paid cheques and vouchers and to arrange, settle, balance and certify all books and accounts between the Board and the bank or trust company;
    - sign the bank's or trust company's form of settlement of balances and releases;
    - receive all monies and to give acquittance for the same; and
    - invest excess or surplus funds in interest-bearing accounts or short-term deposits.

    - sign all required documents for, and cause to be filed with the appropriate governmental authority, (i) the renewal of the PUBLIC HEALTH SUDBURY & DISTRICTS master business license and (ii) the notice of change when new directors and/or officers are appointed.

7. The Director, Corporate Services, under the direction of the Medical Officer of Health/Chief Executive Officer shall:

    - prepare and control the annual budget under the jurisdiction of the Board for submission to the Board;
    - prepare financial and operating statements for the Board in accordance with established Ministry policies indicating the financial position of the Board with respect to the current operations;
    - act as custodian of the books of account and accounting records of the Board required to be kept by the laws of the province;
    - in conjunction with the Auditor, arrange for an annual audit of all accounting books and records;
    - report to the Board on all financial and banking matters initiated by the Executive Officer;
    - shall reconcile all balances with all constituent municipalities and appropriate ministries upon receipt of final year end settlements; and
    - perform other duties as the Board may direct.

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 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.

Board of Health Manual
Public Health Sudbury & Districts

By-Law

Category
Board of Health By-Laws

Section
By-laws

Subject
By-law 01-98

Number
G-I-50

Approved By
Board of Health

Original Date
March 26, 1998

Revised Date
~~September 15, 2022~~ September 19, 2024

Review Date
~~September 15, 2022~~September 19, 2024

Being a By-law of the Board of Health for the Sudbury and District Health Unit respecting Construction, Demolition, Change of Use Permits, Inspections, and Fees Related to Sewage Systems.

WHEREAS the Board of Health for the Sudbury and District Health Unit is responsible for the enforcement of the provisions of the *Building Code Act* and Regulations related to sewage systems;

AND WHEREAS the Board of Health is empowered pursuant to Section 7 of the *Building Code Act* to make by-laws respecting sewage systems;

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

Short Title

This by-law may be cited as “the Sewage System By-law”.

Definitions

In this By-law,

a) **"Act" means the *Building Code Act, 1992*, and *attendant O. Reg. 332/12* including amendments thereto.**

b) **"applicant" means the owner of a building or property who applies for a permit or land use planning report or any person authorized in writing by the owner to apply on the owner's behalf, or any person or corporation empowered by statute to cause the demolition of a building or buildings and anyone acting under the authority of such person or corporation.**

c) **"as constructed plans" means as constructed plans as defined in the Building Code.**

d) **"Board of Health" means the Board of Health for the Sudbury and District Health Unit.**

e) **"building(s)" means a building as defined in Section 1(1) of the Building Code.**

f) **"Building Code" means the regulations made under Section 34 of the Act.**

g) **"Notice of Substantial Completion" relates to the day on which a sewage system has been completed and is ready for a final inspection before backfilling.**

h) **"sewage system inspector" means an inspector appointed by the Board of Health under Section 3.1(2) of the Act.**

i) **"permit" means written permission or written authorization from the Chief Building Official~~er~~ to perform work regulated by the Act, this By-law, and the Building Code.**

j) **"permit holder" means the person to whom the permit has been issued and who assumes the primary responsibility for complying with the Act, the Building Code and this By-law.**

k) **"plumbing" means plumbing as defined in Section 1(1) of the Act.**

l) **"renovation" means the extension, alteration or repair of an existing building or sewage system or the change in use or part of the use of an existing building or sewage system.**

m) **"repair requiring permit" means the replacement of a treatment unit or the replacement or alteration of materials in a leaching bed or any component contained therein.**

n) **"sewage system" means sewage system as defined in Section 1(1) of the Act.**

o) **"sewage system permit" means a building permit as defined in Section 8(1) of the Act for the purposes of this By-law.**

Terms not defined in this By-law shall have the meaning ascribed to them in the Act or the Building Code.

Classes of Permits

Classes of permits required for the construction, demolition or change of use of a sewage system or for the renovation of an existing building or sewage system are set forth in Schedule "A" attached hereto and forming part of this By-law.

Permit Applications

To obtain a permit, an applicant shall file an application in writing by completing the form(s) prescribed and available from the Chief Building Official~~Inspector~~ and satisfy the following:

1) Where application is made for a sewage system permit under subsection 8(1) of the Act, the application shall~~:~~

   a) identify and describe in detail the work, use and occupancy to be covered by the permit for which application is made;

   b) identify and describe in detail the existing use(s) and the proposed use(s) for which the premises are intended;

   c) include complete plans and specifications as described in this By-law for the work to be covered by the permit and show the occupancy of all parts of the building;

   d) include the legal description, municipal address and where appropriate the unit number of the land on which the work is to be done;

   e) be accompanied by the required fees as calculated with Schedule "A";

   f) state the name, address and telephone number of the owner, and if the owner is not the applicant, the applicant's name, address and telephone number and the signed statement of the owner consenting to the application;

   g) where applicable, state the name, address and telephone number of the architect, engineer or other designer, and the constructor or person hired to carry out the construction or demolition;

   h) where any person named in clause (g) requires a license under the Act or Building Code, include the number and date of issuance of the license and the name of the qualified person supervising the work to be covered by the permit;

   i) when Section 2.3 of the Building Code applies, be accompanied by a signed acknowledgement of the owner that an architect or professional engineer, or both, have been retained to carry out the general review of the construction or demolition of the sewage system;

   j) when Section 2.3 of the Building Code applies, be accompanied by a signed statement of the architect or professional engineer, or both, undertaking to provide a general review of the construction or demolition of the sewage system;

k) include the applicant's registration number where the applicant is a builder or vendor as defined in the *Ontario New Home Warranties Plan Act*;

l) include, as the Chief Building ~~Inspector~~Official deems necessary, proof of the zoning and permitted uses applicable to the land on which the work is to be done; and

m) be signed by the applicant who shall certify as to the truth of the contents of the application.

2) Where application is made for the demolition of a sewage system under subsection 8(1) of the Act, the application shall~~:~~

a) contain the information and other requirements provided in subsection 4(1), and;

b) be accompanied by satisfactory proof that arrangements have been made with the proper authorities for the termination and capping of the appropriate utilities and for the removal and disposal of the sewage system components.

3) Where application is made for a renovation to an existing building under the Act and Building Code, the application shall~~:~~

a) contain the information and other requirements provided in subsection 4(1), and;

b) include plans and specifications which show the current and proposed occupancy of all parts of the building, and which contain sufficient information to establish compliance with the requirements of the Building Code, including floor plans, and detailed information respecting the existing sewage disposal system and prior permits.

4) Inspections will be carried out on properties that are identified under the mandatory maintenance inspection program according to section 1.10.2 of Division C, Part 1 of the Ontario Building Code and a fee will be charged as noted in Schedule "A".

5) Where compliance with all the requirements for a permit application is unnecessary or unreasonable, the Chief Building Official~~Inspector~~ may, in cases where he or she deems appropriate, authorize deletion of one or more of the requirements provided the intent and purpose of this By-law is maintained.

6) Where an application for a permit remains incomplete or inactive for six (6) months after it is made, the application may be deemed by the Chief Building Official~~Inspector~~ to have been abandoned and notice thereof shall be given to the applicant.

Plans, Specifications, Documents and Information

1) Every applicant shall furnish sufficient plans, specifications, documents and other information to enable the Chief Building Official~~Inspector~~ to determine whether the proposed construction, demolition, change of use or occupancy conforms to the Act, the Building Code and any other applicable law including, without limiting the generality of the foregoing:

a) zoning approval from the applicable Planning Authority;

b) plans that are legible and drawn to scale on paper, cloth or other suitable and durable material;

c) documents submitted that are legible;

d) if applicable, Conservation Authority or Ministry of Natural Resources approval.

Site plans submitted should be referenced to a current survey certified by a registered Ontario Land Surveyor and a copy of the survey shall be filed with the Chief Building Official~~Inspector~~, if deemed necessary.

Site Plans shall show~~:~~

a) lot size and dimensions of the property;

b) setbacks from existing and proposed buildings to the property boundaries and to each other;

c) setbacks from existing and proposed wells, including wells on adjacent properties;

d) setbacks from property boundaries, lakes, rivers, streams, reservoirs, ponds and water drainage courses;

e) the location of any unsuitable, disturbed or compacted areas;

f) proposed access routes for system maintenance and proposed parking areas;

g) culverts, drainage patterns and swales;

h) existing and proposed utility corridors, whether above or below grade;

i) existing rights-of-way, easements and crown reserves;

j) the legal description of the property, and if available, the municipal address.

Specifications submitted shall be based on a site-specific evaluation of the property and soils and shall include~~:~~

a) depth of existing soils to bedrock;

b) depth of soils to groundwater table;

c) soil properties including soil percolation test results and/or soil permeability as determined by a grain size analysis utilizing the Unified Soil Classification System;

d) soil conditions, including the potential for flooding;

e) soil profiles as determined by test pits excavated in the area of the proposed leaching bed;

f) where the applicant is proposing a raised or partially raised leaching bed, specifications on the amount of fill required, the dimensions of the area to be filled and the soil properties as noted in subsection 3(c);

g) detailed specifications on the type of sewage system proposed, the size of the sewage system proposed and detailed design drawings;

h) where deemed necessary by the Chief Building Official~~Inspector~~, a site plan shall include contour mapping, existing and finished ground elevations;

i) an application for a Class 5 system shall be accompanied by evidence that confirms that the proposal is in compliance with the Building Code.

Equivalents

1) Where an application for a permit or for authorization to make a material change to a plan, specifications, document or other information on the basis of which a permit was issued, contains an equivalent material, system or system design for which authorization under Section 9 of the Act is requested, the following information shall be provided:

   a) a description of the proposed material, system or system design for which authorization is requested;

   b) any applicable provisions of the Building Code, and;

   c) evidence that the proposed material, system or system design will provide the level of performance required by the Building Code.

~~d)~~2) ~~t~~The Chief Building Official~~Inspector~~ reserves the right to have any application requiring authorization under Section 9 of the Act referred to the Building Materials Evaluation Commission for review.

Formatted: numbering list, Numbered + Level: 1 + Numbering Style: 1, 2, 3, … + Start at: 1 + Alignment: Left + Aligned at: 0" + Indent at: 0.25"

Revisions to Permit

1) After the issuance of a permit under the Act, notice of any material change to a plan, specification, document or other information on the basis of which the permit was issued, must be given in writing to the Chief Building Official~~Inspector~~ together with the details of such change which is not to be made without his or her written authorization;

2) The fees for revising a permit, reviewing new plans and repeating inspections shall be set out in Schedule "A" of this By-law.

Notice Requirements

1) Notices required by Section 10.2 (1) of the Building Code shall be given by the permit holder to the ~~Director~~ Chief Building Official at least 5 business days in advance of the stages of construction specified therein.

2) A notice pursuant to clause (1) of this By-law is not effective until written or oral notice is actually received by the Chief Building Official~~Inspector~~, the sewage system inspector or designate.

3) Notice required upon completion of the sewage system Section 11 (4)a of the Building Code shall be in writing in a form designated by the Chief Building Official~~Inspector~~. The completion form shall be given to the Chief Building Official~~Inspector~~ at least 10 days in advance of the intended use of the sewage system.

4) i) Where the applicant files a completion form with the Chief Building Official, tInspector, the form shall:

a) indicate that the sewage system was backfilled, graded and seeded or sodded in accordance with the Building Code;

b) indicate the date on which the work was completed;

c) where the applicant has retained an architect or professional engineer, or both, to carry out the general review of the construction of the sewage system, contain the written opinion of the architect or engineer that the completed work conforms to the Building Code;

d) be signed by the applicant who shall certify the truth of the contents of the information contained within the completion form.;

4) ii) wWhere information is received by the Chief Building OfficialInspector as required by this section, the Chief Building OfficialInspector may, upon the signed recommendations of a sewage system inspector,

a) deem that the requirements of the Building Code have been satisfied, without having an inspection conducted to verify the information;

e) OR

f)b)the Chief Building OfficialInspector may require that a set of as constructed plans of the sewage system or any part of the sewage system be submitted by the applicant.;

OR

g)c)_____ A site inspection must be carried out by the sewage inspector to verify that requirements of 4 (a) have been carried out.

Transfer of Permits

1) If the registered owner of the land to which the permit applies changes, the permit is transferable only upon the new owner completing a permit application, to the requirements of Section 4 of this By-law. The new owner shall then be the permit holder for the purposes of the Act and the Building Code and assume all responsibilities for compliance with the permit documents.

2) The fee for transferring a permit shall be set out in Schedule ”A”.

Refunds

1) No refund of fees shall be made once a site inspection for a permit or a land use evaluation has been carried out.

2) All requests for withdrawal of an application shall be in writing by the applicant.

Formatted: Right: 0"

Formatted: Indent: Left: 0.25", No bullets or numbering

Formatted: Numbered + Level: 1 + Numbering Style: a, b, c, … + Start at: 1 + Alignment: Left + Aligned at: 0.75" + Indent at: 1"

Revocation

1) The Chief Building Official~~Inspector~~ may revoke a permit subject to Section 8(10) of the Act or for an "N.S.F. Cheque" that was issued as payment of fees and notice thereof shall be given to the applicant.

Fees

1) The payment of fees for a permit or maintenance inspection shall be set out in Schedule "A" and are due and payable upon submission of an application or completion of inspection.

2) No permit shall be issued until the fees therefore have been paid in full.

Forms

The Chief Building Official~~Inspector~~ shall be responsible for the development and maintenance of forms required for the sewage system program. Classifications of forms shall be set out in Schedule "B" of this By-law.

Offence/Penalty

1) Every person who contravenes any provision of this By-law is guilty of an offence.

2) Every person who is convicted of an offence is liable to a fine as provided for in the Provincial Offences Act, R.S.O. 1990, cP.33.

Policies and Procedures

1) The Board of Health for Sudbury and District Health Unit shall from time to time establish policies and procedures related to sewage program activities as are appropriate.

Validity

Should any section, subsection, clause or provision of this By-law be declared by a Court of competent jurisdiction to be invalid, the same shall not affect the validity of this By-law as a whole or any part thereof, other than the part so declared to be invalid.

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 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 20th day of January 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 February 2017.

Revised and passed by the Board of Health, Sudbury & District Health Unit this 15th day of February 2018.

SCHEDULE "A" TO BY-LAW 01-98

Cost Per Permit and Record

1) Sewage System Permits:

a) Class 2 Sewage System (Leaching Pit)	**$400.00**
b) Class 2 Sewage System (more than 4 sites)	**$1,600.00**
(plus $100 for each lot over 4)	**$100.00**
c) Class 3 Sewage System (Cesspool)	**$400.00**
d) Class 4 Sewage System (Septic Tank and Leaching Bed)	**$900.00**
e) Class 4 Sewage System (Leaching Bed Only)	**$550.00**
f) Class 4 Sewage System (Tank Only)	**$350.00**
g) Class 5 Sewage System (Holding Tank)	**$900.00**
2) Sewage System Permits: Re-Inspection	**$250.00**
3) Renovation Permit	**$300.00**
4) Demolition Permit	**$300.00**
5) Revisions to Permit (Inspection Required)	**$400.00**
6) Transfer of Permit to New Owner	**$100.00**
7) Extraordinary Travel Costs by Air, Water, etc.	**Full Cost Recovery**

Other Fees

Mandatory Maintenance Inspection	**$175.00**
File Search	**$300.00**
Consent Applications	**$250.00/lot**
Minor Variance/Zoning Applications	**$250.00**
Copy of Record	**$80.00**
Other Government Agencies	**$250.00**

SCHEDULE "B" TO BY-LAW 01-98

Forms for Sewage Systems

1) Sewage System Permits:

    a) Application Form for a Sewage System Permit
    b) Inspection Reports
    c) Form Letters and Orders
    d) Completion Notice Re: Readiness for Use of a Sewage System

2) Mandatory Maintenance Inspections

    a) Inspection Reports

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
September 19~~November 18~~, 202~~4~~1

Review Date
September 1~~9~~5, 202~~4~~2

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 sewage system inspector ~~person~~ is designated~~appointed~~ to have the same powers and duties in relation to sewage systems as does the chief building official in respect of buildings. The term ~~as~~ Chief Building Official shall be used to define this role for the purposes of the Board of Health by-laws:

a) Richard Auld

(2) In the event that the currently designated~~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. As per the Building Code Act, S.O. 1992, Chapter 23 which provides that a Board of Health appoint Inspectors as are necessary for the purpose of enforcement of the Act, the Board of Health hereby authorizes the Medical Office of Health to appoint Public Health Inspectors as Sewage System Inspectors. ~~The following persons are appointed Inspectors, whose titles shall be "Sewage System Inspector 3.1 (2)":~~

~~Ryan Auld~~Nathalie Barsalou
~~Laura Bulfon~~
~~Travis DeRocchis~~
~~Brad Dorman~~
~~Brad Manning~~
~~Michael Maryniuk~~
~~Rachel O'Donnell~~
~~Ashley Pepin~~
~~Mark Rondina~~
~~Adam Ranger~~
~~Jagdish Sharma~~
~~Alan Ferguson~~
~~Eric Kim~~
~~Kevin McIntosh~~
~~Amber Wismer~~
~~Jonathan Groulx~~Ted Korzeniecki
~~Tetyana Samoylenko~~Robert Moulton
~~Shreekanta Poudel~~

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.
Revised and passed by the Board of Health, Sudbury & District Health Unit this 18th day of November 2021.

Board of Health Manual
Public Health Sudbury & Districts

Policy

Category
Staff Development

Section
Staff Development

Subject
Professional Practice Support and Workforce Capacity Building

Number
H-I-10

Approved By
Board of Health

Original Date
March 23, 1989

Revised Date
~~June 21, 2018~~September 19, 2024

Review Date
~~September 15, 2022~~September 19, 2024

Purpose
Achievement of Public Health Sudbury & Districts' mission and vision requires a flexible and responsive workforce that has the capacity, skills, knowledge, and attitude to meet the current and future needs of our communities. To this end, the organization supports the utilization of proactive approaches to the development of its workforce. The organization will interact with the broader systems and will employ a range of well-balanced strategies ensuring we have the right people with the right skills in place. A focus on the development of public health core competencies in staff will ensure a skilled, creative and responsive workforce at all organizational levels as ~~. As a Teaching Health Unit~~ we strive for excellence in knowledge and skills.

Workforce Development
The Board of Health supports the implementation of a comprehensive workforce development plan which identifies the training needs of staff and encourages opportunities for the development of core competencies and partnerships with academic institutions. This includes the provision of staff development opportunities for all Public

Health Sudbury & Districts staff for the purpose of supporting quality public health programming and services.

The Board of Health shall ensure that staff have access to both formal and informal educational opportunities such as on and off-site educational programs, membership in professional associations, on the job training, access to coaching and mentoring for staff at all organizational levels with a consideration to equity and fairness.

Professional Practice Support

The Board of Health shall support a culture of excellence in professional practice for all regulated and unregulated health professions that ensures inter-professional collaboration and learning, and that staff are able to comply with professional regulatory body requirements where applicable.

The Board of Health requires a designated Chief Nursing Officer (CNO) senior staff position to be responsible for nursing quality assurance and nursing practice leadership. The Professional Practice Committee (PPC), an interdisciplinary group of staff members representing various public health professions, also plays an important role to support the maintenance of competency while creating systems and processes to enhance inter-professional practice and development within the Public Health Sudbury & Districts. Part of their role is to foster an environment that supports evidence-based professional practice and promotes excellence in public health practice across all disciplines.

Board of Health Manual
Public Health Sudbury & Districts

Procedure

Category
Board of Health Administration

Section
Monetary

Subject
Remuneration and Expenses

Number
I-I-10

Approved By
Board of Health

Original Date
March 23, 1989

Revised Date
~~June 21, 2018~~September 19, 2024

Review Date
~~September 15, 2022~~September 19, 2024

Process

Board Remuneration for Attendance at Board of Health Meetings

1. Board members verify their attendance at meetings by the Roll Call taken at each meeting.

2. Payment of remuneration is issued to Board members within a reasonable amount of time following a remunerable meeting/function.

3. As determined by Board Resolution ~~17-04~~09-24 and in accordance with the *Health and Protection and Promotion Act*, Section 49, a daily* remuneration is paid to those Board members who are not a member of the council of a municipality, OR are a member of the council of a municipality and are not paid annual remuneration by any municipality, for the following authorized activities, whether in-person or via teleconference**:

    a) Attendance at regular and/or special Board of Health meetings.

b) Attendance at Standing Board Committee meetings.

c) Attendance at Board/Staff Working Group meetings.

d) Attendance at the health unit at the request of the MOH or designate to fulfill duties related to the responsibilities of the Chair. This will include signing of documents when not carried out at meetings.

d) Attendance at meetings on external committees that the Board Chair and/or Vice-Chair or Board delegate are approved to represent the SDHU.

* A daily remuneration is one fee per day, regardless of whether the member attends more than one official function in a day.

**When participating via teleconference, mileage will not be paid.

4. Upon appointment, Board members confirm mileage travelled to and from Board meetings for mileage reimbursement. Throughout the term of their Board membership, it is the Board member's responsibility to notify the Board Secretary immediately if there are any changes to the mileage travelled to and from meetings.

   Notwithstanding 3 above, the Chair shall receive the daily remuneration as above in respect of above authorized activities.

   Notwithstanding 3 above, the Vice-Chair shall receive the daily remuneration as above on those occasions where he/she is required to chair the entire meeting in the absence of the Chair.

Remuneration for Attendance at Board of Health Functions

Remuneration at Board of Health functions applies only to those Board members who normally receive a daily meeting rate (above) from the Board of Health.

The categories of official Board of Health functions to which the daily remuneration rate will apply are as follows:

1. Attendance as a voting delegate to any annual or general meeting of alPHa;

   a. Board attendance may be limited based on available resources.

2. Attendance as the official representative of the Board of Health at a local or provincial conference, briefing or orientation session, information session, or planning activity, with an expectation that a report will be tabled at the next Board meeting giving a brief overview of the topics discussed.

   For example:

   - a briefing session with the Minister of Health or the Public Health Branch on a public health issue;
   - attendance at a local workshop, information session or Task Force on a Board-related issue such as Long Term Care Reform;

- an alPHa-sponsored committee, task force, workshop, etc., at which Board attendance is specifically requested and which is not recompensed from other sources;
- others at the discretion of the Chair, subject to ratification by the Board.

3. This rate does not apply to any workshop, seminar, conference, public relation event, SDHU program event or celebration, which is voluntary and does not specifically require official Board representation.

Expenses

1. Are recognized for attendance at Board of Health meetings and functions for which remuneration would apply.

2. Are not recognized for Board members other than the Chair who are members of the council of a municipality and are paid expenses by the municipality.

3. Registration, travel and accommodation for conferences and workshops should be coordinated through the Board Secretary to ensure consideration is given to the most economical and practical travel options and that these can be billed to and paid directly by the Health Unit.

4. The rate of reimbursement for use of a personal automobile is the straight kilometer rate as per the current General Administrative Manual.

5. The Travel Expense Claim Form is used to reimburse the kilometers traveled for attendance at Board functions (external committee meetings, conference, conventions or workshops).

6. Reasonable and actual expenses incurred respecting accommodation, food, parking* and registration fees for conferences are reimbursed to any Board member and subject to any limitations as in the General Administrative Manual (receipts where applicable required).

7. Once submitted to the Board Secretary, Board/MOH travel expenses are to be approved as follows:

    a. The Board of Health Chair expenses: The Board of Health Chair will sign to attest to expenses with no required approval;
    b. Board member expenses will be approved by the Board of Health Chair or delegate.
    c. MOH expenses will be approved by the Board of Health Chair or delegate.

    Eligible expenses are reimbursed for Board members only.

8. Corporate Services will provide an itemized statement of the remuneration and expenses paid for the year to members appointed by a municipality on or before January 31 in the following year in accordance with s.284(3) of the Ontario *Municipal Act*.

Board of Health Manual
Public Health Sudbury & Districts

Policy

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~~September 19, 2024

Review Date
~~September 15, 2022~~September 19, 2024

Purpose
The Board of Health believes that fulfillment of its mission is enhanced by a thorough understanding of the health promotion and disease prevention needs of the communities it serves. Representation from the community at large on the Board provides an opportunity for public involvement in the identification of needs and the formulation of policy. Elected members have an additional responsibility and accountability to their constituent municipalities as a result of the electoral process.

The Government of Ontario makes appointments to boards of health through the Public Appointments Secretariat (PAS).

The Board of Health has committed, through the Indigenous Engagement Governance Reconciliation Framework, to advocate for and promote the selection of Indigenous people for representation on the Board. Representation could be municipally (where more than one representative appointment exists) or through provincial appointees.

In support of the PAS process, the Board will advertise the public appointment vacancies on the Public Health Sudbury & Districts website or as deemed appropriate throughout the catchment area.

Public Member Appointees and Reappointments

As per the Public Appointment Secretariat rules.

Public members will be bound by the code of conduct, confidentiality policy, conflict of interest policy and all other by-laws, policies and procedures of the Board.

Public members will receive an honorarium that is determined by the Board.

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
~~November 18, 2021~~September 19, 2024

Review Date
~~September 15, 2022~~September 19, 2024

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, including Indigenous news sources and directly to First Nations, 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 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

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
~~November 18, 2021~~September 19, 2024

Review Date
~~September 15, 2022~~September 19, 2024

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.

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.

Sudbury & Districts Public Health is committed to Indigenous reconciliation. The Board of Health strongly encouraged persons of Indigenous identity and heritage to apply.

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
Orientation

Subject
Orientation of Board Members

Number
I-III-10

Approved By
Board of Health

Original Date
May 23, 1991

Revised Date
~~November 18, 2021~~September 19, 2024

Review Date
September ~~15~~19, ~~2022~~2024

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. Board members will be provided a timely and comprehensive orientation program covering all pertinent aspects required to function within their governance role.

~~1. 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~~

Formatted: numbered list, Space After: 0 pt, No bullets or numbering, Hyphenate, Tab stops: Not at -0.5" + 0.5"

~~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 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~~

Formatted: numbered list, Indent: Left: 0", Hyphenate, Tab stops: Not at 3.25"

Formatted: numbered list, Indent: Left: 0", Hyphenate, Tab stops: Not at 6.5"

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 review the Association of Local Public Health Agency (alPHa)’s Orientation Manual for Boards of Health~~-~~: 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
~~November 18, 2021~~September 19, 2024

Review Date
September ~~15~~19, ~~2022~~2024

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 current version of the Ministry of Health's Policy Framework on Medical Officer of Health Appointments, Re~~r~~porting, and Compensation~~Ontario Public Health Standards and Policy Guide, 20172023 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

Policy

Category
Board of Health Administration

Section
Technology

Subject
Board of Health Mobile Device Use

Number
I-V-10

Approved By
Board of Health

Original Date
February 2015

Revised Date
~~June 21, 2018~~September 19, 2024

Review Date
September ~~15~~19, ~~2022~~2024

Purpose
The health unit may, at its discretion and in accordance with this policy, provide mobile devices at the expense of Public Health Sudbury & Districts for Board of Health members for the purpose of fulfilling their duties as board members.

This policy applies to all Board members who ~~use~~ are provided ~~health unit~~agency-~~provided~~ mobile devices to connect to Public Health Sudbury & Districts network as well as any form of wireless communication capable of transmitting packet data. ~~Upon receipt of their mobile device, Board members will review and sign the attached form, *Board of Health Mobile Device Provided by the Public Health Sudbury & Districts.*~~

~~The health unit may, at its discretion and in accordance with this policy, provide mobile devices at the expense of Public Health Sudbury & Districts for Board of Health members for the purpose of fulfilling their duties as board members.~~

Mobile device includes any ~~health unit~~ Agency-owned or provided device that is portable and capable of storing, collecting, transmitting or processing electronic data or

images including, but not limited to, laptops, tablets, cellular or smart phones and storage media.

Upon receipt of ~~their~~a mobile device, Board members will review and sign the attached form, *Board of Health Mobile Device Provided by the Public Health Sudbury & Districts.*

Board Members are responsible for ensuring the appropriate use of the device as well as the security and safe keeping of the device as outlined in this policy and the supporting procedure.

Mobile devices are important tools for the organization and their use is supported to achieve business goals. Mobile devices can also represent significant risk to information security and data security and without security measures they can be a conduit for unauthorized access to organizational data.

The policy shall~~:~~

- Support board of health members to perform their duties using mobile devices
- Promote safety and security when using health unit mobile devices
- Limit organization risk and liability
- Reinforce current data and network security standards

Public Health Sudbury & Districts is required to protect its information assets in order to safeguard privacy, confidentiality, intellectual property and the organization's reputation.

The following rules apply:

- Devices must not be jailbroken* or have any software installed which is designed to gain access to functionality not intended to be available to the user. There should never be illegal or pirated software loaded on the device.
- While personal use of the device is permitted, personal use should not be contrary to organization policy or procedure and must not adversely impact device safety or security or the intended business uses of the device.
- Devices must never be used by other than the original user it was intended for.
- Board Members are prohibited from using the ~~health unit~~Agency-issued device while operating a motor vehicle.
- Board Members use of mobile devices must comply with Board of Health governance policies, practices and procedures including, but not limited to, conflict of interest, code of conduct and confidentiality.

All devices will be registered with Information Technology and will be managed by its Mobile Device Management software (MDM). MDM allows devices to have policies and applications applied to them as well enables Information Technology staff to remotely wipe the device in the event it is lost or stolen.

~~All devices prior to their return at the end of the term must have the Find My iPad turned off and the device password must be provided to the Executive Assistant to the MOH.~~

*To jailbreak a device is to remove limitations imposed by the manufacturer or corporate owner. This allows access to the operating system, thereby unlocking all of its features and enabling the installation of unauthorized software.

Public Health
Santé publique
SUDBURY & DISTRICTS

Board of Health Mobile Device

I, (Name), confirm receipt of a Public Health Sudbury & Districts ~~iPad~~ (*description of device)* mobile device, to be returned to Public Health Sudbury & Districts at the end of my term on the Board of Health or as per agreed return date of (date). I have read, understand and will comply with the Board of Health Mobile Device Use Policy and Procedure.

(Signature)

(Date)

Sudbury
1300 rue Paris Street
Sudbury ON P3E 3A3
t: 705.522.9200
f: 705.522.5182

Rainbow Centre
10 rue Elm Street
Unit / Unité 130
Sudbury ON P3C 5N3
t: 705.522.9200
f: 705.677.9611

Sudbury East / Sudbury-Est
1 rue King Street
Box / Boîte 58
St.-Charles ON P0M 2W0
t: 705.222.9201
f: 705.867.0474

Espanola
800 rue Centre Street
Unit / Unité 100 C
Espanola ON P5E 1J3
t: 705.222.9202
f: 705.869.5583

Île Manitoulin Island
6163 Highway / Route 542
Box / Boîte 87
Mindemoya ON P0P 1S0
t: 705.370.9200
f: 705.377.5580

Chapleau
101 rue Pine Street E
Box / Boîte 485
Chapleau ON P0M 1K0
t: 705.860.9200
f: 705.864.0820

Toll-free / Sans frais
1.866.522.9200

phsd.ca

Board of Health Manual
Public Health Sudbury & Districts

Procedure

Category
Board of Health Administration

Section
Technology

Subject
Board of Health Mobile Device Use

Number
I-V-10

Approved By
Board of Health

Original Date
February 2015

Revised Date
~~June 21, 2018~~September 19, 2024

Review Date
September ~~15~~19, ~~2022~~2024

Process

1. All devices will be registered with Information Technology and will be managed by its Mobile Device Management software (MDM).

2. Devices must be configured with a password.

3. A secure/strong password is required in order to access the device and the Board of Health application. The password for the Board of Health application and the device should be different. The device/application passwords must follow these rules:

   - A minimum of 8 characters and must use at least one Uppercase, one number and one special character (!@#$%^&*(){}[]);
   - These passwords will not expire unless there is reason to believe there has been unauthorized access;
   - Device and application passwords allowing access to ~~Health Unit~~Agency resources must never be stored on the mobile device in unencrypted format,

be written down in any form or shared with anyone that would allow users to gain access to resources.

- The Board of Health application password will be managed by the Executive Assistant to the MOH/Secretary to the Board of Health.

4. Users should always maintain physical control of the device in order to protect against theft or loss and natural/environmental hazards.

5. Board members must report lost, stolen or damaged devices to Information Technology immediately by calling 705.522.9200 ext. 300. Outside of normal business hours please leave a message. Information Technology can remotely wipe the device or lock the device to prevent access. If the device is recovered, it can be submitted to IT for re-provisioning.

6. The addition of hardware or software and/or related components to provide additional mobile connectivity will be managed at the discretion of Information Technology. Information Technology reserves the right to monitor, audit and restrict access to features on the device in order to protect the safety and security of the device.

~~7.~~ Devices are to be returned to Executive Assistant to the Medical Officer of Health and Secretary to the Board of Health at the end of the Board member's term. All device passwords must also be provided to the Board Secretary at that time.~~and Board members must ensure to turn off Find My iPad as follows:~~

~~Settings>iCloud>Find My iPad>Off or Settings>Your username at the top>iCloud>Find my iPad>Off~~

Formatted: Numbered + Level: 1 + Numbering Style: 1, 2, 3, … + Start at: 1 + Alignment: Left + Aligned at: 0.25" + Indent at: 0.5", Tab stops: 1.25", Left

Board of Health Manual
Public Health Sudbury & Districts

Policy

Category
Board of Health Administration

Section
Performance Management

Subject
Performance Appraisal of MOH/CEO

Number
I-VI-10

Approved By
Board of Health

Original Date
June 16, 2016

Revised Date
~~June 21, 2018~~September 19, 2024

Review Date
September ~~15~~19, ~~2022~~2024

Purpose
The Board of Health maintains a policy of ongoing evaluation of the job performance of its employees as a means of measuring efficiency and effectiveness of the organization's operations; providing employees with meaningful information about their work; and aiding Public Health Sudbury & Districts in making personnel decisions related but not limited to such areas as training, promotion, work assignments, retention and long-range planning of its operations.

The management of the Medical Officer of Health/CEO performance will be done on an ongoing basis through regular interactions with the Board and Board Chair. The Board of Health monitors the performance of the MOH/CEO through reports and information to the Board relative to the MOH/CEO position expectations including for example, the areas of finance and human resources, program and organizational standards, community and stakeholder engagement, management and governance.

Performance appraisals of the MOH/CEO will be conducted with the Board Chair as outlined in the procedure.

Performance appraisals are intended to be constructive and positive experiences. They are viewed as an opportunity for the MOH/CEO to review how theyshe/he are is doing relative to position expectations and to set goals and objectives for the future.

The performance appraisal is the sole property of Public Health Sudbury & Districts. The Municipal Freedom of Information and Protection of Privacy Act will govern use of the information contained therein.

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
~~September 15, 2022~~September 19, 2024

Review Date
~~September 15, 2022~~September 19, 2024

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~~ published by the Ministry of Health pursuant to section 7 of the *Health Protection and Promotion Act* (*HPPA*):

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

Formatted: Font: Italic

Formatted: Font: Italic

- 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 Social Services is responsible for the administration of Healthy Babies Healthy Children within the Healthy Growth and Development Program Standard.

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 and guidelines.

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, Healthy Menu Choices Act, 2015, the Smoke-Free Ontario Act 2017, the Skin Cancer Prevention Act, and the Safe Drinking Water Act.*

[i] Ministry of Health website:
i. https://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/protocols_guidelines/Ontario_Public_Health_Standards_2021.pdf (retrieved August 17, 2022)

[ii] Ministry of Health website:
i. https://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/protocolsguidelines.aspx#protocols (retrieved August 17, 2022)

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.

ADDENDUM

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

IN CAMERA

MOTION:

THAT this Board of Health goes in camera to deal with labour relations or employee negotiations. Time:____

RISE AND REPORT

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

Board members to complete the September 19, 2024, Board of Health meeting evaluation.

Link to BoardEffect meeting survey.

ADJOURNMENT
MOTION: THAT we do now adjourn. Time: _____