



# Board of Health Meeting # 07-26

Public Health Sudbury & Districts

Thursday, October 15, 2026

1:30 p.m.

Boardroom

1300 Paris Street

**AGENDA – SEVENTH MEETING**  
**BOARD OF HEALTH**  
**PUBLIC HEALTH SUDBURY & DISTRICTS**  
**BOARDROOM, LEVEL 3**  
**THURSDAY, OCTOBER 15, 2026 – 1:30 P.M.**

- 1. CALL TO ORDER AND TERRITORIAL ACKNOWLEDGMENT**
- 2. ROLL CALL**
- 3. REVIEW OF AGENDA/DECLARATIONS OF CONFLICTS OF INTEREST**
- 4. DELEGATION/PRESENTATION**
  - i) AI and Automation Initiative 2026: Report on Outcomes**
    - Tanya Gravel, Project Management Specialist, Corporate Services Division
    - Nicholas Bergeron, Senior Technology Specialist, Corporate Services Division
- 5. CONSENT AGENDA**
  - i) Minutes of Previous Meeting**
    - a. Sixth Meeting – September 17, 2026
  - ii) Business Arising From Minutes**
  - iii) Report of Standing Committees**
  - iv) Report of the Medical Officer of Health / Chief Executive Officer**
    - a. MOH/CEO Report, October 2026
  - v) Correspondence**
    - a. Vape Flavouring
      - Letter from Middlesex-London Health Unit Board of Health Chair to the Heart and Stroke Foundation, Executive Vice-President, Mission, Research and Advocacy, dated September 23, 2026
    - b. Bill 125, Smoke-Free Ontario Amendment Act (Vaping is Not for Kids), 2026
      - Letter from Windsor-Essex County Health Unit Board of Health Chair to the Deputy Premier and Minister of Health dated October 2, 2026, and Resolution Report dated September 24, 2026

- c. Recommendations for Improvements to the Provincial Publicly Funded Immunization Program
  - Resolution Report from Windsor-Essex County Health Unit Board of Health dated September 24, 2026
- d. Community Safety and Wellbeing
  - Resolution Report from Windsor-Essex County Health Unit Board of Health dated September 24, 2026
- e. Governance Continuity During a Municipal Election Year
  - Resolution Report from Windsor-Essex County Health Unit Board of Health dated September 24, 2026
- f. Windsor-Essex County Health Unit Charity Status Application
  - Resolution Report from Windsor-Essex County Health Unit Board of Health dated September 24, 2026
- vi) **Items of Information**
  - a. Association of Local Public Health Agencies (alPHA) Fall Leadership Series: Navigating Change, November 3 to 6, 2026

#### **APPROVAL OF CONSENT AGENDA**

##### **MOTION:**

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

#### **6. NEW BUSINESS**

- i) **Increasing Public Access to Naloxone in Community Settings**
  - Briefing Note from the Medical Officer of Health and Chief Executive Officer dated October 8, 2026

#### **INCREASING PUBLIC ACCESS TO NALOXONE IN COMMUNITY SETTINGS**

##### **MOTION:**

**WHEREAS naloxone is a safe, evidence-based, life-saving medication that can temporarily reverse an opioid poisoning when administered in a timely manner, creating a critical opportunity for emergency medical intervention; and**

**WHEREAS rapid bystander response for opioid poisonings can improve health outcomes, and increasing public awareness of and access to naloxone can strengthen community capacity to respond; and**

**WHEREAS co-locating naloxone with automated external defibrillators (AEDs) leverages existing public emergency-response infrastructure,**

**increases the visibility and accessibility of naloxone, and positions it alongside other publicly available life-saving resources;**

**THEREFORE BE IT RESOLVED THAT the Board of Health for Public Health Sudbury & Districts encourage municipalities and community partners across Sudbury and districts to explore opportunities to increase public access to naloxone, including consideration of co-locating naloxone kits with automated external defibrillators (AED) in appropriate public settings;**

**AND FURTHER THAT the Board of Health for Public Health Sudbury & Districts encourage municipalities and community partners to work with Public Health and other local partners to identify and advance opportunities that increase equitable access to all evidence-based harm reduction services and supplies across Sudbury and districts, informed by local needs and circumstances.**

**ii) 2026 Risk Management Report**

- Briefing Note from the Medical Officer of Health and Chief Executive Officer dated October 8, 2026
- 2026 Organizational Risk Management Plan Report
- Organizational Risk Management Plan Health Map

**2026 RISK MANAGEMENT REPORT**

**MOTION:**

**WHEREAS effectively planning to manage risks enables an organization to better achieve its outcomes, operate strategically, and be resilient to changing circumstances; and**

**WHEREAS the Ontario Public Health Organizational Requirements mandate boards of health to provide governance direction and oversight of risk management with a formal risk management framework that identifies, assesses, addresses risks; and**

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

**WHEREAS the Board of Health for Public Health Sudbury & Districts approved the 2026–2028 risk management plan;**

**THEREFORE BE IT RESOLVED that the Board of Health receive the 2026 Risk Management Report.**

- iii) **Public Health Sudbury & Districts 2026 Employee Engagement Survey**
  - Briefing Note from the Medical Officer of Health and Chief Executive Officer dated October 8, 2026

## **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 / ENQUIRIES**

## **11. ADJOURNMENT**

### **ADJOURNMENT**

#### **MOTION:**

**THAT we do now adjourn. Time: \_\_\_\_\_**



**MINUTES – SIXTH MEETING**  
**BOARD OF HEALTH**  
**PUBLIC HEALTH SUDBURY & DISTRICTS**  
**BOARDROOM, LEVEL 3**  
**THURSDAY, SEPTEMBER 17, 2026 – 1:30 P.M.**

**BOARD MEMBERS PRESENT**

|                 |               |                 |
|-----------------|---------------|-----------------|
| Michel Brabant  | Amy Mazey     | Mark Signoretti |
| Natalie Labbé   | Ken Noland    | Natalie Tessier |
| Abdullah Masood | Michel Parent |                 |

**BOARD MEMBERS REGRET**

|                |                 |
|----------------|-----------------|
| Robert Barclay | Angela Recollet |
| Renée Carrier  | Tom Trainor     |

**STAFF MEMBERS PRESENT**

|                |                          |               |
|----------------|--------------------------|---------------|
| Kathy Dokis    | M. Mustafa Hirji         | Renée St Onge |
| Stacey Gilbeau | Stacey Laforest          |               |
| Emily Groot    | Rachel Quesnel, Recorder |               |

**M. SIGNORETTI PRESIDING**

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

The meeting was called to order at 1:28 p.m.

**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) Early experiences, lifelong Health: building resilience across the lifespan**

- Katerina Debruyn, Health Promoter, Health Promotion and Vaccine Preventable Diseases
- Tania Freimanis, Public Health Nurse, Health Promotion and Vaccine Preventable Diseases

Katerina Debruyn and Tania Freimanis presented Public Health Sudbury & Districts' plan to prevent Adverse Childhood Experiences (ACEs) and to strengthen protective factors through parenting supports, Planet Youth partnerships, resilience measurement, and action on social determinants of health such as poverty and food insecurity. ACEs were defined as stressful or traumatic experiences occurring before the age of 18 that disrupt a child's sense of safety, stability, and nurturing.

It was reported that ACEs are common and cumulative. More than 60% of Canadians experience at least one ACE, and approximately one-third experience two or more. Research cited during the presentation found that the risk of illicit substance use can increase two- to fourfold in those with an ACE, and such persons also experience higher risks of obesity, cancer, heart disease, respiratory disease, anxiety, depression, and substance use. Two or more ACEs are associated with disproportionately higher risks than with one ACE. Given that projections indicate increasing prevalence in the service area for hypertension, asthma, COPD, diabetes, substance use disorders, and myocardial infarction by 2040, addressing ACEs—a key risk factor for these conditions—is essential to supporting the good health of our community.

Public Health's two-part approach to reducing these projected chronic disease burdens includes preventing adversity by addressing basic needs and root causes and building resilience by promoting positive childhood experiences and strengthening connected communities. Public Health has adopted the Ontario Early Adversity and Resiliency Framework and is applying an adversity-and-resiliency lens across initiatives such as Planet Youth, social determinants of health work, and food affordability monitoring. Planned 2026 activities include promoting caregiver resilience and positive childhood experiences, enhancing parenting supports, and establishing baseline measures of adversity and child resilience.

Comments and questions were entertained. Board member, N. Labbé, shared the current work of the Sudbury Food Bank to address increasing demand for food banks and outlined ongoing partnerships, including Public Health Sudbury & Districts and other community organizations to address food insecurity. Questions were addressed regarding the relationship between ACEs and autism diagnoses, the alignment of this work with Planet Youth, and concerns related to food affordability and predatory pricing. Regarding

projected increases in chronic disease by 2040, Dr. Hirji noted that the goal of the initiative is to prevent these increases and ideally reverse the trend so that rates decline over time.

The presenters were thanked.

## **5. CONSENT AGENDA**

### **i) Minutes of Previous Meeting**

- a. Fifth Meeting – June 18, 2026

### **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 2026

### **v) Correspondence**

- a. Provincial Funding for Local Public Health Agencies
  - Letter from the Association of Local Public Health Agencies (alPHa) Chair to the Minister of Health dated August 20, 2026
- b. Improving Highway Safety in Northern Ontario
  - Letter from Thunder Bay District Health Unit Board of Health Chair to the Prime Minister and the Premier of Ontario, dated July 20, 2026
- c. Response to the Verdict and Recommendations of the 2021 Blastomycosis Inquest
  - Letter and appendix from Public Health Sudbury & Districts Board of Health chair to the Office of the Chief Coroner dated July 15, 2026
- d. Global Conflict, Health Equity, and Community Preparedness
  - Resolution from Windsor-Essex County Health Unit Board of Health Chair dated May 14, 2026
- e. Addressing Household Food Insecurity in Ontario
  - Letter from Thunder Bay District Health Unit Board of Health Chair to the Minister of Finance and National Revenue dated June 19, 2026
- f. Bill 121 An Act to enact the Save a Life Act (Naloxone Kit Registration and Public Access), 2026
  - Letter and motion from Robin Lennox, Member of Provincial Parliament for Hamilton Centre to Public Health Sudbury & District Board of Health members dated July 23, 2026
- g. alPHa – 2026 Ontario Municipal Elections Resources
  - Email from alPHa dated September 8, 2026
- h. Rat Activity in Minnow Lake

- Letter from Dr. Hirji to City of Greater Sudbury City Council dated September 4, 2026

**vi) Items of Information**

None.

**42-26 APPROVAL OF CONSENT AGENDA**

**MOVED BY PARENT – TESSIER: THAT the Board of Health approve the consent agenda as distributed.**

**CARRIED**

A Board member inquired whether there were additional actions the Board could take to support highway safety initiatives in Northern Ontario. The Medical Officer of Health noted that the issues raised primarily relate to provincial highways and are largely outside the Board's direct authority. The Board could consider endorsing the advocacy efforts outlined in the correspondence if deemed appropriate. Further discussion regarding potential advocacy options could occur outside the meeting.

A Board member thanked the Medical Officer of Health for his comments regarding measles and emphasized the importance of continued efforts to address misinformation and support vaccination.

**6. NEW BUSINESS**

**i) Boil Water Advisory After Action Review**

- Briefing Note from the Medical Officer of Health and Chief Executive Officer dated September 10, 2026
- After Action Review Report

M. Mustafa Hirji provided an overview of the *After Action Review* of the May 2026 Boil Water Advisory affecting the City of Greater Sudbury. He noted that, based on precautionary public health principles and historical lessons from drinking water incidents such as the deadly Walkerton outbreak due contaminated water, Public Health acted cautiously in response to bacterial being detected in four water treatment plans, particularly given that there was no evidence at the time that the lab findings were false positives. Given the unusually large scale nature of this boil water advisory, and the significant disruption that it caused the community, the review was undertaken to identify lessons learned and strengthen preparedness for future large-scale events.

Strengths identified included strong leadership and collaboration between Public Health and municipal partners, rapid staff mobilization, effective outreach to community partners, and the adaptability of information technology and communications teams during a period of high public demand. Opportunities for improvement included limited experience with a large-scale boil water advisory, the need for clearer governance roles and responsibilities,

challenges managing high call volumes, delays and inconsistencies in public communications, and internal communication gaps.

The next steps planned include enhancing emergency preparedness exercises, clarifying governance and communication protocols, improving technical and operational systems, strengthening partnerships with the City of Greater Sudbury, and improving public communications and information management.

M. Mustafa Hirji acknowledged the contributions of NOSMU resident, Dr. Oscar Javier Pico Espinosa, who provided an independent perspective and expertise in support of the review.

Questions and comments were entertained. M. Mustafa Hirji advised that there was no evidence that the municipal water system had failed, but also no evidence that the lab results showing bacteria were incorrect; with no ability to definitively know the truth, the advisory was issued as the health and life of 90,000 people was deemed most important to protect in the uncertain environment. He noted that the confirmatory testing sought aligned with provincial standards on lifting boil water advisories and is the accepted minimum to validate that water is safe to consume. Discussion highlighted opportunities to improve the ability to identify affected service areas, strengthen communications with the public and staff, and enhance surge capacity during emergencies. Board members also discussed communication challenges caused by a concurrent cyberattack on the agency's website and the value of emergency notification systems for rapidly disseminating information.

It was acknowledged and appreciated that the Boil Water Advisory, while putting the safety and lives of 90,000 people first, was nonetheless incredibly disruptive to people's routines and operation of businesses, and all reasonable efforts would always be sought to avoid similar disruption in the future.

The Board received the update for information.

**ii) Board of Health Skills & Competencies Matrix**

- Briefing Note from the Medical Officer of Health and Chief Executive Officer dated September 10, 2026
- Public Health Sudbury & Districts Skills and Competencies Matrix

M.M. Hirji presented the proposed Board of Health Skills and Competencies Matrix. The matrix responds to longstanding recommendations from the Capacity Review Committee advocating for skills-based boards, recently highlighted again in response to governance challenges experienced by another Ontario Board of Health. The proposed matrix identifies 10 key competencies and one additional factor, providing a focused and practical framework. A key feature of the proposed skills matrix compared to others in the Ontario

public health sector is that the proposed matrix has a shorter and strategically targeted list of competencies. It was noted that, for a composition of 13 Board members, a longer list of competencies would be difficult for appointing bodies to address when making appointments.

The proposed matrix distinguishes between core competencies expected of all Board members and areas of collective expertise to be represented across the Board. Diversity of perspective is also identified as an important consideration in the Board's overall composition, including Francophone and Indigenous representation. The matrix will be shared with appointing municipalities and the Public Appointments Secretariat to help inform future appointments, while recognizing that appointment decisions remain with those bodies. Following appointments, the matrix may be used to assess and identify competency gaps and inform orientation, training, Board self-evaluation, and committee assignments.

In response to questions, it was clarified that committee assignments would be ultimately decided by Board of Health members, and would incorporate whatever factors they consider relevant, including members' interests in developing knowledge in new areas; However, the competencies of members would be identified, matched with committees, and shared with the Board as an additional data point to make its decisions on committee assignments. The proposed process would involve the Board Executive Committee reviewing members' experience and providing its assessments to the full Board. Members could also be supported in developing competencies through orientation and other learning opportunities, with future training needs considered through established planning and budget processes.

M.M. Hirji recognized Dr. Chidubem Okechukwu, a public health and preventive medicine resident from NOSM University, for her significant contribution to the development of the matrix.

**43-26 SKILLS & COMPETENCIES MATRIX – BOARD OF HEALTH FOR PUBLIC HEALTH SUDBURY & DISTRICTS**

**MOVED BY NOLAND – BRABANT: WHEREAS the Capacity Review Committee of 2006 recommended that Ontario move towards Skills-Based Boards of Health;**

**AND WHEREAS the provincial government has not implemented that recommendation;**

**AND WHEREAS Skills Matrices are a best practice in other sectors to support the appointment of Skills-Based Boards;**

**AND WHEREAS the Board of Health directed the Medical Officer of Health & CEO in Motion #39-25 to “recommend a comprehensive skills-matrix to guide municipalities and the Public Appointments Secretariat in future Board of Health appointments”;**

**BE IT RESOLVED THAT the Board of Health approve the Skills and Competencies Matrix;**

**THAT the Board of Health endorse the Skills and Competencies Matrix to be used to support Board recruitment, training, self-evaluation, and committee assignments;**

**THAT the Medical Officer of Health and CEO be directed to communicate the Skills and Competencies Matrix to municipalities and to the Ontario Public Appointments Secretariat, encouraging they use it for selection of Board members in upcoming vacancies;**

**THAT the Medical Officer of Health and CEO be directed to incorporate the Skills and Competencies Matrix into future Board of Health Self-Evaluations surveys;**

**THAT the Board of Health endorse a committee selection process where the Executive Committee would assess the skills and competencies of Board members, and share their assessment with the Board of Health to guide committee appointments.**

**CARRIED**

**iii) Board of Health Manual – 2026 Revisions**

- Briefing Note from the Medical Officer of Health and Chief Executive Officer dated September 10, 2026, and appendices

M. M. Hirji presented the proposed revisions to the Board of Health Manual, noting that the Manual is reviewed in its entirety every two years. The review focused on streamlining and consolidating content, eliminating duplication, modernizing language, and making the Manual more concise and user-friendly in preparation for anticipated Board membership turnover due to the municipal elections.

Key revisions included clarifying provisions related to the hiring and qualifications of Medical Officer of Health to also specify the Associate Medical Officer of Health position, updating the Medical Officer of Health/Chief Executive Officer performance appraisal process, and making housekeeping and inclusive-language amendments throughout the Manual

M. M. Hirji highlighted significant proposed amendments to two by-laws:

- **By-law 04-88: Board of Health Proceedings** was updated to provide continuity of Board leadership as Acting Chair when both the Chair and Vice-Chair are unavailable or when there is no Chair between the end of one Board term and the first meeting of the next term. In these circumstances, the most senior sitting Board member would serve as Acting Chair until the Board elects an Acting Chair at its next meeting. It was noted that the proposed language will be helpful due to the October 26 municipal elections which will result in the end of term for municipal appointments to the Board November 14 until the next Board meeting in early 2027. Amended bylaw for provision for acting chair. The by-law was also revised to use more inclusive language.
- **By-law 01-93: Signing Authority, Financial Administration, and Procurement** was modernized to distinguish banking authority, financial approval authority, procurement, and document execution authority. The proposed approval thresholds provide that the Medical Officer of Health/Chief Executive Officer or delegate may approve expenditures up to \$250,000; expenditures exceeding \$250,000 and up to \$2 million require joint approval by the Medical Officer of Health/Chief Executive Officer and the Board Chair or their authorized delegates; and expenditures greater than \$2 million require Board of Health approval.

In response to a question regarding G-I-30 and which committee would assess Board members' skills and advise on committee appointments, M.M. Hirji clarified that, at its first regular meeting of the year, the Board will continue to appoint members to the Board Executive Committee who then will review skills. It was noted that retaining broader language in the by-law preserves the Board's flexibility to reassign this responsibility if required.

#### **44-26 BOARD OF HEALTH**

**MOVED BY MAZEY – LABBEE: THAT the Board of Health approve the Manual as presented on this date;**

**THAT the Board of Health adopt the amendments to the following bylaws:**

- By-Law 04-88 concerning proceedings of the Board of Health
- By-law 01-93 concerning signing authorities and financial matters

**AND THAT the Board of Health adopt new titles (“subject”) for each By-Law as outlined in the Briefing Note.**

**CARRIED**

**iv) Public Health Sudbury & Districts’ 2025 Annual Financial Report**

- 2025 Financial Report (English and French)

The Board received the 2025 Annual Financial Report for information. M.M. Hirji noted that the report provides a brief and accessible overview of the agency’s funding sources and expenditures and complements the 2025 Year-in-Review released in April 2026. It was noted that 2025 provincial funding covered 62.3% of cost-shared expenditures, compared with the provincial funding of 75%. The report was being made available on the Public Health Sudbury & Districts website the same day.

#### **7. ADDENDUM**

None.

#### **8. ANNOUNCEMENTS**

**i) September 17, 2026, Board of Health meeting survey**

Board members were invited to complete the evaluation of today’s Board meeting.

**ii) Board of Health attendance – October 15 and November 12, 2026, Board meetings**

The Board Chair acknowledged that many members may have significant commitments related to the municipal election cycle and encouraged members to attend the October 15 and November 12 Board meetings, noting that important matters, including the 2027 budget, will be considered.

**iii) Annual Board of Health self-evaluation survey for 2026**

All Board members are asked to complete the annual Board self-evaluation survey by October 16, 2026.

**iv) Mandatory annual emergency preparedness training for Board of Health members**

In light of potential Board membership changes following the municipal election, the emergency preparedness training for Board members will be deferred to early 2027. The training will consist of a review of a PowerPoint slide deck.

**i) Public Health Sudbury & Districts' 2026 Staff Day**

The Board Chair invited Board members to attend the Staff Day luncheon and Staff Service Recognition event on September 24, 2026.

**ii) Recognition of 70 years: Public Health Sudbury & Districts**

M.M. Hirji recognized the 70th anniversary of Public Health Sudbury & Districts, noting its growth from 10 employees in 1956 to more than 200 staff today. He highlighted the organization's longstanding commitment to protecting and promoting health and reflected on significant achievements, including tobacco control initiatives, immunization programs, pandemic response efforts, and supports for children and families. He emphasized the importance of continuing to evolve to address changing community needs and maintaining strong community partnerships to ensure programs and services remain accessible, equitable, and responsive.

**iii) Next Board of Health Meeting**

The next Board of Health meeting will be held on Thursday, October 15, 2026, at 1:30 p.m.

**9. ADJOURNMENT**

**45-26 ADJOURNMENT**

**MOVED BY NOLAND – PARENT: THAT we do now adjourn. Time: 2:53 p.m.**

**CARRIED**

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(Chair)

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(Secretary)

## Medical Officer of Health/Chief Executive Officer Board of Health Report, October 2026

### Words for thought

#### *Dozen's of men failed to stop an alleged gang rape at Cornell—here's the misperception that keeps bystanders from intervening and how to short-circuit it*

The most common reason male college students give for failing to intervene in situations involving sexual violence is a fear of being laughed at or ridiculed – in particular, a desire not to appear weak to other men.

Men who actually commit assault also tend to overestimate support for such behavior. Not surprisingly, men who report having committed sexual assault believe that other men are more accepting of such behavior and have engaged in such behavior themselves.

This assumed support leads them to feel comfortable describing problematic behavior, which leads other men to believe that sexual violence is more common, and more accepted, than it actually is.

...the challenge is not to change the social norm. It's [getting people to see what it actually already is](#).

...

[Bystander intervention programs](#) emphasize the importance of stopping bad behavior before it escalates, teach specific skills for intervening, and remind people that everyone has a responsibility to prevent sexual violence.

Students who participate in such programs are more confident in their ability to intervene and more willing to do so. Most importantly, rates of sexual violence are markedly lower on campuses that have implemented these programs...

It's tempting to read about the Cornell case and assume the apparent inaction in the face of problematic behavior is uniquely a problem at one college, or only with members of fraternities, or only college students. But the reality is that pretty much everyone has been in situations where they've seen potentially problematic behavior and failed to speak up.

Understanding the very normal psychological factors that lead people to misperceive what others are actually thinking and feeling – and learning specific strategies for intervening – can make a real difference.

The recent news about the alleged gang rape has been a central topic of recent public discourse. While some people have focused on accountability for the alleged perpetrators, others are highlighting broader contextual and cultural factors that enable such predatory behaviour to take place. The latter is very much in the spirit of public health—acknowledging

individual accountability, but recognizing that culture, systems, structures, and the environment drive most behaviour.

The article above shines a light on a different behaviour: the tendency not to intervene. This seems to have been a concern with the situation at Cornell around sexual violence, but there are many other instances where people don't intervene: with a homeless persons unconscious from an overdose, with someone exhibiting signs of a mental health crisis, with bullying, with a person skipping infection control practices like hand hygiene, or with vulnerable neighbours during extreme heat.

This article highlights that empowering people with the skills and confidence to intervene (e.g. bystander intervention training, first aid including mental health first aid and overdose reversal) can help. More upstream, it highlights the opportunity to correct misperceptions of social norms.

A challenge for our society is to identify other systems, structures, and factors that bias against intervening.

Source: <https://theconversation.com/dozens-of-men-failed-to-stop-an-alleged-gang-rape-at-cornell-heres-the-misperception-that-keeps-bystanders-from-intervening-and-how-to-short-circuit-it-293321>

Date: October 1, 2026

## General Report

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### 1. Annual Board of Health self-evaluation survey

Board of Health members are reminded to complete the annual 2026 self-evaluation questionnaire in BoardEffect (under the Board of Health workroom—Collaborate—Surveys) by **Friday, October 16, 2026**. Results of the annual Board of Health member self-evaluation of performance evaluation will be presented at the November Board of Health meeting. Response rate as of October 8, 2026 was 3/12 or 25%.

### 1. Financial Report

As of August 31, 2026, cost-shared programs have an operating surplus of \$1,318,511. After applying reserve-funded projects planned for 2026, there is a deficit of \$165,826 before applying \$1,484,337 of budgeted reserve funds. The biggest driver of operating surplus continues to be staffing vacancies as the agency continues to experience challenges with recruitment and retention. The financial performance will continue to be monitored closely, with any emerging pressures or opportunities reported to the Board as they arise. Plans are also underway to strengthen recruitment and retention.

## 2. Local and Provincial Meetings

We were pleased to host Michael Sherar, President and CEO of Public Health Ontario, who visited Sudbury on September 2. The discussion was an opportunity to share strategic initiatives and challenges, and how we work together to strengthen the public health system.

Dr. Hirji continues to participate in the Ministry of Health's working group on Comprehensive Health Promotion, to discuss how the Ministry can support such health promotion work under the 2027 Ontario Public Health Standards. Dr. Hirji also continues to lead a working group of local public health agencies to define a set of minimum standards for cybersecurity that it is hoped can be used to advocate for provincial funding to level up cybersecurity across the local public health sector.

## 3. Chapleau Visit

Seven public health staff, including Dr. Hirji and Director of Corporate Services, Renée Higgins, visited Chapleau on October 7, 2026. This provided an opportunity for Dr. Hirji and the substance use team to attend the Chapleau Community Drug Strategy meeting in-person and support partners with strengthening the work needed to be done on the Strategy. The visit also afforded an opportunity to meet with the leadership of Chapleau Health Services, the Township of Chapleau, and the Public Health staff at the local office and strengthen ongoing working relationships.

## 4. Public Health Sudbury & Districts Hosts Staff Day 2026 Focused on Workplace Culture and Service Recognition

On September 24, 2026, Public Health Sudbury & Districts hosted **Staff Day 2026: Connect & Cultivate Relationships: Collaboration, Respect, & Strengths in Action**. Dr. Wayne Hammond led a workshop on strengthening workplace culture through strengths-based practices, collaboration, respect, and psychological safety. The event advanced ongoing work on staff engagement and workplace culture, encouraging staff to reflect on how everyday actions shape and contribute to connected, respectful, and positive workplaces.

A Service Recognition celebration honoured employees reaching milestones from 5 to 35 years. Board Chair Mark Signoretti and Dr. Hirji presented service pins, joined by Board of Health members Michel Parent, Amy Mazey, Bob Barclay, and Natalie Tessier for commemorative photographs.

## 5. Advancing Immunization Access and System Modernization

The Vaccine Preventable Diseases (VPD) program is advancing several initiatives that strengthen immunization services and improve access to vaccines across the region.

School-based immunization clinics for Grade 7 students began in September and will continue through November, while preparations are underway for the annual review of student immunization records under the *Immunization of School Pupils Act* (ISPA), helping protect school-aged populations from vaccine-preventable diseases.

To support the 2026–2027 respiratory virus season, the program is providing immunization clinics for priority populations at Public Health offices and has distributed, to date, more than 18 000 doses of respiratory vaccines to vaccine providers across the service area. This is complemented by the implementation of Panorama Guided Workflow, which supports standardized COVID-19 immunization documentation and COVID-19 vaccine inventory management across the province.

In addition, the successful implementation of the new electronic medical record system to the VPD team marks a significant modernization milestone, enhancing service efficiency, data quality, and client experience. Together, these initiatives support Public Health's commitment to delivering accessible, responsive, and effective immunization services.

## **6. Physician Medical Education Event: Fall Vaccination**

Public Health plans to begin hosting continuing medical education events for the physician community around topics that intersect public health and primary care. This is an opportunity for gain additional expertise on these topics and strengthen collaborative work to support the community around these health issues. It is intended to host approximately 4 such events a year, one per quarter.

The inaugural event was held on October 14, entitled “Getting Ready: Respiratory Virus Season 2026-2027”, and was presented by Dr. Hirji. We look forward to hosting future events, bringing in guest speakers as well as other public health staff.

## **7. *I care, I vote.* campaign connects municipal decisions and community health**

This September, Public Health launched its non-partisan 2026 municipal election campaign, “I care, I vote.” The campaign highlights how municipal decisions affect health and encourages residents to consider housing, income and affordability, and substance use prevention when voting. Supporting the agency’s Municipal Engagement Strategy, it uses public education, candidate outreach, polling, social media, videos, and lawn signs to promote informed civic participation. Public Health is tracking reach and impact to guide future municipal engagement.

As part of the campaign, all candidates were e-mailed a briefing on Public Health and its work. Follow-up meetings are being held with candidates who expressed interest in discussing the work of public health further.

## 8. New Website Update

On September 21, Public Health Sudbury & Districts launched a new website to make it easier for residents, clients, partners, and health professionals to access information and services. The redesigned site provides clearer navigation and search, along with a more accessible and mobile-friendly experience. Content prioritizes local Public Health services and legislated responsibilities. The updated platform also strengthens website security and provides a modern, flexible foundation that can support future enhancements and evolving agency needs. The launch represents an important milestone in strengthening digital access and service delivery. Public Health remains committed to continuous improvement and will monitor feedback and continue to enhance the website over time.

## 9. Septic System Social Media

In response to some complaints over the summer about septic system concerns, a social media campaign has launched around proper maintenance and monitoring of septic stems. This is an opportunity for all homeowners with septic systems to ensure they are operating properly.

## Activity Metrics for Public Health

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Monthly and annually reported [Activity Metrics for Public Health](#) provide an overview of activities and showcase the breadth of the agency's work. The metrics highlight essential and routine efforts of Public Health that positively contribute to community well-being. Public Health's [accountability monitoring](#) and [annual performance and financial reports](#) provide additional information.

Respectfully submitted,

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

**Public Health Sudbury & Districts**  
**STATEMENT OF REVENUE & EXPENDITURES**  
For The 8 Periods Ending August 31, 2026

**Cost Shared Programs**

|                                                           | Adjusted BOH<br>Approved Budget | Budget<br>YTD       | Current<br>Expenditures<br>YTD | Variance<br>YTD<br>(over)/under | Balance<br>Available |
|-----------------------------------------------------------|---------------------------------|---------------------|--------------------------------|---------------------------------|----------------------|
| <b>Revenue:</b>                                           |                                 |                     |                                |                                 |                      |
| MOH - General Program                                     | 18,910,969                      | 12,607,313          | 12,607,405                     | (92)                            | 6,303,564            |
| MOH - Unorganized Territory                               | 1,092,500                       | 728,333             | 727,740                        | 593                             | 364,760              |
| Municipal Levies                                          | 11,800,921                      | 7,867,281           | 7,867,036                      | 245                             | 3,933,885            |
| Interest Earned                                           | 225,000                         | 150,000             | 148,987                        | 1,013                           | 76,013               |
| <b>Total Revenues:</b>                                    | <b>\$32,029,390</b>             | <b>\$21,352,927</b> | <b>\$21,351,168</b>            | <b>\$1,759</b>                  | <b>\$10,678,222</b>  |
| <b>Expenditures:</b>                                      |                                 |                     |                                |                                 |                      |
| <b>Corporate Services:</b>                                |                                 |                     |                                |                                 |                      |
| Corporate Services                                        | 5,711,223                       | 3,929,347           | 5,350,518                      | (1,421,171)                     | 360,706              |
| Office Admin.                                             | 104,350                         | 69,567              | 33,079                         | 36,488                          | 71,272               |
| Espanola                                                  | 131,896                         | 90,151              | 83,625                         | 6,526                           | 48,271               |
| Manitoulin                                                | 136,962                         | 93,579              | 79,703                         | 13,877                          | 57,260               |
| Chapleau                                                  | 139,335                         | 95,110              | 89,758                         | 5,352                           | 49,577               |
| Sudbury East                                              | 17,880                          | 11,920              | 13,860                         | (1,941)                         | 4,019                |
| Intake                                                    | 385,472                         | 266,865             | 258,025                        | 8,840                           | 127,447              |
| Facilities Management                                     | 792,033                         | 528,022             | 424,862                        | 103,160                         | 367,171              |
| Electronic Medical Records                                | 149,907                         | 103,782             | 592,442                        | (488,661)                       | (442,535)            |
| <b>Total Corporate Services:</b>                          | <b>\$7,569,059</b>              | <b>\$5,188,342</b>  | <b>\$6,925,871</b>             | <b>\$(1,737,529)</b>            | <b>\$643,188</b>     |
| <b>Health Protection:</b>                                 |                                 |                     |                                |                                 |                      |
| Environmental Health - General                            | 1,346,579                       | 926,776             | 858,833                        | 67,943                          | 487,747              |
| Enviromental                                              | 2,915,324                       | 2,028,103           | 1,871,256                      | 156,847                         | 1,044,068            |
| Vector Borne Disease (VBD)                                | 43,708                          | 33,069              | 6,129                          | 26,939                          | 37,579               |
| CID                                                       | 1,819,049                       | 1,259,109           | 1,135,412                      | 123,697                         | 683,637              |
| Districts - Clinical                                      | 1,000                           | 667                 | 5,175                          | (4,509)                         | (4,175)              |
| Risk Reduction                                            | 53,756                          | 34,254              | 12,865                         | 21,389                          | 40,891               |
| Sexual Health                                             | 1,700,104                       | 1,172,708           | 1,162,465                      | 10,243                          | 537,638              |
| SFO- Local Capacity Building: Prevention and Protec       | 274,327                         | 184,567             | 162,475                        | 22,093                          | 111,852              |
| <b>Total Health Protection:</b>                           | <b>\$8,153,847</b>              | <b>\$5,639,253</b>  | <b>\$5,214,611</b>             | <b>\$424,642</b>                | <b>\$2,939,236</b>   |
| <b>Health Promotion and Vaccine Preventable Diseases:</b> |                                 |                     |                                |                                 |                      |
| Health Promotion and VPD- General                         | 2,570,922                       | 1,754,762           | 1,675,685                      | 79,078                          | 895,238              |
| Comprehensive Health Promotion                            | 3,950,589                       | 2,732,575           | 2,169,152                      | 563,423                         | 1,781,437            |
| Fall Respiratory Pilot Project                            | 0                               | 0                   | 3,702                          | (3,702)                         | (3,702)              |
| Infant Feeding Clinic                                     | 645,413                         | 445,971             | 384,951                        | 61,020                          | 260,462              |
| Oral Health                                               | 540,421                         | 371,544             | 290,880                        | 80,664                          | 249,542              |
| Healthy Smiles Ontario - HSO                              | 620,744                         | 427,785             | 442,547                        | (14,762)                        | 178,197              |
| SFO- Tobacco Control Area Network                         | 280,705                         | 184,915             | 109,807                        | 75,108                          | 170,898              |
| MOH - Harm Reduction Program Enhancement                  | 191,822                         | 132,653             | 94,630                         | 38,023                          | 97,192               |
| VPD                                                       | 2,725,683                       | 1,870,640           | 1,572,447                      | 298,193                         | 1,153,237            |
| MOH - Influenza                                           | 0                               | 185                 | 0                              | 185                             | 0                    |
| MOH - Meningittis                                         | 0                               | 346                 | (161)                          | 507                             | 162                  |
| MOH - HPV                                                 | 0                               | 733                 | (808)                          | 1,541                           | 808                  |
| MOH - Northern Fruit & Vegetable Program                  | 176,100                         | 131,953             | 131,263                        | 691                             | 44,838               |
| <b>Total Health Promotion:</b>                            | <b>\$11,702,402</b>             | <b>\$8,054,061</b>  | <b>\$6,874,094</b>             | <b>\$1,179,968</b>              | <b>\$4,828,308</b>   |
| <b>Knowledge and Strategic Services:</b>                  |                                 |                     |                                |                                 |                      |
| Knowledge and Strategic Services                          | 3,457,368                       | 2,389,118           | 2,453,529                      | (64,411)                        | 1,003,839            |
| Workplace Capacity Development                            | 44,457                          | 5,023               | 27,286                         | (22,263)                        | 17,171               |
| Health Equity Office                                      | 11,720                          | 7,813               | 7,487                          | 327                             | 4,233                |
| MOH - Special Nursing Initiative                          | 557,232                         | 385,775             | 366,435                        | 19,341                          | 190,797              |
| Indigenous Public Health                                  | 407,705                         | 276,861             | 241,497                        | 35,364                          | 166,208              |
| MOH Local Model for Indigenous Public Health              | 125,601                         | 86,954              | 86,460                         | 494                             | 39,141               |
| <b>Total Knowledge and Strategic Services:</b>            | <b>\$4,604,083</b>              | <b>\$3,151,545</b>  | <b>\$3,182,693</b>             | <b>\$(31,148)</b>               | <b>\$1,421,389</b>   |
| <b>Total Expenditures:</b>                                | <b>\$32,029,390</b>             | <b>\$22,033,201</b> | <b>\$22,197,269</b>            | <b>\$(164,067)</b>              | <b>\$9,832,122</b>   |
| <b>Net Surplus/(Deficit)</b>                              | <b>\$(0)</b>                    | <b>\$(680,275)</b>  | <b>\$(846,101)</b>             | <b>\$(165,826)</b>              |                      |

## Public Health Sudbury & Districts

### Cost Shared Programs

#### STATEMENT OF REVENUE & EXPENDITURES

#### Summary By Expenditure Category

For The 8 Periods Ending August 31, 2026

|                                               | Adjusted BOH<br>Approved Budget | Budget<br>YTD     | Current<br>Expenditures<br>YTD | Variance<br>YTD<br>(over) /under | Budget<br>Available |
|-----------------------------------------------|---------------------------------|-------------------|--------------------------------|----------------------------------|---------------------|
| <b>Revenues &amp; Expenditure Recoveries:</b> |                                 |                   |                                |                                  |                     |
| MOH Funding                                   | 32,029,390                      | 21,352,927        | 21,366,582                     | (13,655)                         | 10,662,808          |
| Other Revenue/Transfers                       | 493,475                         | 328,983           | 567,930                        | (238,946)                        | (74,455)            |
| <b>Total Revenues &amp; Expenditure Reco</b>  | <b>32,522,865</b>               | <b>21,681,910</b> | <b>21,934,511</b>              | <b>(252,601)</b>                 | <b>10,588,353</b>   |
| <b>Expenditures:</b>                          |                                 |                   |                                |                                  |                     |
| Salaries                                      | 19,814,870                      | 13,689,715        | 14,322,255                     | (632,541)                        | 5,492,615           |
| Benefits                                      | 7,675,018                       | 5,313,276         | 4,735,236                      | 578,041                          | 2,939,783           |
| Travel                                        | 228,818                         | 144,227           | 140,573                        | 3,654                            | 88,245              |
| Program Expenses                              | 588,207                         | 391,605           | 362,250                        | 29,355                           | 225,957             |
| Office Supplies                               | 74,700                          | 48,477            | 33,947                         | 14,529                           | 40,753              |
| Postage & Courier Services                    | 90,100                          | 60,067            | 43,947                         | 16,119                           | 46,153              |
| Photocopy Expenses                            | 4,909                           | 3,095             | 1,584                          | 1,510                            | 3,325               |
| Telephone Expenses                            | 61,530                          | 41,020            | 53,866                         | (12,846)                         | 7,664               |
| Building Maintenance                          | 562,416                         | 374,944           | 315,720                        | 59,225                           | 246,697             |
| Utilities                                     | 190,447                         | 126,965           | 121,897                        | 5,068                            | 68,551              |
| Rent                                          | 329,521                         | 219,681           | 208,543                        | 11,138                           | 120,979             |
| Insurance                                     | 125,000                         | 123,333           | 99,901                         | 23,432                           | 25,099              |
| Employee Assistance Program ( EAP)            | 50,000                          | 37,500            | 19,031                         | 18,469                           | 30,969              |
| Memberships                                   | 51,900                          | 45,033            | 41,108                         | 3,925                            | 10,792              |
| Staff Development                             | 158,203                         | 62,582            | 84,838                         | (22,256)                         | 73,364              |
| Books & Subscriptions                         | 11,395                          | 7,767             | 5,066                          | 2,701                            | 6,329               |
| Media & Advertising                           | 55,714                          | 40,543            | 15,102                         | 25,440                           | 40,612              |
| Professional Fees                             | 697,194                         | 464,796           | 419,366                        | 45,429                           | 277,827             |
| Translation                                   | 75,325                          | 48,550            | 41,650                         | 6,900                            | 33,675              |
| Furniture & Equipment                         | 16,684                          | 11,734            | 3,995                          | 7,739                            | 12,689              |
| Information Technology                        | 1,660,914                       | 1,107,276         | 1,710,735                      | (603,459)                        | (49,821)            |
| <b>Total Expenditures</b>                     | <b>32,522,865</b>               | <b>22,362,185</b> | <b>22,780,612</b>              | <b>(418,427)</b>                 | <b>9,742,253</b>    |
| <b>Net Surplus ( Deficit )</b>                | <b>(0)</b>                      | <b>(680,275)</b>  | <b>(846,101)</b>               | <b>(165,826)</b>                 |                     |

The reported deficit reflects planned use of reserves for one-time strategic investments approved by the Board. Excluding these items, core operations are tracking in line with the approved budget.

|                                          |                     |
|------------------------------------------|---------------------|
| Total Deficit as at August 31, 2026      | <b>(165,826)</b>    |
| Approved Reserve Spending included Above | <b>1,484,336.96</b> |
| Adjusted Cost-Shared Surplus/(Deficit)   | <b>1,318,511.06</b> |

After accounting for Reseves costs, there is a surplus in the cost shared budget at August 31, 2026 of \$1,318,511

Sudbury & District Health Unit o/a Public Health Sudbury & Districts

SUMMARY OF REVENUE & EXPENDITURES

For the Period Ended August 31, 2026

| Program                                       | FTE | Annual<br>Budget | Current<br>YTD | Balance<br>Available | %<br>YTD | Program<br>Year End | Expected<br>% YTD |
|-----------------------------------------------|-----|------------------|----------------|----------------------|----------|---------------------|-------------------|
| <b>100% Funded Programs</b>                   |     |                  |                |                      |          |                     |                   |
| LHIN - Falls Prevention Project & LHIN Screen | 736 | 100,000          | 27,620         | 72,380               | 27.6%    | Mar 31/2027         | 41.7%             |
| Healthy Babies Healthy Children               | 778 | 1,760,463        | 545,660        | 1,214,803            | 31.0%    | Mar 31/2027         | 41.7%             |
| IPAC Congregate CCM                           | 780 | 932,250          | 359,202        | 573,048              | 38.5%    | Mar 31/2027         | 41.7%             |
| Ontario Senior Dental Care Program            | 786 | 1,315,000        | 604,942        | 710,058              | 46.0%    | Dec 31              | 66.7%             |
| Anonymous Testing                             | 788 | 66,893           | 25,728         | 41,165               | 38.5%    | Mar 31/2027         | 41.7%             |
| <b>Total</b>                                  |     | 4,326,956        | 1,563,152      | 2,763,804            |          |                     |                   |

September 23, 2026

Diego Marchese, Executive Vice-President, Mission, Research, and Advocacy  
2300 Yonge St, Suite 1200  
Box 2414  
Toronto, ON M4P 1E4

**Re: Vape Flavouring**

Dear Mr. Marchese,

At their September 17, 2026 meeting, the Middlesex-London Board of Health made the following resolution:

It was moved by **S. Menghsha**, seconded by **H. Shears**, that the Board of Health:

- a) Endorse item e) Heart and Stroke Foundation of Canada et al re: Vape Flavouring; and
- b) Direct the Clerk on behalf of the Board of Health to forward this endorsement to the Minister of Health, the Honourable Marjorie Michel, local Members of Parliament, and all Ontario Boards of Health.

Carried

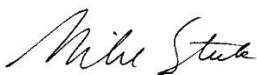
As you are aware, in 2021, Canada proposed regulations that would restrict e-cigarette flavours to tobacco, mint, and menthol to make vaping products less appealing to youth amid the rapid rise in youth vaping rates. In September 2021, the Board of Health received through [Report No. 39-21 a submission](#) to Health Canada that recommended further regulations to restrict mint and menthol vapour product flavouring. Despite the conclusion of the public consultation and voiced commitments to ban flavoured vapour products, the proposed regulations have not yet been published by Health Canada.

Nationally and provincially, youth vaping continues to be a significant concern, especially in older grades. In Ontario, results from the 2026 [Ontario Student Drug Use and Health Survey](#) found that 17.3% of grade 12 students reported vaping in the last year. Young adults are a population of concern as well; the [2025 Canadian Substance Use Survey](#) shows that 26% of youth and young adults (aged 15-24) report vaping in the last 30 days. Youth are initially attracted to vaping through flavoured options, and the resulting nicotine dependency can lead to long-term use and health consequences.

Per the *Smoke-free Ontario Act, 2017*, partial flavour restrictions are in effect, requiring non-tobacco and non-mint flavours to be only sold in age-restricted specialty vape stores. Additional flavour bans have been implemented in several other provinces; however, the coverage of restrictions varies, leading to inconsistencies across the country. When looking at provinces with full flavour restrictions, resident youth who had vaped in the last 12 months were more likely to report vaping less because of flavour restrictions. These promising results could be seen across Canada with the implementation of federal flavour restrictions, though additional regulatory measures remain necessary to address nicotine addiction.

We look forward to providing awareness to the federal government, the Board of Health and the Middlesex-London community on the negative impacts of vapour product flavouring to youth.

Sincerely,



Mike Steele  
Board Chair  
Middlesex-London Health Unit



Emily Williams BScN, RN, MBA, CHE  
Secretary  
Middlesex-London Health Unit



Alex Summers MD, MPH, CCFP, FRCPC  
Medical Officer of Health  
Middlesex-London Health Unit

CC: Linda Stobo, Manager, Community Health Promotion B, Middlesex-London Health Unit

**October 2, 2026**

The Honourable Sylvia Jones  
Deputy Premier and Minister of Health  
Ministry of Health  
777 Bay St., 5<sup>th</sup> Floor  
Toronto, ON  
M7A 2J3  
Email: [sylvia.jones@pc.ola.org](mailto:sylvia.jones@pc.ola.org)

**Re: Support for Bill 125, *Smoke-Free Ontario Amendment Act (Vaping is Not for Kids), 2026***

Dear Minister Jones,

At its meeting on September 24, 2026, the Windsor-Essex County Board of Health unanimously endorsed the proposed Bill 125, *Smoke-Free Ontario Amendment Act (Vaping is Not for Kids), 2026* and urged the Government of Ontario to enact its amendments to better protect children and youth from the harms associated with vaping.

Specifically, the resolutions were passed as follows:

**Now therefore be it resolved that** the Windsor-Essex County Board of Health endorses Bill 125, *Smoke-Free Ontario Amendment Act (Vaping is Not for Kids), 2026*, and urges the Government of Ontario to enact the proposed amendments to strengthen protections for children and youth from the harms associated with vaping;

**FURTHER THAT,** the Windsor-Essex County Board of Health calls upon the Government of Ontario to implement evidence-informed measures that reduce the appeal, accessibility, and availability of vapour products to youth, including restrictions on flavoured vapour products, promotion and advertising, and youth access.

The need for action is urgent. In Ontario, 10.5% of students in grades 7 to 12 reported vaping in the past year; locally, Windsor-Essex County Health Unit enforcement officers laid charges arising from 19 sales of vapour products to minors during the first half of 2026. These findings are particularly concerning because nicotine exposure can impair adolescent brain development, including attention, memory, decision-making, and emotional regulation, and ultimately can lead to dependence. Bill 125 would address these risks by reducing both the appeal and availability of vapour products to youth. Specifically, it would restrict flavours, promotion, and advertising; limit sales to specialty vape stores; and raise the minimum purchasing age from 19 to 21.

On behalf of the Board of Health, we respectfully urge the Government of Ontario to enact Bill 125 without delay. Thank you for your consideration of this important public health matter.

Sincerely,

A handwritten signature in blue ink that reads "Joe Bachetti". The signature is written in a cursive style with a large, stylized "J" and "B".

Joe Bachetti, Board of Health Chair

Cc:  
Premier of Ontario  
Association of Local Public Health Agencies  
Ontario Boards of Health  
Andrew Dowie  
Lisa Gretzky  
Anthony Leardi  
Trevor Jones



## Windsor-Essex County Health Unit Board of Health

### RECOMMENDATION/RESOLUTION REPORT – Smoke Free Ontario Amendment Act (Vaping is Not for Kids)

2026-09-24

#### BACKGROUND

The high rates of vaping nicotine among youth in Ontario remain a growing concern. Among grade 7-12 students, 10.5% report vaping within the past year. This figure grows to 17.3% among grade 12 students (Boak & Hamilton, 2026). Vaping poses adverse physical and mental health outcomes, especially for youth. Vaping can lead to shortness of breath, coughing, nausea, headache, mouth and throat irritation, and reduced exercise capacity (Health Canada, 2026a; Williams et al., 2026). Furthermore, nicotine affects brain development, which can negatively impact memory, attention, emotional regulation, and decision-making skills in youth (Health Canada, 2026; Versace, 2024). Youth who vape nicotine are also more likely to start smoking tobacco cigarettes or develop a substance use disorder in the future (Versace, 2024; Physicians for a Smoke-Free Canada, 2022).

Ontario has made notable progress in decreasing the prevalence of smoking and exposure to second-hand smoke (Ontario Tobacco Research Unit, 2009; PHO, 2018). Smoking prevalence among adults in Ontario decreased from 24% in 2000 to approximately 10% in 2020 (University of Waterloo, n.d.). Furthermore, the province saw a 10% reduction in exposure to second-hand smoke in workplaces as well as a 28% reduction in exposure to second-hand smoke in bars from 2003 – 2007 immediately following the implementation of the *Smoke-Free Ontario Act, 2017* (SFOA) (Ontario Tobacco Research Unit, 2009). Despite this progress, numerous regulatory gaps remain pertaining to vapour products. Youth are exposed to vaping advertising and promotion efforts both online and in stores, as well as the plethora of fruit, candy, and dessert flavours that increase attraction to vaping (Al-Hamdani, 2020; WHO, 2025). Despite the *Vapour Products Promotions and Regulations* and the SFOA, non-compliance remains a significant concern (Silver et al., 2023; Health Canada, 2026b). Youth access to vapour products also remains an issue. Over the first six months of 2026, the WECHU's TVEOs have laid 19 charges against vapour product retailers for selling products to minors. Furthermore, almost 60% of Ontario youth report that it is easy to access vapes, suggesting that although the sale of vapour products is prohibited for individuals under the age of 19, most youth can still access vapour products (Boak & Hamilton, 2026). This reveals the regulatory gaps that are contributing to high rates of youth vaping and underscores the importance of legislative action to implement prevention efforts.

In May of 2026, *Bill 125, Smoke-Free Ontario Amendment Act (Vaping is Not for Kids), 2026*, passed the first reading in the Ontario legislature. This bill proposes several amendments to the current SFOA, including:

- Prohibiting the promotion of vapour products

- Prohibiting the sale of tobacco or vapour products to individuals under 21 years old (currently 19 years old)
- Prohibiting the sale of flavoured vapour products except for tobacco flavour
- Prohibiting the sale of vapour products anywhere other than specialty vape stores
- Tax revenue generated by vapour products must be used to educate the public about the health effects of vaping
- Requiring Ontario Health to create an annual report to the Minister regarding current information on youth vaping as well as policy recommendations

Although the federal government vowed in 2021 to outlaw flavoured vapour products, this action has not yet been taken, resulting in a patchwork of different provincial regulations across the country (Stackelberg, 2026). Provinces that have banned flavours in vapes include Nova Scotia, Prince Edward Island, New Brunswick, Northwest Territories, Nunavut, and Quebec (Physicians for a Smoke-Free Canada, 2025). **In the provinces that have banned flavours, youth between ages 16-19 are more likely to vape less or stop vaping compared to provinces with no or partial flavour restrictions** (Hammond et al., 2026). Among youth who currently vape flavoured products, almost half (43%) claim they would discontinue vaping if flavours were removed (Al-Hamdani et al., 2020). Furthermore, **strong evidence supports the effectiveness of increasing the minimum age for tobacco to 21 in several U.S. studies** (Taylor et al., 2021). Increasing the minimum age of purchase for e-cigarettes to 21, as Prince Edward Island and the United States have done (Taylor et al., 2021), is one of several important components of the comprehensive strategy to reduce youth vaping proposed in the *Smoke-Free Ontario Amendment Act, 2026*.

## PROPOSED MOTION

**Whereas**, youth vaping rates in Ontario remain unacceptably high, with 10.5% of students in grades 7–12 reporting vaping in the past year and prevalence increasing to 17.3% among grade 12 students; and

**Whereas**, vaping exposes youth to nicotine and other harmful substances that can adversely affect physical health, brain development, mental well-being, memory, attention, emotional regulation, and decision-making; and

**Whereas**, youth continue to be exposed to flavoured vapour products, advertising, and other factors that increase the appeal of vaping, while enforcement activities demonstrate that youth access to vapour products remains a significant concern; and

**Whereas**, evidence indicates that comprehensive approaches, including restrictions on flavours, promotion, youth access, and retail availability, can reduce youth vaping and protect the health of young people; and

**Whereas**, Bill 125, *Smoke-Free Ontario Amendment Act (Vaping is Not for Kids), 2026*, proposes legislative measures intended to strengthen protections against youth vaping and support population-level prevention efforts;

**Now therefore be it resolved that** the Windsor-Essex County Board of Health endorses Bill 125, *Smoke-Free Ontario Amendment Act (Vaping is Not for Kids), 2026*, and urges the Government of Ontario to enact the proposed amendments to strengthen protections for children and youth from the harms associated with vaping;

**FURTHER THAT**, the Windsor-Essex County Board of Health calls upon the Government of Ontario to implement evidence-informed measures that reduce the appeal, accessibility, and availability of vapour

products to youth, including restrictions on flavoured vapour products, promotion and advertising, and youth access;

**FURTHER THAT**, a copy of this resolution be forwarded to the Premier of Ontario, the Minister of Health, local Members of Provincial Parliament, the Association of Local Public Health Agencies (alPHA), Ontario Boards of Health, and other relevant stakeholders for their consideration and support.

## REFERENCES

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## Windsor-Essex County Health Unit Board of Health

### RESOLUTION – Recommendations for Improvements to the Provincial Publicly Funded Immunization Program

2026-09-24

#### ISSUE/PURPOSE

Hepatitis B (HB) virus is a vaccine-preventable infection that affects the liver. Infection can become chronic and lead to cirrhosis, liver failure, liver cancer, disability, and premature death. The risk of chronic infection is greatest when HB is acquired early in life. Approximately 90% to 95% of infants infected with HB will develop chronic infection, compared with approximately 3% to 10% of infected adolescents and adults.<sup>1</sup>

Currently Ontario publicly funds HB vaccine as a two-dose series offered in Grade 7. The WECHU provides this series through school-based immunization clinics to ensure equitable access. Ontario's routine infant schedule does not include HB in the DTaP-IPV-Hib vaccine at 2, 4, 6, and 18 months of age. As a result, most children do not receive routine protection against HB until approximately 12 years of age.<sup>2</sup>

Several Canadian jurisdictions already provide universal HB vaccination in infancy including British Columbia, Alberta, Prince Edward Island, Yukon, and Quebec. Introducing DTaP-HB-IPV-Hib vaccine in Ontario would add HB protection to existing infant vaccination visits without requiring an additional injection.<sup>3</sup>

On February 25, 2026, the [Board of Health for the District of Algoma Health Unit passed Resolution 2026-19](#), calling on the Ontario Ministry of Health to incorporate DTaP-HB-IPV-Hib vaccine into Ontario's publicly funded immunization schedule. Subsequently, [Association of Local Public Health Agencies \(alPHA\) passed Resolution A26-01](#), which called for a provincial review of shifting universal HB vaccination from Grade 7 to the first year of life, with DTaP-HB-IPV-Hib vaccine at 2, 4, and 6 months identified as the preferred option.<sup>4,5</sup>

The current Publicly Funded Immunization Schedules of Ontario leave children without routine protection during the period when HB infection is most likely to become chronic. Incorporating HB into the routine infant schedule would provide earlier protection and reduce the likelihood of chronic HB infection.

#### BACKGROUND

HB is transmitted through contact with infected blood and certain bodily fluids, including during childbirth and through close household contact. Initial infection may be asymptomatic in up to 90% of children, making some childhood infections difficult to identify.<sup>1</sup>

An Ontario population-based study found that 92.7% of pregnant individuals were screened for HB between 2012 and 2016. Among children born in Ontario between 2003 and 2013 who were tested before 12 years of age, 139 of 23,759 tested positive for HB. The authors noted that this was a minimum estimate since most children are not routinely tested and early infection is often asymptomatic.<sup>6</sup>

Ontario children continue to acquire hepatitis B before adolescence through missed prenatal screening, incomplete post-exposure prophylaxis, close household exposure to an undiagnosed carrier, travel, and migration from regions where hepatitis B is more prevalent. Universal infant vaccination would provide protection that does not depend on identifying these risks in advance.

The Canadian Immunization Guide recommends routine HB immunization for all children. HB-containing vaccines are 95% to 100% effective in preventing chronic infection for at least 30 years, and reactions to vaccinations are generally mild and temporary.<sup>1</sup>

A 2023 Ontario modelling study projected that an infant DTaP-**HB**-IPV-Hib program would prevent approximately 550 to 560 additional acute and 160 chronic pediatric HB infections between 2020 and 2050. The study estimated that cumulative immunization program costs would decrease from approximately \$46 million under the current adolescent program to \$23 million under the combined infant program, a modelled reduction of approximately \$23 million or 50%, based on 2020 cost estimates.<sup>7</sup>

Ontario modelling further projected that an infant hepatitis B vaccination program could prevent 43.2% of chronic hepatitis B illness, 48.2% of hepatitis B-related liver cancers, and 51.9% of hepatitis B-related deaths attributable to infections occurring in childhood.

HB vaccination coverage among local 17-year-olds in Windsor and Essex County declined from 78.0% in 2023–2024 to 72.0% in 2024–2025 and 59.8% in 2025–2026. This represents an 18.2 percentage-point decline over two school years, leaving approximately four in ten local 17-year-olds without a complete HB vaccination series documented. This growing coverage gap supports providing HB protection earlier through the routine infant immunization schedule.<sup>8</sup>

Moving hepatitis B vaccination into the routine infant schedule would also advance health equity. Protection would be offered through established well-baby visits rather than depending on school attendance, parental consent forms, student availability on clinic dates, and completion of a second school-based dose months later.

By comparison, local coverage among 7-year-olds was 89.1% for diphtheria, pertussis, and polio and 89.8% for tetanus, components included in Ontario's routine childhood DTaP-IPV-Hib schedule. These rates indicate that delivering hepatitis B through the same infant platform could reach substantially more children than the current Grade 7 program, although actual hepatitis B coverage would depend on uptake of all required infant doses.<sup>8</sup>

Using a combination vaccine at existing infant appointments would avoid an additional injection and reduce reliance on a separate, resource-intensive school-based hepatitis B program. This would allow public health capacity to be redirected to catch-up and emerging vaccination needs, outbreak response, and students facing barriers to immunization.

## PROPOSED MOTION

**Whereas**, hepatitis B infection acquired in infancy or early childhood carries the greatest risk of chronic infection and related complications, and

**Whereas**, Ontario's routine publicly funded hepatitis B vaccination program is delivered in Grade 7, leaving children without routine protection during the first 12 years of life, and

**Whereas**, the Canadian Immunization Guide recommends routine hepatitis B immunization for all children and recognizes hepatitis B-containing vaccine schedules beginning in infancy as safe and effective, and

**Whereas**, an Ontario modelling study found that an infant DTaP-HB-IPV-Hib program would prevent additional acute and chronic pediatric infections and generate approximately \$23 million in cumulative savings by 2050, and

**Whereas**, hepatitis B vaccination coverage among 17-year-olds in Windsor and Essex County declined from 78.0% in 2023–2024 to 72.0% in 2024–2025 and 59.8% in 2025–2026;

**Whereas**, incorporating hepatitis B into an existing infant combination vaccine would provide universal access without an additional injection, reduce dependence on school attendance and completion of a multi-visit school-based series, and permit public health resources to be redirected to catch-up and other priority immunization activities, and

**Now therefore be it resolved** that the Windsor-Essex County Board of Health recommends that the Province of Ontario incorporate the combined DTaP-HB-IPV-Hib vaccine at 2, 4, and 6 months of age into Ontario's publicly funded immunization schedule; and

**Further** that the Windsor-Essex County Board of Health recommends that the Ministry of Health maintain Grade 7 and catch-up access for children who did not receive hepatitis B vaccine in infancy, and continue prenatal screening, timely assessment and treatment of pregnant individuals who test positive, hepatitis B immune globulin and vaccine for exposed newborns, and post-vaccination serologic testing for those infants; and

**Further** that this resolution be forwarded to the Ontario Minister of Health, the Chief Medical Officer of Health, Public Health Ontario, the Association of Local Public Health Agencies, and all Ontario boards of health.

<sup>1</sup> Public Health Agency of Canada. Hepatitis B vaccines: Canadian Immunization Guide. Evergreen Edition. Available from: <https://www.canada.ca/en/public-health/services/publications/healthy-living/canadian-immunization-guide-part-4-active-vaccines/page-7-hepatitis-b-vaccine.html>

<sup>2</sup> Government of Ontario. Ontario's routine immunization schedule. Available from: <https://www.ontario.ca/page/ontarios-routine-immunization-schedule>

<sup>3</sup> Public Health Agency of Canada. Provincial and territorial routine and catch-up vaccination schedule for infants and children in Canada. Updated July 2026. Available from: <https://www.canada.ca/en/public-health/services/immunization-vaccines/provincial-territorial-routine-vaccination-programs-infants-children.html>

<sup>4</sup> Board of Health for the District of Algoma Health Unit. Resolution 2026-19: Support for Transitioning to the Combined DTaP-HB-IPV-Hib Vaccine into Ontario's Publicly Funded Immunization Schedule. February 25, 2026. Available from: <https://www.algomapublichealth.com/media/ohzbsgsj/02-february-25-2026-board-of-health-meeting-minutes.pdf>

<sup>5</sup> Association of Local Public Health Agencies. Resolution A26-01: Strengthening Hepatitis B Prevention in Ontario Through Vaccination in the First Year of Life. 2026. Available from: [https://cdn.ymaws.com/www.alphaweb.org/resource/collection/BAE032FB-16BB-4BDD-B41C-34E4EDEF9E33/A26-01\\_HBV\\_Schedule.pdf](https://cdn.ymaws.com/www.alphaweb.org/resource/collection/BAE032FB-16BB-4BDD-B41C-34E4EDEF9E33/A26-01_HBV_Schedule.pdf)

<sup>6</sup> Biondi MJ, Marchand-Austin A, Cronin K, Nanwa N, Ravirajan V, Mandel E, et al. Prenatal hepatitis B screening, and hepatitis B burden among children, in Ontario: a descriptive study. CMAJ. 2020;192(43):E1299-E1305. Available from: <https://pmc.ncbi.nlm.nih.gov/articles/PMC7577574/>

<sup>7</sup> Biondi MJ, Estes C, Razavi-Shearer D, Sahdra K, Lipton N, Shah H, et al. Cost-effectiveness modelling of birth and infant dose vaccination against hepatitis B virus in Ontario from 2020 to 2050. CMAJ Open. 2023;11(1):E24-E32. Available from: <https://www.cmajopen.ca/content/11/1/E24>

<sup>8</sup> Windsor-Essex County Health Unit. PHO and Local Immunization Coverage Rates, 2024-2025 School Year. March 12, 2026. Available from: <https://www.wechu.org/board-health-meeting-agendas-and-minutes/march-2026-board-health-meeting-pho-and-local-immunization>



## Windsor-Essex County Health Unit Board of Health

### RECOMMENDATION/RESOLUTION REPORT – Public Health Support for Windsor Essex Community Safety and Well-Being Plan

2026-09-24

#### BACKGROUND

The [Windsor Essex Community Safety and Well-Being \(WECSWB\) Plan](#) is a municipally mandated, multi-sector framework intended to improve community outcomes through coordinated action on complex social issues. The refreshed 2026-2029 plan emphasizes social development, prevention, and risk intervention, and is grounded in local data, community voice, and cross-sector collaboration. Organized around three pillars, engaged communities, safer public spaces, and coordinated systems; the Plan provides a shared regional agenda for addressing complex social issues through coordinated action and shared accountability.

This approach aligns closely with the [Windsor-Essex County Health Unit \(WECHU\)'s 2026-2030 Strategic Plan](#), which prioritizes collaborative action on community health priorities, advancing health equity, and strengthening partnerships with organizations that serve priority populations. The WECHU programming in Comprehensive Health Promotion, Substance Use and Harm Reduction, and Healthy Families contributes directly to these shared goals through upstream prevention, early intervention, equity-focused planning, and coordinated service delivery. Across these areas, the WECHU works with community partners to address substance-related harms, promote resilience and healthy relationships, strengthen supportive environments for children, youth, and families, and improve access to programs and services for populations experiencing disproportionate barriers to health and well-being. Through initiatives such as the Windsor-Essex Community Opioid and Substance Strategy (WECOSS) and the Substance Supports in Neighbourhoods Accessed through Police Partnerships (SSNAPP) grant, the WECHU contributed to many of the outcomes achieved under the previous CSWB Plan. Continued alignment with the WECSWB Plan provides an opportunity to further coordinate local efforts, reduce duplication, and focus collective action on priority populations across Windsor and Essex County.

The [2026-2029 WECSWB Plan](#) identifies a shared regional agenda for improving safety, belonging, service access, and coordinated systems of support, with an explicit focus on prevention, risk reduction, and action for priority populations. Formal Board of Health support reinforces WECHU's role as a public health partner in this work and confirms that WECHU's strategic priorities and program directions are aligned with the Plan's pillars of engaged communities, safer public spaces, and coordinated systems. A Board resolution also signals the importance of sustained cross-sector collaboration to address the social and structural factors that shape health, safety, and well-being across Windsor and Essex County.

The relevance of the WECSWB Plan to WECHU and the Board of Health is further grounded in the statutory and practice framework for public health in Ontario. Under the Health Protection and Promotion Act and the Ontario Public Health Standards, boards of health are responsible for population health assessment,

advancing health equity, evidence-informed planning, and collaboration with community partners to address the social and structural determinants that influence health and well-being. The WECSWB Plan's emphasis on prevention, risk reduction, coordinated systems, and priority populations is therefore directly relevant to public health practice. For WECHU, continued participation in the Plan supports its legislated mandate and reinforces a population health approach that strengthens cross-sector collaboration, improves community conditions, and contributes to safer, healthier, and more equitable communities across Windsor and Essex County.

## PROPOSED MOTION

**WHEREAS** the WECSWB Plan provides a municipally mandated, multi-sector framework to improve safety and well-being through social development, prevention, and risk intervention, with a focus on priority populations and shared community outcomes; and

**WHEREAS** the WECHU 2026-2030 Strategic Plan emphasizes leading collaborative action on community health priorities, advancing health equity, strengthening partnerships with organizations serving priority populations, and using evidence-informed planning to improve population health; and

**WHEREAS** WECHU programming in Comprehensive Health Promotion, Substance Use and Harm Reduction, and Healthy Families supports many of the same goals advanced through the WECSWB Plan, including healthier and more engaged communities, safer public spaces, coordinated systems of support, prevention, early intervention, and equitable access to services; and

**WHEREAS** priority populations in Windsor-Essex County may experience disproportionate barriers to health, safety, belonging, and well-being, and may benefit most from coordinated, cross-sector approaches that address complex and overlapping needs; and

**WHEREAS** strengthening partnerships among public health, municipalities, health care, education, housing, and community and social service sectors is essential to improving outcomes for individuals, families, and communities across Windsor and Essex County;

**WHEREAS** under the Health Protection and Promotion Act and the Ontario Public Health Standards, boards of health are mandated to assess population health, address health inequities, apply evidence-informed planning, and collaborate with community partners on the social and structural determinants of health; and

**THEREFORE BE IT RESOLVED THAT** the Windsor-Essex County Board of Health affirms its support for continued alignment between the WECHU and the priorities, pillars, and implementation directions of the WECSWB Plan; and

**BE IT FURTHER RESOLVED THAT** the Board of Health endorses a collaborative, equity-focused approach that prioritizes coordinated action for priority populations in Windsor-Essex County, with an emphasis on prevention, upstream action, and equitable access to programs and services; and

**BE IT FURTHER RESOLVED THAT** the Board of Health encourages the identification of opportunities to:

- improve service coordination for priority populations;
- reduce duplication and gaps in community response;
- strengthen data-sharing, knowledge exchange, and joint planning where appropriate; and
- advance health equity through collective action on the social and structural factors affecting health and well-being.



## **Windsor-Essex County Health Unit Board of Health**

### **RECOMMENDATION/RESOLUTION REPORT – Governance Continuity During a Municipal Election Year**

**2026-09-24**

#### **ISSUE**

The terms of WECHU's eight municipal Board appointees will end when the terms of the appointing municipal councils end on November 15, 2026.

New municipal appointments may not be completed immediately, creating a transition period during which the Board may be unable to achieve quorum and transact business.

WECHU will continue to exist as a statutory corporation throughout that period. However, although its six provincial appointees may remain in office, WECHU will not treat them, standing alone, as constituting quorum, given the Board's prescribed municipal composition and the statutory requirement that provincial appointees remain fewer in number than municipal members.

To maintain continuity of operations and public health services during this transition, this report recommends a limited and temporary delegation of authority to the Chief Executive Officer (the "CEO") and the Medical Officer of Health (the "MOH"), each acting within their respective mandate.

The delegation would begin upon adjournment of the final regular Board meeting currently scheduled for November 12, 2026, and would end upon the earlier of:

- (a) the adjournment of the first regular Board meeting in 2027 at which quorum is present and the Board's officers have been appointed; and
- (b) the revocation or amendment of the delegation by the Board.

## **BACKGROUND**

### **1. Municipal election restrictions do not apply directly to WECHU**

Section 275 of the Municipal Act, commonly referred to as the municipal “lame duck” provision, restricts certain decisions by municipal councils during an election period. It does not apply directly to the WECHU Board of Health.

Although WECHU is a “local board” under the Municipal Act, section 275 applies specifically to municipal councils. The August 21, 2026 nomination date and August 24, 2026 certification date therefore do not create a deadline for WECHU to pass this resolution.

The proposed resolution is recommended as a practical continuity measure, not because WECHU is subject to the municipal lame duck restrictions.

### **2. The Board may experience a temporary loss of quorum**

The terms of WECHU’s municipal appointees end with the terms of the appointing municipal councils. The current appointments should therefore be treated as ending at the close of November 14, 2026, unless ended sooner.

WECHU will continue to exist as a statutory corporation after those appointments expire. However, the Board currently consists of eight municipal appointees and six provincial appointees, and eight members are required for quorum based on the current composition. WECHU will not rely on the six provincial appointees alone to transact Board business while the municipal positions are vacant.

The proposed delegation set out in this report is intended only to address the period during which a quorate Board meeting cannot reasonably be convened.

### **3. The CEO and MOH have separate responsibilities**

The CEO and MOH each report to the Board within their respective areas of responsibility. The CEO is responsible for WECHU’s corporate, administrative and operational matters. The MOH reports directly to the Board regarding public health concerns and is responsible for the management of public health programs and services.

The proposed resolution therefore delegates authority to both offices, each acting within their respective mandate. The CEO and MOH do not act as substitutes for one another. Any acting CEO or acting MOH must be properly appointed or designated to act in that office.

### **4. Existing safeguards will continue to apply**

The proposed resolutions supplement, but do not replace, the HPPA, the WECHU By-Laws, Board policies, approved budgets and plans, existing contracts and current delegations.

During the Transition Period, the CEO would be authorized to continue ordinary operations and to approve and execute operational contracts, agreements, purchase orders and related expenditures within approved budgets and plans, subject to the Procurement Policy.

Borrowing, real-property transactions, unbudgeted expenditures and material long-term obligations would remain excluded unless the Board approves the transaction or its material parameters before the Transition Period.

## RECOMMENDATION

It is recommended that the Board approve the proposed motion below. The motion is deliberately narrower than a general "caretaker" authorization and includes the following controls:

- **Board-first requirement.** The temporary authority applies only during the Transition Period. If a quorate Board meeting can reasonably be convened before a Board matter requires action, the matter must be brought to the Board.
- **Separate mandates.** The CEO and MOH may act only within their respective areas of responsibility, with consultation on matters that materially engage both.
- **Budgeted operations and contracting authority.** The CEO may continue ordinary operations and approve and execute operational contracts, agreements, purchase orders and related expenditures within approved budgets and plans, in accordance with the Procurement Policy.
- **Reserved matters.** The delegation does not permit amendments to Board by-laws or policies, new strategic directions, unbudgeted programs, borrowing or real-property transactions that have not been separately approved by the Board, executive employment decisions, or any matter that is non-delegable or otherwise expressly reserved to the Board.
- **Emergency exception.** The CEO or MOH may authorize only the minimum unbudgeted expenditure or liability reasonably necessary to address an immediate legal, public health, safety, service-continuity or asset-protection risk where delay would materially increase the risk.
- **Accountability.** The CEO and MOH must maintain a written decision log, and table a report at the first quorate post-election meeting.
- **Advance transition work.** Before the transition period, management should identify Board-reserved matters requiring approval and arrange the earliest practicable post-election Board meeting and orientation.

## PROPOSED MOTION

**Whereas**, the terms of the Board's municipal appointees end with the terms of the appointing municipal councils on November 15, 2026, and there may be a delay before successor appointments are completed; and

**Whereas**, the WECHU will not rely on the remaining provincial appointees alone to constitute quorum or transact Board business during that period; and

**Whereas**, the Board considers a limited temporary delegation necessary to maintain WECHU's operations and public health services until a quorate Board can meet;

**Now therefore be it resolved that** the Windsor-Essex County Board of Health accepts:

1. The "Transition Period" begins upon adjournment of the November 12, 2026 Board meeting and ends upon the earlier of:

- (a) the adjournment of the first regular Board meeting in 2027 at which quorum is present and the Board's officers have been appointed; and
  - (b) the revocation or amendment of this resolution by the Board.
2. During the Transition Period, the Board delegates to the CEO and the MOH, each acting within their respective mandate, the administrative authority reasonably necessary to:
    - (a) continue WECHU's ordinary operations;
    - (b) implement approved Board policies, budgets, plans and contractual obligations; and
    - (c) address urgent public health, legal, financial, operational or organizational matters that cannot reasonably await a quorate Board meeting.
  3. The CEO may approve and execute operational contracts, agreements and purchase orders, and authorize related expenditures, where they are within an approved budget and plan, subject to compliance with the Procurement Policy, the WECHU By-Laws and applicable law, other than any requirement for Board approval.
  4. The MOH may make decisions respecting public health programs and services, health protection, public health emergency response and the MOH's statutory and professional responsibilities. The CEO and MOH do not act as substitutes for one another, and any acting officeholder must be properly appointed or designated to act in that same office.
  5. This delegation does not authorize the CEO or MOH to:
    - (a) amend the WECHU By-Laws, Board policies, strategic plan or annual budget;
    - (b) establish or discontinue a material program;
    - (c) borrow money or acquire, dispose of or lease real property, unless the Board approved the material terms and signing authority before the Transition Period;
    - (d) make employment decisions concerning the CEO, MOH or another person reporting directly to the Board; or
    - (e) decide any matter that cannot lawfully be delegated.
  6. Despite the budgetary restrictions in paragraph 5, but subject to all other exclusions in paragraph 5 and applicable law, the CEO or MOH may authorize the minimum unbudgeted expenditure reasonably necessary to comply with a legal requirement, protect health or safety, respond to a public health emergency, preserve WECHU assets or maintain an essential service where delay would materially increase the risk.
  7. The CEO and MOH shall keep a written record of each material exercise of authority under this resolution and report those decisions to the Board at its first quorate meeting following the Transition Period.



## **Windsor-Essex County Health Unit Board of Health**

### **RECOMMENDATION/RESOLUTION REPORT – WECHU Charity Status Application**

**2026-09-24**

#### **BACKGROUND**

The Windsor-Essex County Health Unit (WECHU) is a statutory corporation established under the *Health Protection and Promotion Act (HPPA)* (Ontario), with a legislated mandate to promote and protect the health of the population through disease prevention, health promotion, environmental health, and population health surveillance. The WECHU delivers a broad range of provincially mandated public health programs aligned with the Ontario Public Health Standards (OPHS), including immunization, infectious disease control, chronic disease prevention, mental health promotion, environmental health inspections, dental health programming, and emergency preparedness. The organization is primarily funded through a cost-shared model, with approximately 75% of funding provided by the Province of Ontario and the remaining 25% funded by municipal partners (City of Windsor, County of Essex, and Township of Pelee Island), along with program-specific grants. Currently, WECHU operates without charitable status, which limits its ability to:

- issue tax receipts for donations;
- access certain federal and provincial grant opportunities;
- receive non-governmental funding, including private donations and gifts in kind;
- leverage community fundraising or philanthropic partnerships. Obtaining charitable status will support enhanced financial sustainability and flexibility by enabling diversified revenue streams while maintaining alignment with WECHU's exclusively charitable purposes of advancing public health and community well-being.
- leverage charitable status pricing for capital and operational expenses.

Charitable status would also strengthen transparency, accountability, and governance practices through compliance with Canada Revenue Agency requirements, further reinforcing public trust. In Ontario, most public health units are established as municipal or regional boards of health and do not typically hold independent charitable status, relying primarily on government funding. As such, pursuing charitable designation represents an innovative approach that may position WECHU as a leader in leveraging philanthropy to enhance public health programming, particularly in areas addressing health equity, social determinants of health, and community partnerships.

## PROPOSED MOTION

**Whereas**, the Windsor-Essex County Health Unit is mandated under the *Health Protection and Promotion Act* to deliver programs and services that protect and promote the health of the population; and

**Whereas**, WECHU's programs and services constitute exclusively charitable purposes that benefit the community, including disease prevention, health promotion, environmental health protection, and population health surveillance; and

**Whereas**, obtaining charitable status would enable WECHU to access additional funding opportunities, including donations, grants, and non-cash contributions, thereby enhancing its ability to deliver and expand public health programs; and

**Whereas**, being an officially recognized charitable organization will provide operational savings/discounts from service vendors; and

**Whereas**, charitable status would support financial sustainability, strengthen partnerships with community organizations and donors, and improve capacity to address emerging public health priorities and health inequities; and

**Whereas**, achieving charitable status would enhance governance, accountability, and transparency through compliance with federal regulatory requirements; and

**Whereas**, pursuing charitable status represents a strategic opportunity for innovation among Ontario public health units, where such designation is not commonly held.

**Now therefore be it resolved** that the Windsor-Essex County Board of Health approves the submission of an application to the Canada Revenue Agency for registration of the Windsor-Essex County Health Unit as a charitable organization; and

**FURTHER THAT**, the Board of Health authorizes the Chief Executive Officer and/or designate to take all necessary actions to complete and submit the application, including the provision of supporting documentation and any required follow-up; and

**FURTHER THAT**, the Board of Health directs administration to report back on the status and implications of the application process, including any governance, financial, or operational considerations associated with charitable registration.

**From:** allhealthunits <[allhealthunits-bounces@lists.alphaweb.org](mailto:allhealthunits-bounces@lists.alphaweb.org)> **On Behalf Of** Lynne Russell  
**Sent:** October 8, 2026 12:41 PM  
**To:** All Health Units <[allhealthunits@lists.alphaweb.org](mailto:allhealthunits@lists.alphaweb.org)>  
**Cc:** Board <[board@lists.alphaweb.org](mailto:board@lists.alphaweb.org)>  
**Subject:** [allhealthunits] alPHa - New speakers and session details: alPHa Leadership Series - Leadership Series: Navigating Change

**PLEASE ROUTE TO:**

**All Board of Health Members**

**All Members of Regional Health & Social Service Committees**

**All Senior Public Health Managers**



Dear alPHa Members,

The [\*alPHa Leadership Series: Navigating Change\*](#) brings together four online half-day sessions focused on building the practical leadership skills needed to lead through change, inspire, and influence others, communicate with confidence and lead strategically in an evolving public health environment. **We have some exciting updates, including new speaker and session details!**

**Here's the updated line-up:**

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**Tuesday, November 3, 1 p.m. to 4 p.m., EST**

**Yours, Mine & Ours: Leading Together - Fostering strong board and staff relationships with Meredith Low, Principal, Meredith Low Consulting**

This session explores the complex, dynamic, and crucial working relationship between the board and staff. Participants will build their tools for developing trust, working effectively with a wide range of styles and approaches, and addressing difficult situations as these arise.

**Meredith Low** is a strategy and governance consultant with extensive experience working with associations, not-for-profit organizations, government, and organizations ranging from small startups to Fortune 500 companies. She brings particular expertise in governance, strategic planning and helping boards and organizational leaders navigate complex environments.

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**Wednesday, November 4, 1 p.m. to 4 p.m., EST**

**The Power of Healthy Tension - Navigating complexity and chronic leadership challenges with Claudia Valle, Associate, Leaders for Leaders**

This workshop introduces a simple framework to help leaders move beyond “either/or” thinking and tap into the power of “AND.” Participants will develop skills to communicate and collaborate with people who hold different perspectives and strengthen decision-making when dealing with complex issues.

**Claudia Valle** is an experienced leadership development facilitator who has worked internationally with leaders and teams for more than 20 years, including many in public health. She brings a highly experiential approach to helping leaders navigate complexity, build stronger teams, and reach their full potential.

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**Thursday, November 5, 1 p.m. to 4 p.m., EST**

**Leading with Influence: People, Government and Media**

**One afternoon, three connected sessions focused on the people and relationships that shape public health leadership, and the skills leaders need to influence effectively.**

**New! Session A: The Leadership Journey: People, Connection and What Really Matters - Dr. Kwame McKenzie, Chief Executive Officer, Wellesley Institute, and Pete Bombaci, Founder & CEO, GenWell**

Pete Bombaci will be in conversation with Dr. Kwame McKenzie, exploring the powerful role of social connection. Drawing on their own experiences and perspectives, they will explore what effective leadership looks like today and why connection matters to both leaders and the people they serve.

**Dr. Kwame McKenzie** is a nationally and internationally recognized leader in health equity, mental health, and the social determinants of health. In addition to leading the Wellesley Institute, he is a Professor of Psychiatry at the University of Toronto and Director of Health Equity at CAMH. He has advised governments and major organizations in Canada and internationally.

**Pete Bombaci** is the Founder and CEO of GenWell, Canada's Human Connection Movement, and a leading voice on the importance of social connection to healthier people, workplaces, and communities. Previously, he was Canada's Country Director for Movember, where he led the organization to raise more than \$142 million for men's health.

**Session B: Conducting an Effective Government Meeting - Building effective relationships with decision-makers with Sabine Matheson, Principal, StrategyCorp**

This practical session will help leaders understand how to approach decision-makers, frame their priorities effectively, and build relationships that can advance public health priorities in a changing government environment.

**Sabine Matheson** brings more than 30 years of experience in municipal affairs and public policy, advising municipalities and leaders on government relations, strategic planning, and complex policy issues. They previously served as Chief of Staff to Ontario's Minister of Municipal Affairs and Housing, giving them a valuable perspective on navigating government and building effective relationships with decision-makers. *Heard from Sabine before? This session includes new content. With political and economic landscapes shifting quickly at every level of government, Sabine will share what has changed, what it means for public health, and how leaders can build relationships with decision-makers right now.*

**Session C: Spokesperson Media Skills - Practical media training for delivering clear messages and handling tough questions with John Perenack, Principal, StrategyCorp**

This hands-on session will help leaders sharpen their key messages, stay on track under pressure, and respond confidently and effectively when faced with challenging media questions.

**John Perenack** brings 30 years of experience in strategic communications and public affairs, with extensive work advising hospitals, public health organizations, and other health sector organizations. He is also an experienced media strategist and spokesperson coach, helping senior leaders communicate clearly and effectively in high-stakes situations.

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**Friday, November 6, 1 p.m. to 4 p.m., EST**

**The Role of Public Health Leaders in Quality Improvement: From Championing Change to Accountability for Success - Public Health Ontario**

Successful quality improvement initiatives require more than tools and methods. They require committed leadership. Through discussion and real-world examples, participants will explore their role in setting the vision for improvement, removing barriers, and ensuring

quality improvement efforts translate into meaningful outcomes for their organization and the communities they serve. This session will bring PHO's expertise directly to public health leaders. Stay tuned for more information on the speakers.

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### **Registration Information:**

**Built with local public health budgets in mind, the series is an affordable and effective way to invest in local public health leadership capacity, for senior staff and board of health members alike, with content designed specifically for the challenges our sector faces today.**

**One registration covers all four sessions: \$399 for alPHa Members, and \$199.50 for COMOH Section Emeritus members and PHPMRs. Each individual attending the Leadership Series must register separately, as registration cannot be shared between participants.**

You do not need to attend all four sessions, although we encourage you to participate in the full series to get the most from the experience.

[\*\*Register now\*\*](#) to reserve your place. Registration closes on **Thursday, October 29, 2026.**

**Thank you to our co hosts, Peel Public Health, and to our generous supporters: Leaders for Leaders, GenWell, StrategyCorp, Public Health Ontario, Meredith Low Consulting, thePersonal, Eastern Ontario Health Unit and the Dalla Lana School of Public Health.**

We hope you will join us for this timely and practical leadership series.

Take Care,

Loretta

This event is co-hosted by alPHa and Peel Public Health



Association of Local  
**PUBLIC HEALTH**  
Agencies



With generous support from:



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Loretta Ryan, CAE, RPP

Chief Executive Officer

**Association of Local Public Health Agencies (alPHa)**

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Public health leaders are navigating significant change, increasing complexity, and growing expectations. This four afternoon series provides practical tools and perspectives to help leaders communicate with confidence, influence others, champion improvement and lead strategically.

#### FOUR HALF DAY SESSIONS:

- November 3rd: Yours, Mine & Ours: Leading Together**  
Fostering Strong Board and Staff Relationships  
Meredith Low, Principal, Meredith Low Consulting
- November 4th: The Power of Healthy Tension: How to Navigate Complexity and Chronic Leadership Challenges**  
Claudia Valle, Associate, Leaders for Leaders
- November 5th: Leading with Influence: People, Government & Media**
- **The Leadership Journey: People, Connection and What Really Matters.**  
A conversation with Peter Bombaci, Founder & CEO, GenWell.
  - **Government Relations for Leaders**  
Building Relationships, Navigating Government and Communicating Strategically,  
Sabine Matheson, Principal, StrategyCorp.
  - **Media Relations for Leaders**  
Practical Media Training for Communicating with Confidence Under Pressure,  
John Perenack, Principal, StrategyCorp.
- November 6th: The Role of Public Health Leaders in Quality Improvement: From Championing Change to Accountability for Success**  
Public Health Ontario

Practical leadership skills. Real world public health challenges.  
Four afternoons focused on navigating change and leading public health forward.

**Registration is now open!** Attend individual sessions or join us for the full series.  
Additional information about sessions, speakers and the program will be available October 6.

This event is co-hosted by **ALPHA** and **Peel Public Health**



With generous support from:



Public health leaders are navigating significant change, increasing complexity, emerging technologies and growing expectations. This four afternoon series provides practical tools and perspectives to help leaders communicate with confidence, influence others, champion improvement and lead strategically.

#### FOUR HALF DAY SESSIONS:

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##### **November 5th: Leading with Influence: People, Government & Media**

- The Leadership Journey: People, Connection and What Really Matters. A conversation with Peter Bombaci, Founder & CEO, GenWell.
- Government Relations for Leaders Building Relationships, Navigating Government and Communicating

Strategically, Sabine Matheson, Principal, StrategyCorp.

- Media Relations for Leaders: Practical Media Training for Communicating with Confidence Under Pressure, John Perenack, Principal, StrategyCorp

**November 6th: The Role of Public Health Leaders in Quality Improvement:**

From Championing Change to Accountability for Success, Public Health Ontario

**Practical leadership skills. Real world public health challenges.**

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Additional information about sessions, speakers and the program will be available October 6.

Please note, the best way to pay for your registration for the 2026 alPHa Leadership Series is by credit card or Electronic Fund Transfer (EFT). The deadline to register is Thursday, October 29, 2026. Cancellations up until Thursday, October 22 are refundable via electronic fund transfer, less a \$100 processing fee. No cancellations will be processed following the deadline. If it is not possible to pay by credit card or EFT, cheques may be sent to our mailing address. (If you have not already done so, this is also a good opportunity to update your mailing list):

Association of Local Public Health Agencies (alPHa)  
PO Box 73510, RPO Wychwood  
Toronto, ON  
M6C 4A7

**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.M. Hirji, Medical Officer of Health/Chief Executive Officer

**Date:** 2026/10/08

**Re:** Increasing public access to naloxone through co-location with AEDs

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☐ For Information

☐ For Discussion

☒ For a Decision

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**Issue:**

Opioid-related poisonings remain a significant public health concern in Sudbury and Districts, contributing to preventable emergency department visits, hospitalizations, and deaths.<sup>1</sup> While naloxone is distributed through community programs, access during a poisoning event remains dependent on having a kit available at the right place and time. Increasing public access to naloxone in community settings, including through co-location with automated external defibrillators (AEDs), presents an opportunity to improve timely response to opioid poisonings and support community members capacity to act during an emergency.<sup>2</sup> Positioning naloxone alongside other publicly available life-saving resources reinforces its role as a standard emergency response tool and aligns with ongoing efforts to reduce substance-related harms and opioid poisoning deaths across our communities.

**Recommended Action:**

That the Board of Health for Public Health Sudbury & Districts

1. Endorse a motion encouraging municipalities and community partners across Sudbury and districts to explore opportunities to increase public access to naloxone, including co-locating naloxone kits with AEDs in appropriate public settings; and,
2. Support local efforts to improve the availability and accessibility of naloxone through partnership, public awareness and evidence-informed approaches to drug poisoning response; and
3. Write to advocate for such changes to municipal, community, health-system, and provincial partners.

**Background:**

Substance-related harms continue to impact across Greater Sudbury and the surrounding districts.<sup>1</sup> Data from the Office of the Chief Coroner for Ontario indicates that opioids were involved in 61% of all drug poisoning deaths in 2024 (preliminary data), highlighting the ongoing role of opioids in local substance-related mortality.<sup>1</sup> The data also continues to demonstrate ongoing emergency department visits, emergency medical services responses, and suspected drug toxicity deaths associated with substance use in the region. Naloxone is an opioid antagonist that can temporarily reverse an opioid poisoning.<sup>1</sup> Emergency services still need to be contacted because the effect is temporary, and additional doses or

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2024–2028 Strategic Priorities:

1. Equal opportunities for health
2. Impactful relationships
3. Excellence in public health practice
4. Healthy and resilient workforce

medical care may be needed. Opioid poisonings can occur in a wide range of settings reflecting where substances are used, including private homes, public spaces, workplaces, transit environments, washrooms, and other community locations where individuals may not have immediate access to a naloxone kit. These circumstances highlight the need to explore strategies that increase the availability and accessibility of naloxone in places where poisonings are likely to occur. Given ongoing barriers to timely emergency response and healthcare access across the region, ensuring that naloxone is readily available where and when it is needed can help strengthen community capacity to respond to opioid poisonings and support efforts to prevent avoidable deaths.

The Ontario Naloxone Program (ONP) is a key component of Ontario's comprehensive approach to substance use and supports Public Health in meeting responsibilities under the Ontario Public Health Standards to reduce substance-related harms.<sup>3</sup> The program is designed to ensure that naloxone is readily accessible to people at risk of experiencing an opioid poisoning, as well as their friends, family members, and others who may witness an emergency. Community-based naloxone distribution is a well-established, evidence-based intervention that has been associated with reductions in opioid poisoning deaths and increased opportunities for timely overdose response.<sup>4,5,6</sup> Expanding access to naloxone through community organizations, pharmacies, and other settings has helped reduce barriers to obtaining this life-saving medication and increases the likelihood that naloxone is available when and where it is needed.<sup>3,4</sup> Research has consistently found that take-home naloxone programs are safe, are associated with a low rate of adverse events, and have contributed to preventing thousands of opioid poisoning deaths.<sup>5,6</sup> To support broad accessibility, the Ontario Naloxone Program provides both intramuscular and intranasal naloxone and distributes kits designed for use by community responders during an opioid poisoning emergency. These kits include naloxone, administration supplies, personal protective equipment, instructions, and a recognizable carrying case. The program also promotes rescue breathing and other evidence-informed overdose response measures alongside naloxone administration.<sup>3,4</sup> Despite expanded access through take-home programs, naloxone may not be readily available when opioid poisonings occur in public settings. This has led to growing interest in publicly accessible naloxone locations.

Co-locating naloxone with AEDs offers a practical way to improve visibility and support rapid bystander response using a familiar emergency-resource model. Both naloxone and AEDs are used in time-sensitive emergencies where early intervention can significantly improve outcomes, and both can be safely administered by lay responders while awaiting emergency medical services.<sup>2</sup> AED locations are already publicly accessible, widely recognized, and supported by established infrastructure for placement, signage, maintenance, and public awareness, making them logical locations for publicly available naloxone.<sup>2</sup> Evidence suggests that leveraging existing AED infrastructure could increase the visibility and accessibility of naloxone while supporting timely overdose response.<sup>2</sup> Co-location of naloxone and AEDs can complement take-home naloxone distribution, outreach, emergency response, treatment, and other harm reduction services in preventing substance-related harms. Furthermore, positioning naloxone alongside other publicly available emergency-response resources may help normalize its use as a standard life-saving intervention and reinforce community awareness of opioid poisoning prevention and response.<sup>2</sup> Taken together, the available evidence suggests that co-locating naloxone with AEDs may be a feasible and practical strategy to enhance public access to naloxone and support timely opioid poisoning response.

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**Financial Implications:**

There would be no financial implications for PHSD. Community partners would determine implications for their own settings.

**Impacts on Strategic Priorities or Medium-Term Operational Priorities:**

Advances equal opportunities for health and impactful relationships by supporting equitable access to a life saving medication, through leveraging of municipal and community partnerships to deliver this impact.

**Impacts on Risk Management Plan:**

This initiative addresses Risk #14.2 (Worsening health inequities and outcomes as well as reduced trust and engagement in the public health system, particularly among marginalized populations, due to systemic racism and barriers that bias to inequitable delivery of Public Health programs and services). By increasing access to harm reduction services, particularly in settings where substance use may be occurring, there will be reduction of health inequities and outcomes experienced by these marginalized populations.

**Impacts on Fulfillment of the Ontario Public Health Standards:**

Supports the Ontario Public Health Standards and the Substance Use Prevention and Harm Reduction Guideline by increasing access to harm reduction supplies.

**References:**

1. Office of the Chief Coroner for Ontario, Ministry of the Solicitor General, Province of Ontario.
2. Salerno JE, Weiss LS, Salcido DD. (2018). Simulation of the Effects of Co-Locating Naloxone with Automated External Defibrillators. *Prehospital Emergency Care*, 22(5), 565-570.
3. Ontario Ministry of Health. Naloxone in the Workplace; and Ontario Take-Home Naloxone Kit Programs.
4. Ferguson M, Rittenbach K, Leece P, et al. (2023). Guidance on take-home naloxone distribution and use by community overdose responders in Canada. *Canadian Medical Association Journal*, 195(33), E1112-E1123.
5. McDonald R, Strang J. (2016). Are take-home naloxone programmes effective? Systematic review utilizing application of the Bradford Hill criteria. *Addiction*, 111(7), 1177-1187.
6. Moustaqim-Barrette A, Dhillon D, Ng J, et al. (2021). Take-home naloxone programs for suspected opioid overdose in community settings: a scoping umbrella review. *BMC Public Health*, 21, 597.

**Author:**

Danielle Labrosse, Health Promoter, Health Promotion and Vaccine Preventable Diseases Division

1. Equal opportunities for health
2. Impactful relationships
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## **INCREASING PUBLIC ACCESS TO NALOXONE IN COMMUNITY SETTINGS**

### **MOTION:**

**WHEREAS** naloxone is a safe, evidence-based, life-saving medication that can temporarily reverse an opioid poisoning when administered in a timely manner, creating a critical opportunity for emergency medical intervention; and

**WHEREAS** rapid bystander response for opioid poisonings can improve health outcomes, and increasing public awareness of and access to naloxone can strengthen community capacity to respond; and

**WHEREAS** co-locating naloxone with automated external defibrillators (AEDs) leverages existing public emergency-response infrastructure, increases the visibility and accessibility of naloxone, and positions it alongside other publicly available life-saving resources;

**THEREFORE BE IT RESOLVED THAT** the Board of Health for Public Health Sudbury & Districts encourage municipalities and community partners across Sudbury and districts to explore opportunities to increase public access to naloxone, including consideration of co-locating naloxone kits with automated external defibrillators (AED) in appropriate public settings;

**AND FURTHER THAT** the Board of Health for Public Health Sudbury & Districts encourage municipalities and community partners to work with Public Health and other local partners to identify and advance opportunities that increase equitable access to all evidence-based harm reduction services and supplies across Sudbury and districts, informed by local needs and circumstances.

# Briefing Note

**To:** Board of Health for Public Health Sudbury & Districts  
**From:** M.M. Hirji, Medical Officer of Health/Chief Executive Officer  
**Date:** 2026/10/08  
**Re:** 2026 Risk Management Report (*January – August 2026*)

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☒ For Information

☐ For Discussion

☐ For a Decision

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**Issue:**

Risk management enables an organization to achieve better outcomes by helping to navigate and build resilience to threats that could disrupt operations, while clarifying strategic opportunities.

Risk management is also an organizational requirement under the Ontario Public Health Standards. It is the responsibility of boards of health to provide governance direction and oversight to risk management.

In January 2026, the Board of Health approved the 2026-2028 risk management plan. This is the first report presented to the Board of Health for information. Pursuant to the Accountability Agreement with the Ministry of Health for funding, this report will also be submitted to the Ministry of Health.

**Recommended Action:**

That the Board of Health for Public Health Sudbury & Districts:

1. **Receive for Information** the 2026 Risk Management Report (*data from January – August*), including the inherent and residual risk heat map

**Alternative Actions:** N/A

**Background:**

Risk management is a good governance practice that highlights threats to operations, assesses their probability and potential impact, and proactively plans to mitigate the set of risks which pose the greatest strategic risk, thereby bettering organizational outcomes and increasing organizational resilience. Risk management planning also surfaces strategic opportunities for the organization.

Risk management also is an organizational requirement under the Good Governance and Management Practices Domain in the Ontario Public Health Standards. The Board of Health is required to provide governance direction and oversight of risk management, delegating senior staff with the responsibility to monitor and respond to emerging issues and potential threats to the organization. Risk management is

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expected to include, among other issues, financial risks, human resource risks, security risks, technology risks, equity risks, and operational risks.

Organizational risk reports will be reviewed bi-annually by Senior Management with an annual reporting to be presented to the Board of Health each October. With the approval of the new 2026-2028 risk management plan in January 2026, the Board of Health is receiving its first annual risk management report in October 2026.

As part of the Board of Health’s Accountability Agreement with the Ministry of Health, a Risk Management report must be submitted to the Ministry of Health as part of the Quarter 3 Standards Activity Report, typically due at the end of October. The annual risk management report presented here will be the report submitted to the Ministry of Health.

**Risks and new reporting structure**

Through the identification of risks, a suite of current risks that the organization faces were identified and then rated in terms of anticipated impact and likelihood to the organization and the public’s health. These are the “**Inherent Risks**”.

Controls were developed for each risk, and the rating exercise was repeated to determine the anticipated impact and likelihood to the organization and the public’s health if all the identified controls were funded and fully implemented. The reduced risk profile resulting are the “**Residual Risks**”.

The 2026 risk management report introduces a revised reporting structure that distinguishes between the inherent, current, and residual risk ratings for each organizational risk. The inherent risk rating reflects the level of risk identified when the 2026–2028 Risk Management Plan was approved, while the residual risk rating represents the anticipated level of risk once all planned mitigation strategies and controls have been fully implemented. The newly introduced current risk rating provides a point-in-time assessment of the organization's present risk exposure and tracks progress toward the targeted residual risk state. As controls are implemented, the current risk rating is expected to shift along the continuum between the inherent and residual ratings. This enhanced approach provides the Board of Health with greater visibility into risk trends, the effectiveness of mitigation activities, and the organization's overall progress in managing strategic and operational risks.

Matrices of both the Inherent Risks and Control Risks are included as supplementary documentation.

**Controls**

There are many controls currently being implemented for each of the risks outlined in the 2026–2028 risk management plan and report. The controls noted in the plan include controls that are currently not underway but that Public Health desires to investing resources towards and implementing through the 2026–2028 cycle. The Board of Health will receive updates on the monitoring of how the controls are moving the risk rating from inherent risk rating to residual risk rating through the annual risk report. The following table outlines controls that are funded in 2026 budget and the controls not-yet implemented that will require funding in future budgets to operationalize.

| Controls funded in 2026 budget<br>(implementation is not yet complete for all) | Controls needing funding in future budgets |
|--------------------------------------------------------------------------------|--------------------------------------------|
|--------------------------------------------------------------------------------|--------------------------------------------|

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| <ul style="list-style-type: none"><li>• Strengthen advocacy by reorienting to demonstrate outcomes to government</li><li>• Realize operational efficiencies through investing in technology</li><li>• Maintain organizational financial reserves at or above the Ministry of Health’s recommended threshold of 7.5 weeks operating costs in order to be able to address emergency needs and leverage strategic opportunities</li><li>• Develop a skills matrix for Board of Health members by 2026 Board turnover</li><li>• Implement 2025 Human Resource Strategy (includes newcomer recruitment strategies)</li><li>• Invest in strengthening organizational culture and employee engagement, including psychological health and wellness*</li><li>• Institute a regular employee engagement survey to support data-driven responses to disengagement*</li><li>• Develop new recruitment and retention tactics, including partnering with post secondary institutions to develop employment pipelines</li><li>• Strengthen staff resilience to change with skill-building education*</li><li>• Increase staffing to deliver higher volume of proactive communications to the public (e.g. adding social media capacity)*</li><li>• Reorient communications to be swifter and more engaging (e.g. leveraging artificial intelligence, infusion of personality, empowering communicators to respond without higher level approvals)*</li><li>• Broaden communications channels/media (e.g. leverage opinion-editorials, video messages, and interactive engagements like ask-me-anything)*</li><li>• Increase use of attention-grabbing spokespeople, such as the Medical Officer of Health</li><li>• Implement 2025–2029 IT Roadmap, particularly the steps for strengthening cybersecurity posture</li><li>• Establish technology governance to allocate resources aligned with organizational benefit</li><li>• Establish information governance to provide oversight for the management of the agency’s information and data assets</li><li>• Staff training and documentation on how AI systems work and their limitations</li></ul> | <ul style="list-style-type: none"><li>• Add dedicated change management capacity and expertise to the organization*</li><li>• Increase skill of managers/executives in change leadership (e.g. training)*</li><li>• At initiation of major projects, ensure a project lead with dedicated time, change lead, and a dedicated budget sufficient for the project</li><li>• Invest in governance training after 2026 Board turnover</li><li>• Develop a continuous monitoring and auditing regimen</li><li>• Leverage alternate funding opportunities (e.g. Primary Care Expansion Funding, grant funding)</li></ul> |
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| <ul style="list-style-type: none"><li>• Allocate resources to support technology, including AI and true costs.</li><li>• Participate in Ontario Health Team’s Primary Care Council to engage the OHT and primary care providers to solve the problem</li><li>• Explore opportunities to leverage primary care funding opportunities to expand clinical care access for Public Health clients</li><li>• Foster a culture that is less hierarchical and rules-based, and more supportive of risk-taking and experimenting</li><li>• Enhance mechanisms for capturing partner feedback</li><li>• Reorient program planning to be outcome-oriented, prioritizing population outcomes over compliance with provincial standards*</li><li>• Strengthen the role of evidence in driving program planning decisions, both evidence of local need and evidence of effectiveness/outcome*</li><li>• Establish a mechanism to identify emerging needs in local communities so that Public Health can be prepared to respond proactively</li><li>• Implement learnings from evaluation of the 2020–2022 pandemic response, including updating the pandemic plan and emergency response plans*</li><li>• Advocate for provincial and federal implementation of lessons learned from the pandemic response</li><li>• Implement climate change mitigations within the organization</li><li>• Advocate to and collaborate with federal, provincial, and local authorities for climate change prevention and adaptation</li><li>• Advocate assertively and visibly on matters valued by local community</li><li>• Engage with First Nation communities to offer Public Health’s support if desired</li><li>• Advocate to federal and provincial authorities to address the gap in services</li><li>• Advocate for tariff exemptions on essential food imports.</li><li>• Proactively time purchases and subscription renewals to avoid tariffs where possible.</li><li>• Explore non-US suppliers for tariff-affected products</li><li>• Invest in more structured community engagement with dedicated coordinating capacity, defined outcomes,</li></ul> |  |
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| <p>and tracking of engagement along the IAP2 spectrum*</p> <ul style="list-style-type: none"><li>• Comprehensive training on privacy obligations as part of electronic medical record project, as well as roll-out of other technology tools and digitization processes</li><li>• Implementation of electronic privacy controls such as role-based restricted access, and regular auditing of use</li><li>• Training and skill-building of staff around working with more diverse populations (e.g. Unlearning &amp; Undoing project, cultural competence training, Honoring Voices Initiative)*</li><li>• Integration of health equity impact assessment into program planning as a periodic mandatory element, and regular review of the data collected for ongoing action*</li><li>• Regular characterization of the diversity of the Public Health workforce, and use of this data to inform recruitment efforts to better align with the population served.</li><li>• Balance planning interventions based on best practice and evidence to remove bias in our efforts, with assessment of the inherent bias within the evidence, and possibility it may not have included equity-seeking populations (e.g. using health equity impact assessment)</li><li>• Refresh technology regularly by proactively budgeting a refresh cycle</li></ul> |  |
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**Critical controls**

Critical controls have been identified where controls are in more than one risk thereby needing focused energy, resource allocations, and monitoring. Critical controls are noted with a \* in the table above.

**Financial Implications:**

Some controls within 2026 budget and others require funding in future budgets.

**Impacts on Strategic Priorities or Medium-Term Operational Priorities:**

The 2026 Risk Management Report supports achievement of Public Health Sudbury & Districts' Strategic Priorities and Medium-Term Operational Priorities by providing oversight of organizational risks, mitigation efforts, and changes in risk exposure. The report enables informed decision-making, supports proactive planning and resource allocation, and helps ensure risks that may affect service delivery, workforce sustainability, partnerships, equity, and organizational performance are monitored and addressed to support the achievement of strategic goals and desired population health outcomes.

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**Impacts on Risk Management Plan:**

The annual risk management report is a key component of the 2026–2028 Organizational Risk Management Plan, providing oversight of current risk levels, mitigation activities, and progress toward desired residual risk states. The report enables ongoing monitoring of the effectiveness of risk controls, supports accountability for risk mitigation actions, and informs future updates to the Risk Management Plan by identifying emerging risks, changing risk exposure, and areas requiring additional attention.

**Impacts on Fulfillment of the Ontario Public Health Standards:**

The 2026 Risk Management Report supports compliance with the Ontario Public Health Standards by providing a structured approach to identifying, assessing, monitoring, and mitigating organizational risks that may affect the agency’s ability to fulfill its mandate and deliver required public health programs and services. The report supports Board of Health oversight, informed decision-making, organizational accountability, and continuous improvement by regularly monitoring risk exposure and the effectiveness of mitigation strategies, helping to ensure the organization remains responsive, resilient, and able to meet its obligations under the Ontario Public Health Standards

**Author: Krista Galic, Manager, Quality & Monitoring**

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# 2026–2028 Organizational Risk Management Plan

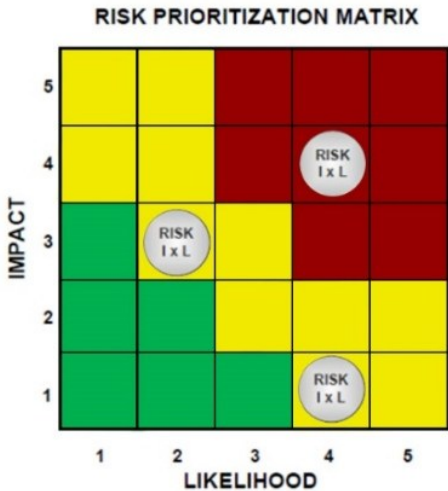
## January - August 2026 Report

### Organizational Risk Assessment

**Overall Objective:** To navigate the risks facing Public Health and proactively decide which risks it will accept and which it will mitigate in order to enable maximum improvement of the health and health equity for the communities we serve.

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

| Value | Likelihood (L)             | Impact (I)                                  | Scale     |
|-------|----------------------------|---------------------------------------------|-----------|
| 1     | Unlikely to occur          | Negligible                                  | Very low  |
| 2     | May occur occasionally     | Minor impact on time, cost or quality       | Low       |
| 3     | Is as likely not to occur  | Notable impact on time, cost or quality     | Medium    |
| 4     | Is likely to occur         | Substantial impact on time, cost or quality | High      |
| 5     | Is almost certain to occur | Threatens the success of the project        | Very High |



| Risk categories | Risk                                                                                                                                                                                                                                                            | Inherent risk rating | Current risk rating | Residual risk rating | Controls to implement in 2026–2028                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Report                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
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| 1.1 Financial   | Inability to fund levels of programming desired by the community or mandated by the provincial government, engage in fulsome community engagement, maintain reputation adequately, nor leverage strategic opportunities due to reduced availability of revenue. | L5 I5                | L5 I5               | L4 I5                | <ul style="list-style-type: none"> <li>Strengthen advocacy by reorienting to demonstrate outcomes to government</li> <li>Leverage alternate funding opportunities (e.g. Primary Care Expansion Funding, grant funding)</li> <li>Realize operational efficiencies through investing in technology</li> <li>Maintain organizational financial reserves at or above the Ministry of Health's recommended threshold of 7.5 weeks operating costs in order to be able to address emergency needs and leverage strategic opportunities</li> </ul> | <ul style="list-style-type: none"> <li>Developing outcome indicators with target to have an initial suite by end of Q3 or early Q4</li> <li>Will see to use indicators in Q3 and Q4 to make an advocacy case to government</li> <li>Strong adoption of CoPilot AI, with efficiencies being realized; larger scale AI and automation work progressing, but slower than hoped due to some challenges with implementation of foundational capabilities; expect larger scale AI and automation projects to be implemented in Q4 2026</li> <li>Launch of SharePoint online to establish foundations for AI enabled process improvements</li> <li>Application for an alternate payment plan arrangement to access OHIP funds to pay for some clinical services has been prepared. Timeline for approval may be very lengthy</li> <li>Aggregate of all reserves continue to meet Ministry recommended threshold of 7.5 weeks operating funds</li> <li>Submitted one-time funding requests to support</li> </ul> |

| Risk categories                 | Risk                                                                                                                                                               | Inherent risk rating | Current risk rating | Residual risk rating | Controls to implement in 2026–2028                                                                                                                                                                | Report                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
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|                                 |                                                                                                                                                                    |                      |                     |                      |                                                                                                                                                                                                   | <p>infrastructure renewal and other required projects to potentially reduce pressure on operating reserves</p> <ul style="list-style-type: none"> <li>• Began implementation of administrative review recommendations focused on improving organizational efficiency, clarifying processes, and optimizing use of resources</li> <li>• Reviewing costs of IT subscriptions to mitigate impacts of cost increases and identify potential savings</li> </ul> |
| 2.1 Governance / Organizational | Reduced quality of governance and strategic oversight, and ability to maintain high calibre of governance practices, due to changes to Board of Health membership. | L2 I3                | L2 I3               | L2 I2                | <ul style="list-style-type: none"> <li>• Develop a skills matrix for Board of Health members by 2026 Board turnover</li> <li>• Invest in governance training after 2026 Board turnover</li> </ul> | <ul style="list-style-type: none"> <li>• Skills matrix under development. Target for Board approval is September or October 2026. Goal will be to leverage skills matrix to guide Board appointments post-election</li> <li>• Work to be done to identify governance training for incoming Board in 2027: not yet begun</li> </ul>                                                                                                                         |

| Risk categories              | Risk                                                                                                                                                                                                                                                                                                                                                                                                                              | Inherent risk rating | Current risk rating | Residual risk rating | Controls to implement in 2026–2028                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Report                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
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| 3.1 People / Human Resources | Inability to staff programs and support services with enough employees, talent, and institutional history due to retention and recruitment challenges resulting from (a) stiff competition from external opportunities, and (b) hybrid work which requires on-site work limiting flexibility for employee, while also allowing off-site work that can increase disengagement, decreased connection, and diminished collaboration. | L4 I3                | L4 I3               | L3 I3                | <ul style="list-style-type: none"> <li>Implement 2025 Human Resource Strategy (includes newcomer recruitment strategies)</li> <li>Invest in strengthening organizational culture and employee engagement, including psychological health and wellness*</li> <li>Develop new recruitment and retention tactics, including partnering with post secondary institutions to develop employment pipelines</li> <li>Institute a regular employee engagement survey to support data-driven responses to disengagement*</li> </ul> | <ul style="list-style-type: none"> <li>Launch of the Human Resource Information System (HRIS) from the Human Resource Strategy and beginning to implement new modules that will support new employee experiences</li> <li>Updated and simplified several organizational policies to be more people centered</li> <li>Issued employee engagement survey and analyzing results to guide next steps and recommendations</li> <li>Workplace culture workgroup established a new vision and is issuing recommendations</li> <li>Several employee engagement activities and events offered to staff throughout 2026</li> </ul> |
| 3.2 People / Human Resources | Decreased staff engagement, productivity, and well-being due to staff experiencing change fatigue from ongoing organizational changes, as well as compounding personal and professional challenges.                                                                                                                                                                                                                               | L5 I4                | L5 I4               | L3 I3                | <ul style="list-style-type: none"> <li>Strengthen staff resilience to change with skill-building education*</li> <li>Invest in strengthening organizational culture and employee engagement, including psychological health and wellness*</li> <li>Add dedicated change management capacity and expertise to the organization*</li> </ul>                                                                                                                                                                                  | <ul style="list-style-type: none"> <li>Collected feedback from staff on the engagement survey to inform next steps</li> <li>Invested in professional services to support technology enhancements</li> <li>Internal Champion offered optional change management workshop to Managers</li> </ul>                                                                                                                                                                                                                                                                                                                           |

| Risk categories              | Risk                                                                                                                                                                                                                                               | Inherent risk rating | Current risk rating | Residual risk rating | Controls to implement in 2026–2028                                                                                                                                                                                                                                                                                                                                                                    | Report                                                                                                                                                                                                                                                                                                                                                                                      |
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|                              |                                                                                                                                                                                                                                                    |                      |                     |                      | <ul style="list-style-type: none"> <li>• Increase skill of managers/executives in change leadership (e.g. training)*</li> <li>• Institute a regular employee engagement survey to support data-driven responses to disengagement*</li> </ul>                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                             |
| 3.3 People / Human Resources | Delays in project completion, reduced quality of outcomes, and missed opportunities due to not having capacity to manage the multiple concurrent initiatives within the organization.                                                              | <b>L5 I4</b>         | <b>L4 I4</b>        | <b>L3 I3</b>         | <ul style="list-style-type: none"> <li>• Add dedicated project management &amp; change management capacity and expertise to the organization*</li> <li>• Increase skill of managers/executives in change leadership (e.g. training)*</li> <li>• At initiation of major projects, ensure a project lead with dedicated time, change lead, and a dedicated budget sufficient for the project</li> </ul> | <ul style="list-style-type: none"> <li>• Added temporary project management resources to support the EMR, SharePoint Online, and AI strategy projects</li> <li>• Invested in project management training for key staff</li> <li>• Established Technology Governance Committee to improve prioritization, oversight, and resource allocation across major technology initiatives.</li> </ul> |
| 4.1 Information / Knowledge  | Erosion of public trust of Public Health messaging, misinterpretation of information, and reputational damage due to communication practices that are not successful at breaking through a busy and misinformation-filled information environment. | <b>L5 I3</b>         | <b>L5 I3</b>        | <b>L4 I3</b>         | <ul style="list-style-type: none"> <li>• Increase staffing to deliver higher volume of proactive communications to the public (e.g. adding social media capacity)*</li> <li>• Reorient communications to be swifter and more engaging (e.g. leveraging artificial</li> </ul>                                                                                                                          | <ul style="list-style-type: none"> <li>• The Effective Public Health Practice and Communications teams are developing a strategy to strengthen Public Health's profile and position the agency as a credible, reputable, and trusted source of community health information. Options to measure and</li> </ul>                                                                              |

| Risk categories | Risk                                                                                              | Inherent risk rating | Current risk rating | Residual risk rating | Controls to implement in 2026–2028                                                                                                                                                                                                                                                                                                                                                                                   | Report                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
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|                 |                                                                                                   |                      |                     |                      | <p>intelligence, infusion of personality, empowering communicators to respond without higher level approvals)*</p> <ul style="list-style-type: none"> <li>• Broaden communications channels/media (e.g. leverage opinion-editorials, video messages, and interactive engagements like ask-me-anything)*</li> <li>• Increase use of attention-grabbing spokespeople, such as the Medical Officer of Health</li> </ul> | <p>monitor agency-related trust and reputation are also being explored.</p> <ul style="list-style-type: none"> <li>• Spokespeople continue to be supported to deliver clear, memorable, and succinct messaging in media interviews, helping Public Health break through a busy and misinformation-filled information environment.</li> <li>• Artificial intelligence is being used to accelerate and improve key message development, supporting swifter and more engaging communications on current public health issues.</li> <li>• Program teams are being encouraged, through Communications consultations, to develop engaging video content for the agency’s social media channels to support timely and accessible public health messaging.</li> <li>• Video editing training has been provided to the Communications program assistant, strengthening team capacity to produce timely social media content.</li> </ul> <p>A risk-based approach to communications approvals is helping streamline lower-risk communications while maintaining appropriate oversight for higher-risk items.</p> |
| 5.1 Technology  | Operational downtime, and compromise of sensitive data and resulting harm to reputation and trust | L4 I4                | L4 I4               | L2 I4                | <ul style="list-style-type: none"> <li>• Implement 2025–2029 IT Roadmap, particularly the</li> </ul>                                                                                                                                                                                                                                                                                                                 | <ul style="list-style-type: none"> <li>• Successfully implemented Teams Phone, replacing aging telephony infrastructure with a</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |

| Risk categories | Risk                                                                                                                                                                                                                                                                                | Inherent risk rating | Current risk rating | Residual risk rating | Controls to implement in 2026–2028                                                                                                                                                                                                                                        | Report                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
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|                 | due to IT infrastructure that is outdated, unreliable, vulnerable to security threats, or at risk of outages.                                                                                                                                                                       |                      |                     |                      | steps for strengthening cybersecurity posture <ul style="list-style-type: none"> <li>Refresh technology regularly by proactively budgeting a refresh cycle</li> </ul>                                                                                                     | modern cloud-based communications platform <ul style="list-style-type: none"> <li>Continued migration from legacy SharePoint infrastructure to SharePoint Online, reducing reliance on unsupported technology and improving reliability, security, and collaboration capabilities</li> <li>Expanded adoption of Microsoft 365 capabilities, including Teams, SharePoint Online, and Copilot, to strengthen productivity, collaboration, and cybersecurity</li> <li>Advanced cybersecurity initiatives identified in the IT Roadmap, including modernization of platforms, governance improvements, and security-focused technology investments</li> </ul> |
| 5.2 Technology  | Reputational damage, operational disruptions, harm to equity, and inefficient use of staff time due to deploying AI solutions without adequate training, change management, governance, or understanding of system limitations, societal costs, or privacy and equity implications. | L3 I3                | L3 I3               | L1 I2                | <ul style="list-style-type: none"> <li>Establish technology governance to allocate resources aligned with organizational benefit</li> <li>Establish information governance to provide oversight for the management of the agency's information and data assets</li> </ul> | <ul style="list-style-type: none"> <li>Hired a temporary project manager to support the rollout of AI</li> <li>Developed education sessions and resources related to use of safe use of AI (co-pilot resource portal available to all staff)</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                   |

| Risk categories                    | Risk                                                                                                                                                                                                                                                                         | Inherent risk rating | Current risk rating | Residual risk rating | Controls to implement in 2026–2028                                                                                                                                                                                                                                                                                   | Report                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
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|                                    |                                                                                                                                                                                                                                                                              |                      |                     |                      | <ul style="list-style-type: none"> <li>Staff training and documentation on how AI systems work and their limitations and true costs</li> <li>Develop a continuous monitoring and auditing regimen</li> <li>Allocate resources to support technology, including AI</li> </ul>                                         | <ul style="list-style-type: none"> <li>Re-written the AI policy to have a focus on ethical and responsible use</li> <li>Established the Ethical and Responsible Use of AI Committee</li> <li>Established Information Governance Committee to co-develop and support implementation of an agency information governance strategy.</li> </ul>                                                                                                                                                              |
| 6.1 Legal / Compliance             | N/A                                                                                                                                                                                                                                                                          | N/A                  | N/A                 | N/A                  | N/A                                                                                                                                                                                                                                                                                                                  | N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 7.1 Service Delivery / Operational | Lack of available services, reduced continuity of care, and poorer health for Public Health clients due to the absence of a sector taking accountability to lead key aspects of clinical care ( <i>specific to clinical areas that overlap with primary care mandates</i> ). | L5 I5                | L5 I5               | L5 I4                | <ul style="list-style-type: none"> <li>Participate in Ontario Health Team's Primary Care Council to engage the OHT and primary care providers to solve the problem</li> <li>Explore opportunities to leverage primary care funding opportunities to expand clinical care access for Public Health clients</li> </ul> | <ul style="list-style-type: none"> <li>Member of the OHP Primary Care Council and actively offering to support collaborative delivery of primary care in funding applications; at present, the OHT has not been interested in leveraging Public Health as a delivery partner in funding applications.</li> <li>Application for an alternate payment plan arrangement to access non-OHIP funds to pay for some clinical services has been prepared. Timeline for approval may be very lengthy.</li> </ul> |

| Risk categories                    | Risk                                                                                                                                                            | Inherent risk rating | Current risk rating | Residual risk rating | Controls to implement in 2026–2028                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Report                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
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| 7.2 Service Delivery / Operational | Missed opportunities, partner dissatisfaction, and failure to adapt to changing environments due to the organization's slow pace of change and limited agility. | L4 I4                | L4 I4               | L2 I3                | <ul style="list-style-type: none"> <li>Strengthen staff resilience to change with skill-building education*</li> <li>Invest in strengthening organizational culture and employee engagement, including psychological health and wellness, in order to support staff through the difficulties of change*</li> <li>Add dedicated change management capacity and expertise to the organization*</li> <li>Increase skill of managers/executives in change leadership (e.g. training)*</li> <li>Foster a culture that is less hierarchical and rules-based, and more supportive of risk-taking and experimenting</li> <li>Enhance mechanisms for capturing partner feedback</li> </ul> | <ul style="list-style-type: none"> <li>Staff development opportunities continue to build readiness for change. Informal learning, such as Practice in Focus, and coordinated training, including Copilot sessions, help staff strengthen skills, adopt new tools, and respond more effectively to changing public health environments.</li> <li>Planning is underway for Staff Day in the fall, with a focus on connection, collaboration, respect, and strengths in action to support relationships and resilience during change.</li> <li>Organizational culture and psychological health and wellness remain active areas of investment.</li> <li>Dedicated staff time supports participation in internal committees and cross-agency culture efforts, including Workplace Culture Stewardship Group engagement activities and Psychological Health and Wellness Committee wellness initiatives.</li> <li>The Workforce Engagement Survey was distributed through</li> </ul> |

| Risk categories | Risk | Inherent risk rating | Current risk rating | Residual risk rating | Controls to implement in 2026–2028 | Report                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
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|                 |      |                      |                     |                      |                                    | <p>Metrics@Work in the spring to better understand employee engagement and identify opportunities to strengthen the conditions that support adaptability and change. Results are being reviewed and used to inform action items in priority areas identified by the results.</p> <ul style="list-style-type: none"><li>• Change management capacity is being strengthened. Two staff members have been certified as Prosci Change Practitioners and shared key learnings through a management community of practice. Additional Prosci training opportunities for managers are being explored for the second half of the year.</li><li>• Culture and leadership initiatives continue to support more agile ways of working, including efforts to reduce unnecessary rules and barriers, encourage progress over perfection, and create space for innovation and experimentation.</li><li>• The Client Satisfaction Survey remains one source of input for partner feedback with</li></ul> |

| Risk categories                    | Risk                                                                                                                                                                            | Inherent risk rating | Current risk rating | Residual risk rating | Controls to implement in 2026–2028                                                                                                                                                                                                                                                                                                                                                                    | Report                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
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|                                    |                                                                                                                                                                                 |                      |                     |                      |                                                                                                                                                                                                                                                                                                                                                                                                       | <p>additional methods being planned through the Community and Partner Engagement Strategy.</p> <ul style="list-style-type: none"> <li>• A new Foundational Standard Specialist position was created and filled (in Q2) to help lead and coordinate community and partner engagement across the agency.</li> <li>• Existing partnerships and collaborative structures continue to provide opportunities for regular engagement, strengthening relationships, and improving our ability to respond to emerging needs and opportunities.</li> </ul> |
| 7.3 Service Delivery / Operational | Limited community health impact and failure to meet the population's needs due to the organization not designing nor effectively delivering the right programs and initiatives. | <b>L3 I5</b>         | <b>L3 I5</b>        | <b>L2 I5</b>         | <ul style="list-style-type: none"> <li>• Reorient program planning to be outcome-oriented, prioritizing population outcomes over compliance with provincial standards*</li> <li>• Strengthen the role of evidence in driving program planning decisions, both evidence of local need and evidence of effectiveness/outcome*</li> <li>• Establish a mechanism to identify emerging needs in</li> </ul> | <ul style="list-style-type: none"> <li>• End of Q1 and early Q2, conducted a formal debrief of the program planning process. Findings are informing updates to planning expectations, timelines, and process.</li> <li>• In Q2, implemented redesigned program planning approach that shifts focus from plan completion to outcome-focused planning, with increased emphasis on population</li> </ul>                                                                                                                                            |

| Risk categories                    | Risk                                                                                                                      | Inherent risk rating | Current risk rating | Residual risk rating | Controls to implement in 2026–2028                                                                                                                                  | Report                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
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|                                    |                                                                                                                           |                      |                     |                      | local communities so that Public Health can be prepared to respond proactively                                                                                      | <p>outcomes, outcome indicators, and evidence of effectiveness.</p> <ul style="list-style-type: none"> <li>Hosted agency-wide collaborative program planning sessions in June to identify shared outcomes, coordinate recommendations, reduce silos, and support collective impact across programs and divisions.</li> <li>Program development and implementation continues to be informed by Population health data, community feedback, research evidence, and political context. Teams document emerging needs in evidence repositories as information arises.</li> <li>Partner mapping and engagement approaches are being planned as part of agency-wide community and partner engagement efforts.</li> </ul> |
| 7.4 Service Delivery / Operational | Inability to demonstrate impact or drive continuous improvement due to not effectively measuring and evaluating outcomes. | <b>L4 I5</b>         | <b>L4 I5</b>        | <b>L2 I5</b>         | <ul style="list-style-type: none"> <li>Reorient program planning to be outcome-oriented*, having clear measures of population outcomes that are tracked*</li> </ul> | <ul style="list-style-type: none"> <li>Outcome goals were identified in Q1 2026 to support clearer assessment of program impact.</li> <li>The program planning cycle launched in Q2 2026 with a stronger focus on using planning to achieve and demonstrate</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                             |

| Risk categories      | Risk                                                                                                                                                                                                                 | Inherent risk rating | Current risk rating | Residual risk rating | Controls to implement in 2026–2028                                                                                                                                                                                                                                                                         | Report                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
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|                      |                                                                                                                                                                                                                      |                      |                     |                      |                                                                                                                                                                                                                                                                                                            | <p>outcomes, rather than solely completing plans.</p> <ul style="list-style-type: none"> <li>• Program planning is being reoriented to ground objectives, interventions, and monitoring in outcome goals.</li> <li>• Prompts were added to the online planning tool to support identification and monitoring of outcomes at the program and intervention level.</li> <li>• Outcome indicators are under development, with an initial suite targeted for completion by the end of Q3 or early Q4 2026.</li> <li>• 2027 planning priorities emphasize outcome-focused objectives, outcome indicators, and stronger evidence of effectiveness..</li> </ul> |
| 8.1<br>Environmental | Strain on public health infrastructure, delayed or suspended non-pandemic services, and long-term community health impacts due to a new pandemic that significantly increases demands on Public Health for response. | <b>L2 I4</b>         | <b>L2 I4</b>        | <b>L2 I4</b>         | <ul style="list-style-type: none"> <li>• Implement learnings from evaluation of the 2020–2022 pandemic response, including updating the pandemic plan and emergency response plans*</li> <li>• Advocate for provincial and federal implementation of lessons learned from the pandemic response</li> </ul> | <ul style="list-style-type: none"> <li>• Annual review and update of emergency response plans</li> <li>• Annual testing of emergency response plans as part of exercise or response with debrief to inform improvements for future response.</li> <li>• Learning and training for staff and/or leadership includes:</li> </ul>                                                                                                                                                                                                                                                                                                                          |

| Risk categories | Risk | Inherent risk rating | Current risk rating | Residual risk rating | Controls to implement in 2026–2028 | Report                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
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|                 |      |                      |                     |                      |                                    | <ul style="list-style-type: none"><li>○ workplace orientation for new staff members.</li><li>○ knowledge of foundational emergency management and public health legislations and frameworks, including key concepts governing health equity (e.g., social determinants of health), mental health promotion, healthy environments (e.g., climate change impacts), population health, and IMS concepts.</li><li>○ 24/7 notification protocols, or crisis/risk communications for appropriate staff and leadership.</li><li>○ cross training of staff in key emergency response roles.</li><li>● All staff are required to take a standardized orientation and review annually Emergency Management background and procedures for PHSD. PHSD has an annual review of Emergency Preparedness/ response with the Board of</li></ul> |

| Risk categories      | Risk                                                                                                                                                                                                                      | Inherent risk rating | Current risk rating | Residual risk rating | Controls to implement in 2026–2028                                                                                                                                                                                                                                                                                                                                                                   | Report                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
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|                      |                                                                                                                                                                                                                           |                      |                     |                      |                                                                                                                                                                                                                                                                                                                                                                                                      | Health. Key staff participate in Emergency Management Ontario's courses, including Basic Emergency Management course based on local availability (IMS 200/300, scribe).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 8.2<br>Environmental | Disruptions to service delivery and worsening of inequitable health outcomes due to climate change impacts such as heatwaves, poor air quality, and vector-borne diseases, particularly affecting vulnerable populations. | L5 I2                | L5 I2               | L5 I2                | <ul style="list-style-type: none"> <li>Implement learnings from evaluation of the 2020-2022 pandemic response, including updating the pandemic plan and emergency response plans*</li> <li>Implement climate change mitigations within the organization</li> <li>Advocate to and collaborate with federal, provincial, and local authorities for climate change prevention and adaptation</li> </ul> | <ul style="list-style-type: none"> <li>Annual review and update of emergency response plans</li> <li>Annual testing of emergency response plans as part of exercise or response with debrief to inform improvements for future response.</li> <li>Ongoing collaboration with local municipalities and other key partners in preparation and response (emergency management meetings, table-top exercises, planning and response to potential health hazards including extreme heat, adverse air quality due to wildfire, flood).</li> <li>Response activities are targeted to address risks for those with lower adaptive capacity to protect themselves, such as people living on low-income and unhoused, including discussions about using existing municipal</li> </ul> |

| Risk categories | Risk                                                                                                                                                                                     | Inherent risk rating | Current risk rating | Residual risk rating | Controls to implement in 2026–2028                                                                                                                                                                                                                                 | Report                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
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|                 |                                                                                                                                                                                          |                      |                     |                      |                                                                                                                                                                                                                                                                    | <p>buildings for shelter for people experiencing homelessness, and also emergency response, heat and air quality shelters.</p> <ul style="list-style-type: none"> <li>• Ongoing communication with the public and agency partners in response to potential health hazards</li> <li>• Overall result is more informed and coordinated emergency preparedness and response to reduce risks and protect community health.</li> </ul>                                                                                            |
| 9.1 Political   | Disruption to public health programs and misalignment of strategy due to changes in the political system that shift priorities, restructure governance, or alter public health mandates. | <b>L2 I4</b>         | <b>L2 I4</b>        | <b>L2 I3</b>         | <ul style="list-style-type: none"> <li>• Reorient program planning to be outcome-oriented*, prioritizing population outcomes over compliance with provincial standards*</li> <li>• Strengthen staff resilience to change with skill-building education*</li> </ul> | <ul style="list-style-type: none"> <li>• Outcome goals were identified in Q1 2026 and are being used to help anchor planning in population outcomes rather than compliance alone.</li> <li>• An initial suite of outcome indicators is under development, with a target of completion by the end of Q3 or early Q4 2026.</li> <li>• The new program planning cycle, launched in Q2 2026, is being grounded in the outcome goals while continuing to consider population health data, community feedback, research</li> </ul> |

| Risk categories | Risk                                                                                                                                                                                                                                                                                                                                                           | Inherent risk rating | Current risk rating | Residual risk rating | Controls to implement in 2026–2028                                                                                                                                                                                                                                                                                                                                                                                                                                          | Report                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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|                 |                                                                                                                                                                                                                                                                                                                                                                |                      |                     |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <p>evidence, and the evolving political context.</p> <ul style="list-style-type: none"> <li>Planning staff and managers are actively shaping program recommendations through the planning process, supporting early buy-in and readiness to adapt should priorities, governance, or mandates shift.</li> <li>PROSCI change management training is being planned for managers in the fall to strengthen their capacity to support teams through change and build organizational resilience.</li> </ul> |
| 9.2 Political   | Decreased public engagement and trust, reduced health outcomes, and challenges in attracting and retaining skilled professionals due to a decline in the reputation of the public health sector driven by misalignment with community values, inconsistent messaging, lack of transparency, and politicization of public health decisions made by governments. | <b>L2 I4</b>         | <b>L2 I4</b>        | <b>L2 I3</b>         | <ul style="list-style-type: none"> <li>Strengthen the role of evidence in driving program planning decisions, both evidence of local need and evidence of effectiveness/outcome*</li> <li>Increase staffing to deliver higher volume of proactive communications to the public (e.g. adding social media capacity), including messaging that delivers transparency*</li> <li>Reorient communications to be swifter and more engaging (e.g. leveraging artificial</li> </ul> | <ul style="list-style-type: none"> <li>The new program planning cycle launched in Q2 2026 and requires plans submitted in Q3 and Q4 to explicitly identify evidence of effectiveness and agency-wide implications of proposed interventions.</li> <li>A Foundational Standard Specialist dedicated to community and partner engagement has been recruited to support stronger engagement with communities and partners.</li> <li>A multi-year plan is being developed to improve the</li> </ul>       |

| Risk categories | Risk | Inherent risk rating | Current risk rating | Residual risk rating | Controls to implement in 2026–2028                                                                                                                                                                                                                                                                                                                                                             | Report                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
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|                 |      |                      |                     |                      | <p>intelligence, infusion of personality, empowering communicators to respond without higher level approvals)*</p> <ul style="list-style-type: none"> <li>• Broaden communications channels/media including tactics that promote transparency (e.g. interactive engagements like ask-me-anything)*</li> <li>• Advocate assertively and visibly on matters valued by local community</li> </ul> | <p>agency's profile and strengthen how partners, communities, staff, funders, and decision-makers understand PHSD's role, value, and impact.</p> <ul style="list-style-type: none"> <li>• Work to strengthen communications capacity has been delayed while the new website is finalized with the vendor. Once launched, efforts will focus on improving social media presence, agency profile, and public-facing transparency.</li> <li>• Comprehensive Health Promotion staff have been reoriented to increase digital engagement for Health Promotion and Vaccine Preventable Diseases Division (HPVPD) through more engaging and responsive content.</li> <li>• A municipal election campaign was developed and will be launched in the fall launched using videos, social media, web content, and media relations to strengthen public health advocacy, raise awareness of how municipal decisions affect community health, and reinforce</li> </ul> |

| Risk categories | Risk                                                                                                                                                                                                                                                                                                                | Inherent risk rating | Current risk rating | Residual risk rating | Controls to implement in 2026–2028                                                                                                                                                                                                                                         | Report                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
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|                 |                                                                                                                                                                                                                                                                                                                     |                      |                     |                      |                                                                                                                                                                                                                                                                            | the role of public health in creating healthy communities.                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 9.3 Political   | Inequitable delivery of Public Health services and reduced trust in public health systems due to jurisdictional ambiguity between federal, provincial, and First Nation authorities regarding service delivery to First Nation communities.                                                                         | L5 I4                | L5 I4               | L5 I3                | <ul style="list-style-type: none"> <li>Engage with First Nation communities to offer Public Health's support if desired</li> <li>Advocate to federal and provincial authorities to address the gap in services</li> </ul>                                                  | <ul style="list-style-type: none"> <li>Engagement with First Nation communities to offer Public Health's support if desired has begun. One community has passed a BCR supporting Public Health to provide case and contact tracing.</li> <li>Advocacy to federal and provincial authorities to address the gap in services has begun.</li> </ul>                                                                                                                                                                                |
| 9.4 Political   | Increased costs, impacted quality and equity of care, and poorer health outcomes for Public Health clients due to imposition of tariffs on imported items which further strain budgets, and reduces access to necessities of daily living, like nutritious food, which particularly affects vulnerable populations. | L4 I3                | L4 I3               | L4 I3                | <ul style="list-style-type: none"> <li>Advocate for tariff exemptions on essential food imports.</li> <li>Proactively time purchases and subscription renewals to avoid tariffs where possible.</li> <li>Explore non-US suppliers for tariff-affected products.</li> </ul> | <ul style="list-style-type: none"> <li>Advocated for income-based measures to reduce the impacts of tariff-related food insecurity through the Board of Health, with follow-up correspondence to the provincial and federal governments, local municipalities and other key partners. The motion was also referenced/endorsed by the MSDSB and the Municipality of Killarney.</li> <li>Supported knowledge exchange with key collaborators including the Ontario Living Wage Network, Public Health Ontario, Ontario</li> </ul> |

| Risk categories                      | Risk                                                                                                                                        | Inherent risk rating | Current risk rating | Residual risk rating | Controls to implement in 2026–2028                                                                                                                                                                                                                                                                              | Report                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
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|                                      |                                                                                                                                             |                      |                     |                      |                                                                                                                                                                                                                                                                                                                 | <p>Dietitians in Public Health and the Greater Sudbury Food Policy Council.</p> <ul style="list-style-type: none"> <li>Strengthened organizational capacity to address the Social Determinants of Health by establishing a income/poverty focus area with dedicated staff and identified cross-cutting work with food insecurity, housing, and Intimate Partner Violence focus areas, and the Health Equity Team. Priority setting and the development of outcome measures is underway.</li> <li>The purchase of locally grown food is encouraged in the internal GAM policy and procedure, Selection and Procurement of Foods and Beverages for all Public Health Sponsored Functions.</li> </ul> |
| 10.1 Stakeholder / Public Perception | Reduced collaboration and engagement, and reduced health outcomes due to failing to demonstrate value among partners and local communities. | <b>L5 I4</b>         | <b>L5 I4</b>        | <b>L3 I3</b>         | <ul style="list-style-type: none"> <li>Reorient program planning to be outcome-oriented, having clear measures of population outcomes that are tracked*</li> <li>Increase staffing to deliver higher volume of proactive communications to the public (e.g. adding social media capacity), including</li> </ul> | <ul style="list-style-type: none"> <li>Outcome goals were identified in Q1 2026, and an initial suite of outcome indicators is being developed for completion by the end of Q3 or early Q4 2026.</li> <li>A tracking mechanism is being developed for monthly metrics related to new engagement initiatives, alongside continued tracking of movement along the</li> </ul>                                                                                                                                                                                                                                                                                                                         |

| Risk categories | Risk | Inherent risk rating | Current risk rating | Residual risk rating | Controls to implement in 2026–2028                                                                                                                                                                                                                                                                                                                                                                            | Report                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
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|                 |      |                      |                     |                      | <p>messaging that delivers transparency*</p> <ul style="list-style-type: none"> <li>• Broaden communications channels/media including tactics that promote transparency (e.g. interactive engagements like ask-me-anything)*</li> <li>• Invest in more structured community engagement with dedicated coordinating capacity, defined outcomes, and tracking of engagement along the IAP2 spectrum*</li> </ul> | <p>IAP2 engagement spectrum through Accountability Monitoring Plan Strategic Priority Performance Measure 2.4.</p> <ul style="list-style-type: none"> <li>• Work is underway to diversify communication methods by leveraging staff skills and exploring more proactive and transparent ways to engage clinicians, partners, and community members.</li> <li>• A Foundational Standard Specialist dedicated to community and partner engagement has been recruited to support more structured, coordinated engagement across the agency.</li> <li>• Development of an agency-wide Community and Partner Engagement Strategy is underway, with a strategy outline expected by the end of Q3.</li> <li>• A municipal engagement strategy and logic model outlining key activities and outcomes has been finalized and shared with planning staff.</li> <li>• Development of a clinician engagement strategy is underway to strengthen structured and coordinated collaboration and communication</li> </ul> |

| Risk categories         | Risk                                                                                                                                                                                                                           | Inherent risk rating | Current risk rating | Residual risk rating | Controls to implement in 2026–2028                                                                                                                                                                                                                                                                                                                                                                                           | Report                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
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|                         |                                                                                                                                                                                                                                |                      |                     |                      |                                                                                                                                                                                                                                                                                                                                                                                                                              | with clinicians, with launch of an externally facing Clinician Advisory Committee expected in Q4.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 11.1 Strategic / Policy | N/A                                                                                                                                                                                                                            | N/A                  | N/A                 | N/A                  | N/A                                                                                                                                                                                                                                                                                                                                                                                                                          | N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 12.1 Security           | Increased health and safety incidents, reduced quality of service delivery, and potential non-compliance with regulatory standards due to staff working in uncontrolled environments outside of PHSD-controlled settings.      | L1 I2                | L1 I2               | L1 I2                | <ul style="list-style-type: none"> <li>No mitigations, not yet implemented, identified</li> </ul>                                                                                                                                                                                                                                                                                                                            | <ul style="list-style-type: none"> <li>Continue to monitor health and safety incidents</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 13.1 Privacy            | Compromise of patient confidentiality, regulatory non-compliance, and erosion of public trust due to privacy breaches within Public Health's IT assets as data is increasingly digitized e.g. Electronic Medical Record system | L4 I2                | L4 I2               | L2 I2                | <ul style="list-style-type: none"> <li>Comprehensive training on privacy obligations as part of electronic medical record project, as well as roll-out of other technology tools and digitization processes</li> <li>Implementation of electronic privacy controls such as role-based restricted access, and regular auditing of use</li> <li>Review privacy breach process to reduce impact when a breach occurs</li> </ul> | <ul style="list-style-type: none"> <li>Build awareness and increased staff communication related to privacy breaches or acceptable use</li> <li>Implemented privacy training as part of the EMR rollout</li> <li>Repurposed vacant FTE to have a greater focus on privacy</li> <li>Implemented role based access permissions for EMR</li> <li>New process for documenting privacy breaches specific to EMR (accidental access)</li> <li>Reinforcing direction for privacy impact assessments to take place at project initiation</li> <li>SharePoint Online implementation strengthens information governance,</li> </ul> |

| Risk categories | Risk                                                                                                                                           | Inherent risk rating | Current risk rating | Residual risk rating | Controls to implement in 2026–2028                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Report                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
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|                 |                                                                                                                                                |                      |                     |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | auditability, retention practices, access controls, and privacy reporting                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 14.1 Equity     | Reduced effectiveness of programs and unmet community needs due to failing at timely adaptation to changing demographics within the community. | L5 I3                | L4 I3               | L4 I2                | <ul style="list-style-type: none"> <li>• Training and skill-building of staff around working with more diverse populations (e.g. Unlearning &amp; Undoing project, cultural competence training, Honoring Voices Initiative)*</li> <li>• Integration of health equity impact assessment into program planning as a periodic mandatory element, and regular review of the data collected for ongoing action*</li> <li>• Invest in more structured community engagement with dedicated coordinating capacity, defined outcomes, and tracking of engagement along the IAP2 spectrum, with specific engagement of groups representing equity-seeking populations*</li> </ul> | <ul style="list-style-type: none"> <li>• Staff participating in the voluntary Unlearning Club are now more than half way through. They are seeing things they did not see before and are looking for opportunities to further unpack their learning into concrete action. But this is only in the early stages. Provisions are also in place to offer catch up cultural competency training (Indigenous specific) for those that missed.</li> <li>• Some training and skill-building has occurred in the first half of 2026 to support staff in being more culturally responsive to changing demographics in our community. This included a two-module Anti-Racist, Anti-Oppressive (ARAO) practice training program, with approximately 100 staff participating in at least one of the two modules. Subsequent debrief sessions were held with approximately 27 staff to further support application to practice.</li> <li>• In early 2026, the agency published and socialized an <a href="#">Infographic</a> summarizing insights, promising practices, and opportunities to</li> </ul> |

| Risk categories | Risk                                                                                                                                                                                  | Inherent risk rating | Current risk rating | Residual risk rating | Controls to implement in 2026–2028                                                                                                                                   | Report                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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|                 |                                                                                                                                                                                       |                      |                     |                      |                                                                                                                                                                      | <p>strengthen equity-oriented program planning following capacity building sessions held in 2025.</p> <ul style="list-style-type: none"> <li>• In March, a learning session on Black Leadership in public health practice with emphasis meaningful engagement with members of the Black community and advancing culturally responsive public health practices including policy influence at the local level was held for staff.</li> <li>• Staff are also equipped with a Health Equity Checklists to support the assessment of whether programs and interventions factor in multiple facets of health equity in program planning.</li> <li>• In the spring, Public Health began the implementation of professional interpretation services to improve equitable access to programs and services for clients who prefer to communicate in a language other than English (or French if no French speaking staff are available), or who require American Sign Language (ASL). The service is intended to reduce language barriers, support informed decision-making, improve cultural safety, and strengthen accessibility.</li> </ul> |
| 14.2 Equity     | Worsening health inequities and outcomes as well as reduced trust and engagement in the public health system, particularly among marginalized populations, due to systemic racism and | <b>L5 I4</b>         | <b>L4 I3</b>        | <b>L4 I3</b>         | <ul style="list-style-type: none"> <li>• Training and skill-building of staff around working with more diverse populations (e.g. Unlearning &amp; Undoing</li> </ul> | <ul style="list-style-type: none"> <li>• Staff participating in the voluntary Unlearning Club are now more than half way through. They are seeing things they did not see before and are looking for opportunities to further unpack their</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

| Risk categories | Risk                                                                               | Inherent risk rating | Current risk rating | Residual risk rating | Controls to implement in 2026–2028                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Report                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
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|                 | barriers that bias to inequitable delivery of Public Health programs and services. |                      |                     |                      | <p>project, cultural competence training)*</p> <ul style="list-style-type: none"> <li>• Integration of health equity impact assessment into program planning as a periodic mandatory element, and regular review of the data collected for ongoing action*</li> <li>• Invest in more structured community engagement with dedicated coordinating capacity, defined outcomes, and tracking of engagement along the IAP2 spectrum, with specific engagement of groups representing equity-seeking populations*</li> <li>• Provide accessible, culturally safe channels for community feedback, complaints, and reporting*</li> </ul> | <p>learning into concrete action. But this is only in the early stages. Provisions are also in place to offer catch up cultural competency training (Indigenous specific) for those that missed. Building deeper relationships with communities to learn what their needs are and communities identifying how we might best support them, is also happening.</p> <ul style="list-style-type: none"> <li>• Ongoing training and skill-building around working with more diverse populations has taken place (as noted above in 14.1).</li> <li>• To increase accessibility of services and build trust, a number of efforts have been made to socialize the Public Health Services Guide for Newcomers with newcomer serving service partners, thus increasing awareness of the services we provide, supporting relationship building</li> <li>• Through its shared leadership of the Community Drug Strategy, and in collaboration with those with lived and living experience, Public Health has contributed to efforts to reduce substance-related harms through partnership, coordinated care, stigma reduction, equitable access, decolonizing practices, and improved service pathways. The strategy explicitly seeks to improve health and well-being while addressing barriers faced by Indigenous, Black, Brown, racialized, and other equity-denied populations. This work continues to evolve.</li> </ul> |

| Risk categories | Risk                                                                                                                                                                                | Inherent risk rating | Current risk rating | Residual risk rating | Controls to implement in 2026–2028                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Report                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
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| 14.3 Equity     | Reduced community trust and missed opportunities for inclusive engagement due to a workforce that is not reflective of the diversity of the local communities Public Health serves. | L4 I3                | L4 I3               | L3 I3                | <ul style="list-style-type: none"> <li>Regular characterization of the diversity of the Public Health workforce, and use of this data to inform recruitment efforts to better align with the population served.</li> <li>Training and skill-building of staff around working with more diverse populations (e.g. Unlearning &amp; Undoing project, cultural competence training)*</li> <li>Balance planning interventions based on best practice and evidence to remove bias in our efforts, with assessment of the inherent bias within the evidence, and possibility it may not have included equity-seeking populations (e.g. using health equity impact assessment)</li> <li>Invest in more structured community engagement with dedicated coordinating capacity, defined outcomes, and tracking of engagement along the IAP2 spectrum, with specific engagement of groups representing equity-seeking populations*</li> </ul> | <ul style="list-style-type: none"> <li>The Employee Engagement Survey collected demographic information to better characterize the diversity of Public Health’s workforce and inform recruitment efforts that better align with the population served. Further, the socio-demographic data collection project continues to advance and will support a clearer understanding of who is being served, where inequities exist, and how planning, service delivery, and resource allocation can be strengthened.</li> <li>Staff training and skill-building opportunities in Q1 and Q2 included <i>Anti-racism and anti-oppression in public health: moving from reflection to action</i>, continuation of the Unlearning Club, and an additional Unlearning Club opportunity occurred in the summer.</li> <li>The Research Ethics Review Committee continues to help mitigate bias in evidence-generating projects by requiring applicants to consider impacts on equity-seeking populations, potential risks of harm or stigma, and privacy and data-use considerations.</li> <li>Programs applied the Health Equity Checklist during planning to identify potential biases, consider impacts on equity-seeking populations, and strengthen the equitable application of</li> </ul> |

| Risk categories | Risk | Inherent risk rating | Current risk rating | Residual risk rating | Controls to implement in 2026–2028 | Report                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
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|                 |      |                      |                     |                      |                                    | <p>evidence-informed practices, with individualized consultation and support from the Health Equity Team available upon request.</p> <ul style="list-style-type: none"><li>• Engagement strategies are being implemented and further developed to strengthen relationships with priority populations and support meaningful participation in planning and decision-making, including ongoing Indigenous engagement and early development of the Honouring Voices Initiative, Community and Partner Engagement Strategy, and Newcomer Engagement Strategy.</li></ul> |

# Controls

| Risk categories                 | Controls to implement in 2026–2028                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Critical controls                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
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| 1.1 Financial                   | <ul style="list-style-type: none"> <li>Strengthen advocacy by reorienting to demonstrate outcomes to government</li> <li>Leverage alternate funding opportunities (e.g. Primary Care expansion funding, grant funding)</li> <li>Realize operational efficiencies through investing in technology</li> <li>Maintain organizational financial reserves at or above the Ministry of Health's recommended threshold of 7.5 weeks operating costs in order to be able to address emergency needs and leverage strategic opportunities</li> </ul> | N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 2.1 Governance / Organizational | <ul style="list-style-type: none"> <li>Develop a skills matrix for Board of Health members by 2026 Board turnover</li> <li>Invest in governance training after 2026 Board turnover</li> </ul>                                                                                                                                                                                                                                                                                                                                               | N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 3.1 People / Human Resources    | <ul style="list-style-type: none"> <li>Implement 2025 Human Resource Strategy (includes newcomer recruitment strategies)</li> <li>Invest in strengthening organizational culture and employee engagement, including psychological health and wellness</li> <li>Develop new recruitment and retention tactics, including partnering with post secondary institutions to develop employment pipelines</li> <li>Institute a regular employee engagement survey to support data-driven responses to disengagement</li> </ul>                    | <ul style="list-style-type: none"> <li>Invest in strengthening organizational culture and employee engagement, including psychological health and wellness (x3)</li> <li>Institute a regular employee engagement survey to support data-driven responses to disengagement (x2)</li> </ul>                                                                                                                                                                                                                                                                     |
| 3.2 People / Human Resources    | <ul style="list-style-type: none"> <li>Strengthen staff resilience to change with skill-building education</li> <li>Invest in strengthening organizational culture and employee engagement, including psychological health and wellness</li> <li>Add dedicated change management capacity and expertise to the organization</li> <li>Increase skill of managers/executives in change leadership (e.g. training)</li> <li>Institute a regular employee engagement survey to support data-driven responses to disengagement</li> </ul>        | <ul style="list-style-type: none"> <li>Strengthen staff resilience to change with skill-building education (x3)</li> <li>Invest in strengthening organizational culture and employee engagement, including psychological health and wellness (x3)</li> <li>Add dedicated change management capacity and expertise to the organization (x3)</li> <li>Increase skill of managers/executives in change leadership (e.g. training) (x3)</li> <li>Institute a regular employee engagement survey to support data-driven responses to disengagement (x2)</li> </ul> |

| Risk categories              | Controls to implement in 2026–2028                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Critical controls                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
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| 3.3 People / Human Resources | <ul style="list-style-type: none"> <li>• Add dedicated project management &amp; change management capacity and expertise to the organization</li> <li>• Increase skill of managers/executives in change leadership (e.g. training)</li> <li>• At initiation of major projects, ensure a project lead with dedicated time, change lead, and a dedicated budget sufficient for the project</li> </ul>                                                                                                                                                                                                                                            | <ul style="list-style-type: none"> <li>• Add dedicated project management &amp; change management capacity and expertise to the organization (x3)</li> <li>• Increase skill of managers/executives in change leadership (e.g. training) (x3)</li> </ul>                                                                                                                                                                                                                                                                                                     |
| 4.1 Information / Knowledge  | <ul style="list-style-type: none"> <li>• Increase staffing to deliver higher volume of proactive communications to the public (e.g. adding social media capacity)</li> <li>• Reorient communications to be swifter and more engaging (e.g. leveraging artificial intelligence, infusion of personality, empowering communicators to respond without higher level approvals)</li> <li>• Broaden communications channels/media (e.g. leverage opinion-editorials, video messages, and interactive engagements like ask-me-anything)</li> <li>• Increase use of attention-grabbing spokespeople, such as the Medical Officer of Health</li> </ul> | <ul style="list-style-type: none"> <li>• Increase staffing to deliver higher volume of proactive communications to the public (e.g. adding social media capacity) (x3)</li> <li>• Reorient communications to be swifter and more engaging (e.g. leveraging artificial intelligence, infusion of personality, empowering communicators to respond without higher level approvals) (x2)</li> <li>• Broaden communications channels/media (e.g. leverage opinion-editorials, video messages, and interactive engagements like ask-me-anything) (x3)</li> </ul> |
| 5.1 Technology               | <ul style="list-style-type: none"> <li>• Implement 2025–2029 IT Roadmap, particularly the steps for strengthening cybersecurity posture</li> <li>• Refresh technology regularly by proactively budgeting a refresh cycle</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                            | N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 5.2 Technology               | <ul style="list-style-type: none"> <li>• Establish technology governance to allocate resources aligned with organizational benefit</li> <li>• Establish information governance to provide oversight for the management of the agency's information and data assets</li> <li>• Staff training and documentation on how AI systems work and their limitations and true costs</li> <li>• Develop a continuous monitoring and auditing regimen</li> <li>• Allocate resources to support technology, including AI</li> </ul>                                                                                                                        | N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 6.1 Legal / Compliance       | N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |

| Risk categories                    | Controls to implement in 2026–2028                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Critical controls                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
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| 7.1 Service Delivery / Operational | <ul style="list-style-type: none"> <li>Participate in Ontario Health Team's Primary Care Council to engage the OHT and primary care providers to solve the problem</li> <li>Explore opportunities to leverage primary care funding opportunities to expand clinical care access for Public Health clients</li> </ul>                                                                                                                                                                                                                                                                                                                                                           | N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 7.2 Service Delivery / Operational | <ul style="list-style-type: none"> <li>Strengthen staff resilience to change with skill-building education</li> <li>Invest in strengthening organizational culture and employee engagement, including psychological health and wellness, in order to support staff through the difficulties of change</li> <li>Add dedicated change management capacity and expertise to the organization*</li> <li>Increase skill of managers/executives in change leadership (e.g. training)</li> <li>Foster a culture that is less hierarchical and rules-based, and more supportive of risk-taking and experimenting</li> <li>Enhance mechanisms for capturing partner feedback</li> </ul> | <ul style="list-style-type: none"> <li>Strengthen staff resilience to change with skill-building education (x3)</li> <li>Invest in strengthening organizational culture and employee engagement, including psychological health and wellness, in order to support staff through the difficulties of change (x3)</li> <li>Add dedicated change management capacity and expertise to the organization (x3)</li> <li>Increase skill of managers/executives in change leadership (e.g. training) (x3)</li> </ul> |
| 7.3 Service Delivery / Operational | <ul style="list-style-type: none"> <li>Reorient program planning to be outcome-oriented, prioritizing population outcomes over compliance with provincial standards</li> <li>Strengthen the role of evidence in driving program planning decisions, both evidence of local need and evidence of effectiveness/outcome</li> <li>Establish a mechanism to identify emerging needs in local communities so that Public Health can be prepared to respond proactively</li> </ul>                                                                                                                                                                                                   | <ul style="list-style-type: none"> <li>Reorient program planning to be outcome-oriented, prioritizing population outcomes over compliance with provincial standards (x4)</li> <li>Strengthen the role of evidence in driving program planning decisions, both evidence of local need and evidence of effectiveness/outcome (x2)</li> </ul>                                                                                                                                                                   |
| 7.4 Service Delivery / Operational | <ul style="list-style-type: none"> <li>Reorient program planning to be outcome-oriented, having clear measures of population outcomes that are tracked</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <ul style="list-style-type: none"> <li>Reorient program planning to be outcome-oriented, having clear measures of population outcomes that are tracked (x4)</li> </ul>                                                                                                                                                                                                                                                                                                                                       |
| 8.1 Environmental                  | <ul style="list-style-type: none"> <li>Implement learnings from evaluation of the 2020–2022 pandemic response, including updating the pandemic plan and emergency response plans</li> <li>Advocate for provincial and federal implementation of lessons learned from the pandemic response</li> </ul>                                                                                                                                                                                                                                                                                                                                                                          | <ul style="list-style-type: none"> <li>Implement learnings from evaluation of the 2020–2022 pandemic response, including updating the pandemic plan and emergency response plans (x2)</li> </ul>                                                                                                                                                                                                                                                                                                             |

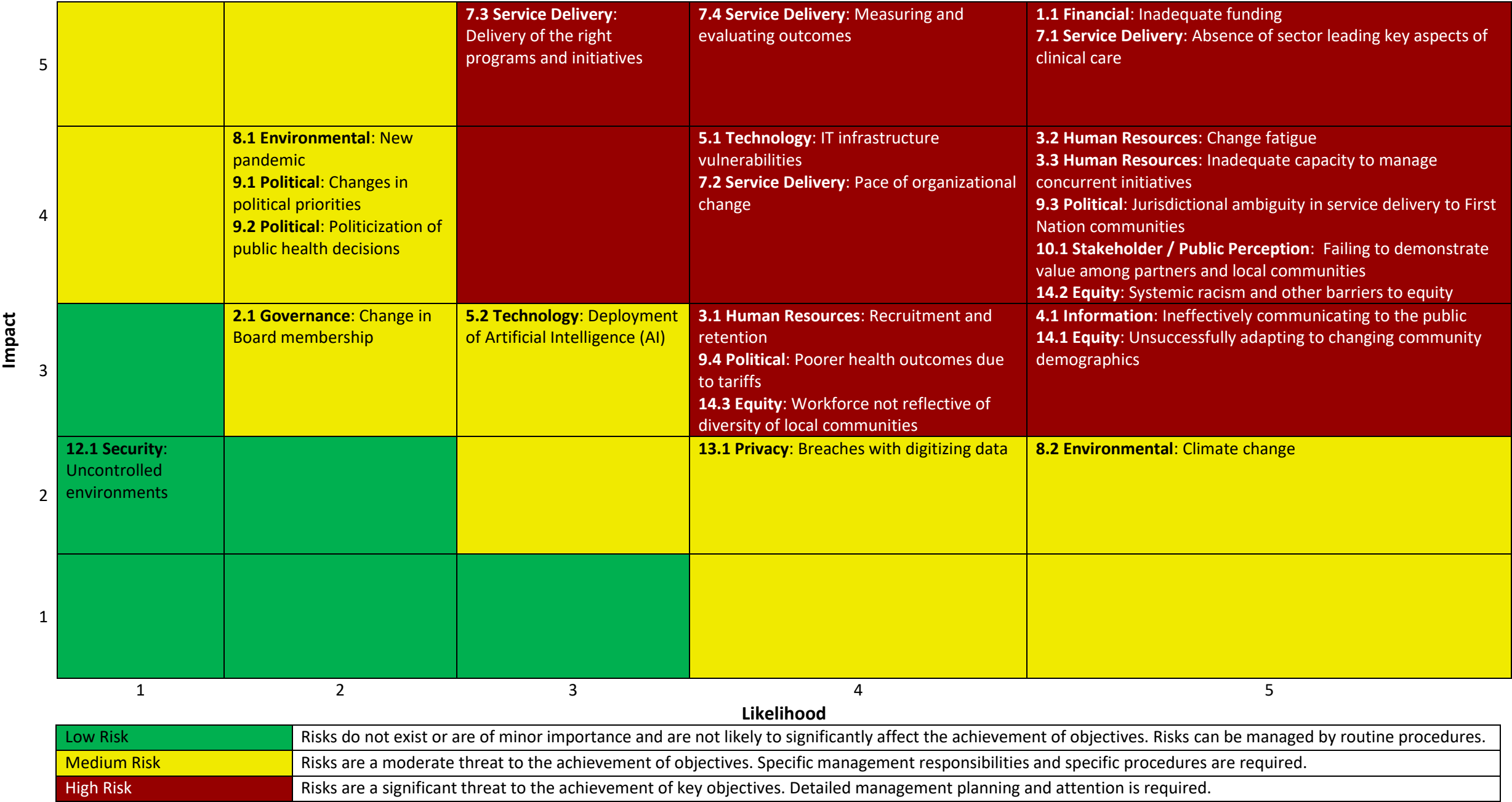
| Risk categories   | Controls to implement in 2026–2028                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Critical controls                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|-------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 8.2 Environmental | <ul style="list-style-type: none"> <li>Implement learnings from evaluation of the 2020-2022 pandemic response, including updating the pandemic plan and emergency response plans</li> <li>Implement climate change mitigations within the organization</li> <li>Advocate to and collaborate with federal, provincial, and local authorities for climate change prevention and adaptation</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                | <ul style="list-style-type: none"> <li>Implement learnings from evaluation of the 2020-2022 pandemic response, including updating the pandemic plan and emergency response plans (x2)</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 9.1 Political     | <ul style="list-style-type: none"> <li>Reorient program planning to be outcome-oriented, prioritizing population outcomes over compliance with provincial standards</li> <li>Strengthen staff resilience to change with skill-building education</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <ul style="list-style-type: none"> <li>Reorient program planning to be outcome-oriented, prioritizing population outcomes over compliance with provincial standards (x4)</li> <li>Strengthen staff resilience to change with skill-building education (x3)</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 9.2 Political     | <ul style="list-style-type: none"> <li>Strengthen the role of evidence in driving program planning decisions, both evidence of local need and evidence of effectiveness/outcome</li> <li>Increase staffing to deliver higher volume of proactive communications to the public (e.g. adding social media capacity), including messaging that delivers transparency</li> <li>Reorient communications to be swifter and more engaging (e.g. leveraging artificial intelligence, infusion of personality, empowering communicators to respond without higher level approvals)</li> <li>Broaden communications channels/media including tactics that promote transparency (e.g. interactive engagements like ask-me-anything)</li> <li>Advocate assertively and visibly on matters valued by local community</li> </ul> | <ul style="list-style-type: none"> <li>Strengthen the role of evidence in driving program planning decisions, both evidence of local need and evidence of effectiveness/outcome (x2)</li> <li>Increase staffing to deliver higher volume of proactive communications to the public (e.g. adding social media capacity), including messaging that delivers transparency (x3)</li> <li>Reorient communications to be swifter and more engaging (e.g. leveraging artificial intelligence, infusion of personality, empowering communicators to respond without higher level approvals) (x2)</li> <li>Broaden communications channels/media including tactics that promote transparency (e.g. interactive engagements like ask-me-anything) (x3)</li> </ul> |
| 9.3 Political     | <ul style="list-style-type: none"> <li>Engage with First Nation communities to offer Public Health's support if desired</li> <li>Advocate to federal and provincial authorities to address the gap in services</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 9.4 Political     | <ul style="list-style-type: none"> <li>Advocate for tariff exemptions on essential food imports.</li> <li>Proactively time purchases and subscription renewals to avoid tariffs where possible.</li> <li>Explore non-US suppliers for tariff-affected products.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |

| Risk categories                      | Controls to implement in 2026–2028                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Critical controls                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|--------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 10.1 Stakeholder / Public Perception | <ul style="list-style-type: none"> <li>• Reorient program planning to be outcome-oriented, having clear measures of population outcomes that are tracked</li> <li>• Increase staffing to deliver higher volume of proactive communications to the public (e.g. adding social media capacity), including messaging that delivers transparency</li> <li>• Broaden communications channels/media including tactics that promote transparency (e.g. interactive engagements like ask-me-anything)</li> <li>• Invest in more structured community engagement with dedicated coordinating capacity, defined outcomes, and tracking of engagement along the IAP2 spectrum</li> </ul> | <ul style="list-style-type: none"> <li>• Reorient program planning to be outcome-oriented, having clear measures of population outcomes that are tracked (x4)</li> <li>• Increase staffing to deliver higher volume of proactive communications to the public (e.g. adding social media capacity), including messaging that delivers transparency (x3)</li> <li>• Broaden communications channels/media including tactics that promote transparency (e.g. interactive engagements like ask-me-anything) (x3)</li> <li>• Invest in more structured community engagement with dedicated coordinating capacity, defined outcomes, and tracking of engagement along the IAP2 spectrum (x4)</li> </ul> |
| 11.1 Strategic / Policy              | N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 12.1 Security                        | <ul style="list-style-type: none"> <li>• No mitigations, not yet implemented, identified</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 13.1 Privacy                         | <ul style="list-style-type: none"> <li>• Comprehensive training on privacy obligations as part of electronic medical record project, as well as around roll-out of other technology tools and digitization processes</li> <li>• Implementation of electronic privacy controls such as role-based restricted access, and regular auditing of use.</li> <li>• Review privacy breach process to reduce impact when a breach occurs</li> </ul>                                                                                                                                                                                                                                    | N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |

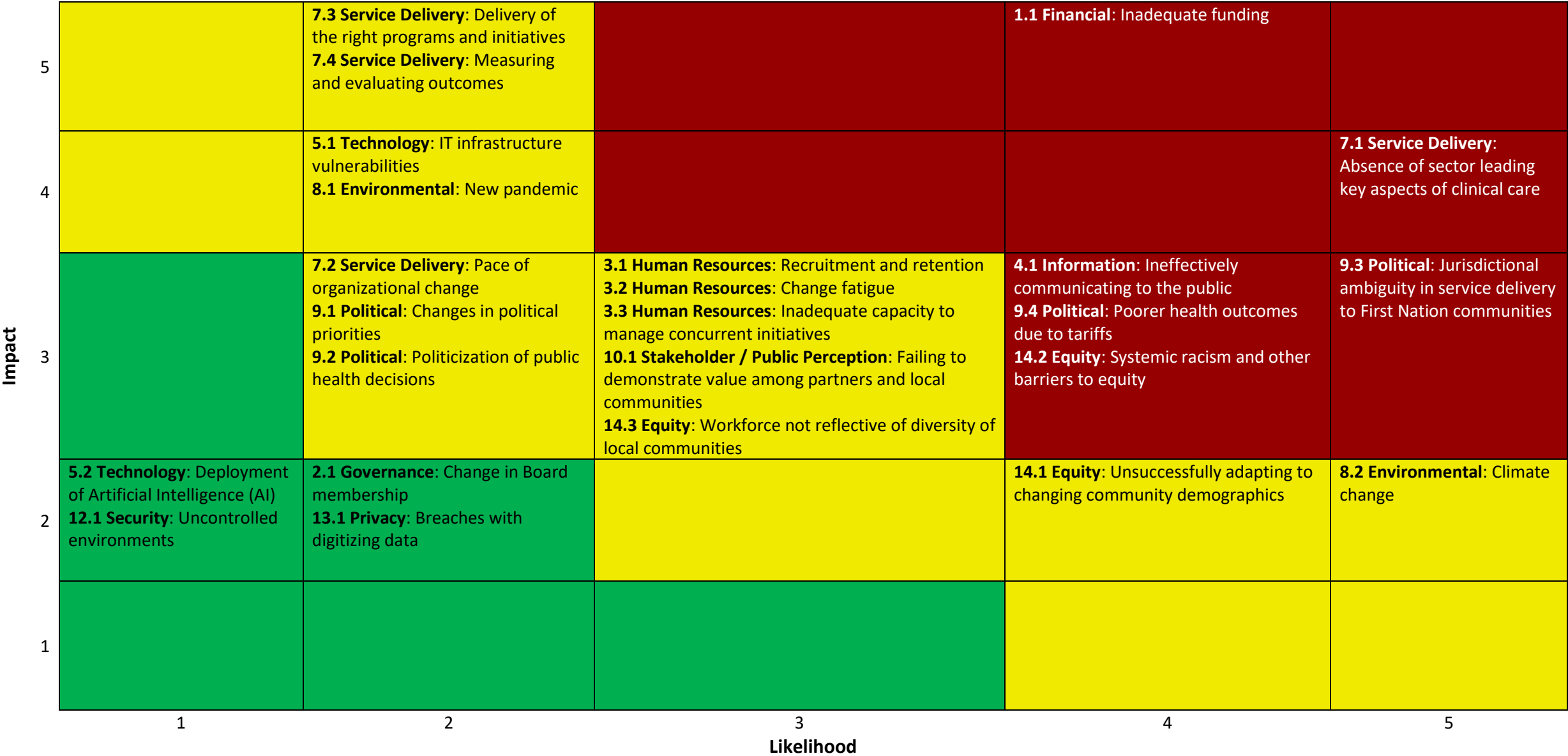
| Risk categories | Controls to implement in 2026–2028                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Critical controls                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 14.1 Equity     | <ul style="list-style-type: none"> <li>• Training and skill-building of staff around working with more diverse populations (e.g. Unlearning &amp; Undoing project, cultural competence training)</li> <li>• Integration of health equity impact assessment into program planning as a periodic mandatory element, and regular review of the data collected for ongoing action</li> <li>• Invest in more structured community engagement with dedicated coordinating capacity, defined outcomes, and tracking of engagement along the IAP2 spectrum, with specific engagement of groups representing equity-seeking populations</li> </ul>                                                                                                              | <ul style="list-style-type: none"> <li>• Training and skill-building of staff around working with more diverse populations (e.g. Unlearning &amp; Undoing project, cultural competence training) (x3)</li> <li>• Integration of health equity impact assessment into program planning as a periodic mandatory element, and regular review of the data collected for ongoing action (x2)</li> <li>• Invest in more structured community engagement with dedicated coordinating capacity, defined outcomes, and tracking of engagement along the IAP2 spectrum, with specific engagement of groups representing equity-seeking populations (x4)</li> </ul> |
| 14.2 Equity     | <ul style="list-style-type: none"> <li>• Training and skill-building of staff around working with more diverse populations (e.g. Unlearning &amp; Undoing project, cultural competence training)*</li> <li>• Integration of health equity impact assessment into program planning as a periodic mandatory element, and regular review of the data collected for ongoing action*</li> <li>• Invest in more structured community engagement with dedicated coordinating capacity, defined outcomes, and tracking of engagement along the IAP2 spectrum, with specific engagement of groups representing equity-seeking populations*</li> <li>• Provide accessible, culturally safe channels for community feedback, complaints, and reporting</li> </ul> | <ul style="list-style-type: none"> <li>• Training and skill-building of staff around working with more diverse populations (e.g. Unlearning &amp; Undoing project, cultural competence training) (x3)</li> <li>• Integration of health equity impact assessment into program planning as a periodic mandatory element, and regular review of the data collected for ongoing action (x2)</li> <li>• Invest in more structured community engagement with dedicated coordinating capacity, defined outcomes, and tracking of engagement along the IAP2 spectrum, with specific engagement of groups representing equity-seeking populations (x4)</li> </ul> |

| Risk categories | Controls to implement in 2026–2028                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Critical controls                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 14.3 Equity     | <ul style="list-style-type: none"><li>• Regular characterization of the diversity of the Public Health workforce, and use of this data to inform recruitment efforts to better align with the population served.</li><li>• Training and skill-building of staff around working with more diverse populations (e.g. Unlearning &amp; Undoing project, cultural competence training)</li><li>• Balance planning interventions based on best practice and evidence to remove bias in our efforts, with assessment of the inherent bias within the evidence, and possibility it may not have included equity-seeking populations (e.g. using health equity impact assessment)</li><li>• Invest in more structured community engagement with dedicated coordinating capacity, defined outcomes, and tracking of engagement along the IAP2 spectrum, with specific engagement of groups representing equity-seeking populations</li></ul> | <ul style="list-style-type: none"><li>• Training and skill-building of staff around working with more diverse populations (e.g. Unlearning &amp; Undoing project, cultural competence training) (x3)</li><li>• Invest in more structured community engagement with dedicated coordinating capacity, defined outcomes, and tracking of engagement along the IAP2 spectrum, with specific engagement of groups representing equity-seeking populations (x4)</li></ul> |

2026–2028 Organizational Risk Management Plan: Heat Map of Inherent Risk Ratings



2026–2028 Organizational Risk Management Plan: Heat Map of Residual Risk Ratings



|             |                                                                                                                                                                     |
|-------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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.                                        |

## **2026 RISK MANAGEMENT REPORT**

### **MOTION:**

**WHEREAS effectively planning to manage risks enables an organization to better achieve its outcomes, operate strategically, and be resilient to changing circumstances; and**

**WHEREAS the Ontario Public Health Organizational Requirements mandate boards of health to provide governance direction and oversight of risk management with a formal risk management framework that identifies, assesses, addresses risks; and**

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

**WHEREAS the Board of Health for Public Health Sudbury & Districts approved the 2026–2028 risk management plan;**

**THEREFORE BE IT RESOLVED that the Board of Health receive the 2026 Risk Management Report.**

# Briefing Note

**To:** Board of Health for Public Health Sudbury & Districts  
**From:** M. Mustafa Hirji, Medical Officer of Health and Chief Executive Officer  
**Date:** 2026/10/08  
**Re:** Public Health Sudbury & Districts 2026 employee engagement survey

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☒ For Information

☐ For Discussion

☐ For a Decision

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**Issue:**

In the spring of 2026, Public Health Sudbury & Districts partnered with Metrics@Work to administer an Employee Engagement Survey. This Briefing Note aims to provide the Board of Health with information on the survey process, high-level findings, and follow-up activities.

**Recommended Action:**

That the Board of Health receive the 2026 Employee Engagement Survey results and planned follow-up activities for information.

**Alternative Actions:**

N/A

**Background:**

Public Health Sudbury & Districts partnered with Metrics@Work to administer the 2026 Employee Engagement Survey. The survey was undertaken to support the 2024–2028 Strategic Plan priority of a Healthy and Resilient Workforce and the medium-term operational priority of Fostering Culture and Engagement. It also provides timely evidence to guide how Public Health supports employees and sustains organizational effectiveness during a period of significant change.

Metrics@Work is a Canadian organizational measurement firm with extensive experience administering employee engagement surveys across public sector, not-for-profit, health care, and public health organizations. Its validated framework assesses engagement at the job, team, and organizational levels. Public Health's results were compared with public sector and public health benchmarks to provide context for interpreting strengths and opportunities for improvement.

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2024–2028 Strategic Priorities:

1. Equal opportunities for health
2. Impactful relationships
3. Excellence in public health practice
4. Healthy and resilient workforce

The survey was launched to all Public Health staff at the end of April 2026 and was available for staff to complete over a period of three weeks. The survey achieved 211 responses from 286 employees, for an overall response rate of 73.8%.

Results were reviewed through a phased communication and engagement process involving the Senior Management Executive Committee, Management Forum, and all staff. The approach emphasized transparency, confidentiality, dialogue, and shared ownership of results.

High-Level Results

| Measure                                          | Result                                                                                                                                                                                                               | Interpretation                                                                                                                                                                                                  |
|--------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Overall engagement                               | 67.8%                                                                                                                                                                                                                | Above the Metrics@Work public sector benchmark of 62.2%, providing a positive baseline for future measurement.                                                                                                  |
| Job engagement                                   | 73.6%                                                                                                                                                                                                                | Employees generally feel connected to their work.                                                                                                                                                               |
| Organizational engagement                        | 68.0%                                                                                                                                                                                                                | Opportunities remain to strengthen employees’ experience of the organization as an employer.                                                                                                                    |
| Highest-scoring drivers of engagement            | 81.6%<br>81.1%<br>79.2%<br>79.2%<br>78.6%                                                                                                                                                                            | Physical safety<br>Colleagues celebrating and respecting diversity<br>Addressing negative behaviour among co-workers<br>Leader support for training opportunities<br>Addressing negative behaviour from clients |
| Lowest-scoring drivers of engagement             | 49.3%<br>53.8%<br>55.5%<br>55.9%<br>57.5%                                                                                                                                                                            | Organizational morale<br>Satisfaction with benefits<br>Opportunities for advancement<br>Addressing poor performance<br>Pay comparability                                                                        |
| Additional areas for attention (highest ranking) | <ul style="list-style-type: none"><li>• Communication</li><li>• Psychological safety</li><li>• Involvement in decision-making</li><li>• Recognition</li><li>• Workload manageability</li><li>• Team morale</li></ul> |                                                                                                                                                                                                                 |
| Tenure                                           | <ul style="list-style-type: none"><li>• Engagement highest among employees with less than three years of service (76.2% to 79.6%)</li></ul>                                                                          |                                                                                                                                                                                                                 |

| Measure | Result | Interpretation                                                                                                                                                                                                                    |
|---------|--------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|         |        | <ul style="list-style-type: none"><li>Engagement at 63.2% among employees with 11 or more years of service</li><li>Interpretation: important to sustain engagement and support retention across the employee lifecycle.</li></ul> |

Workforce Demographic Findings

Responses to voluntary demographic questions varied by item, with approximately 160 to 190 substantive responses.

| Area                                     | Headline                                                                                                                    | Key findings                                                                                                                                                                                                                                             |
|------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Workforce representation                 | 78.7% born in Canada<br><br>68.7% White<br><br>73% female<br><br>7.6% First Nations or Métis<br><br>8.1% identify as LGBTQ+ | <ul style="list-style-type: none"><li>Workforce is predominantly female, White, and Canadian-born, though notably less White and less Canadian-born than the Greater Sudbury Census (2021) comparator</li></ul>                                          |
| Age and official language                | 21.8% aged 30-49<br>25.1% aged 40-49<br><br>67.8% English only                                                              | <ul style="list-style-type: none"><li>Majority of staff (46.9%) between ages of 30-49</li><li>Most have comfort in English only; 22.3% reported comfort in both English and French.</li></ul>                                                            |
| Disability and chronic health conditions | 50.2%                                                                                                                       | <ul style="list-style-type: none"><li>Percentage of staff with disabilities and chronic health conditions higher than the public sector benchmark (43.6%)</li><li>Data reinforces importance of accessibility and wellness supports for staff.</li></ul> |
| Differences in employee experience       | Group differences identified                                                                                                | <ul style="list-style-type: none"><li>Differences were observed across some identity groups in psychological safety, leadership</li></ul>                                                                                                                |

| Area | Headline | Key findings                                         |
|------|----------|------------------------------------------------------|
|      |          | opportunities, and hiring and promotion experiences. |

Key Themes from Open-Ended Feedback

Staff provided more than 700 comments across seven open-ended questions.

| Theme                                                         | What staff commented                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|---------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Workplace strengths                                           | <ul style="list-style-type: none"><li>• Supportive colleagues and strong team relationships</li><li>• Meaningful public health work and flexibility</li><li>• Approachable leadership and feeling trusted and supported</li></ul>                                                                                                                                                                                                                                              |
| Recommendations for greater communication and involvement     | <ul style="list-style-type: none"><li>• Clearer and more consistent communication</li><li>• Greater transparency about decisions and organizational change</li><li>• Meaningful opportunities for staff input before decisions are finalized</li></ul>                                                                                                                                                                                                                         |
| Suggestions to address improvements for workload and wellness | <ul style="list-style-type: none"><li>• Fairer workload distribution and more sustainable pacing of priorities</li><li>• Mental health and wellness supports</li><li>• Flexibility and practical accommodation supports</li></ul>                                                                                                                                                                                                                                              |
| Feedback related to equity, inclusion, and accountability     | <ul style="list-style-type: none"><li>• Appreciation for existing strengths and clear desire for continued action Need for ongoing practical education on bias, anti-racism, cultural safety, neurodiversity, and inclusive practice</li><li>• Suggestions for more representative and transparent hiring and advancement practices</li><li>• Consistent supports and safe avenues to raise concerns without fear of reprisal are key supports that can be improved.</li></ul> |

Follow-Up Actions

Division-level results have been shared and discussed within divisions, providing opportunities for staff and leaders to consider local strengths, areas for improvement, and potential actions. These discussions have also connected the survey findings with the strengths-based concepts and shared commitments that were incorporated into the learnings shared at the September 2024 Staff Day.

The Workplace Culture Committee, which is currently being established, will provide a dedicated forum for advancing coordinated culture and engagement priorities. Its workplan, which builds on recent workplace culture initiatives, will be refined using the survey findings and related staff input and will focus on a manageable set of priorities, including strengthening communication and staff involvement, supporting psychological safety and respectful workplaces, advancing recognition and leadership practices, and monitoring progress. The Committee will also consider related culture, leadership, human resources, and wellness initiatives for incorporation in the workplan, and help identify actions to be advanced at the organizational level.

As well, the Agency will consider the desire for certain supports (e.g. mental health and wellness supports) within benefit offerings, and collective bargaining around benefits.

Staff will receive ongoing updates on progress, which will be monitored through established planning and reporting processes and future engagement measurement.

**Financial Implications:**

The survey itself was completed within approved resources in the 2026 Operating Budget. Ongoing improvement in employee engagement and workplace culture will require sustained investment in areas such as employee engagement, change management, leadership development, workplace wellness, and related organizational supports. Resource requirements will be considered through established planning and budget processes, including relevant proposals brought forward as part of the 2027 budget.

**Impacts on Strategic Priorities or Medium-Term Operational Priorities:**

The work associated with the employee engagement survey advances the strategic priorities of a Healthy and Resilient Workforce and Excellence in Public Health Practice by providing evidence to strengthen employee well-being, engagement, leadership, psychological safety, inclusion, organizational culture, and continuous improvement.

Related discussions at organizational and divisional tables, connections to the September Staff Day, and planned oversight through the Workplace Culture Committee support the operational priorities of Fostering Culture and Engagement and Sustainability of Services through coordinated action, transparent communication, staff involvement, and workforce retention.

**Impacts on Risk Management Plan:**

The survey supports the 2026–2028 Risk Management Plan by helping mitigate People/Human Resources risks related to staff engagement, well-being, productivity, and change fatigue. Discussions at organizational and divisional tables, links to broader culture and leadership initiatives, and planned oversight through the Workplace Culture Committee support coordinated action. Ongoing communication, monitoring, and future engagement measurement will help assess progress and inform further risk mitigation.

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2024–2028 Strategic Priorities:

1. Equal opportunities for health
2. Impactful relationships
3. Excellence in public health practice
4. Healthy and resilient workforce

O: October 19, 2001  
R: February 2024

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**Impacts on Fulfillment of the Ontario Public Health Standards:**

Actions to strengthen employee engagement and workplace culture support a capable, resilient, and collaborative workforce. By promoting well-being, psychological safety, effective leadership, clear communication, and staff involvement, this work strengthens the organizational capacity needed to deliver high-quality, responsive public health programs and services and to meet the requirements of the Ontario Public Health Standards.

**Author:**

Renée St-Onge, Director, Knowledge and Strategic Services

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2024–2028 Strategic Priorities:

- 1. Equal opportunities for health
- 2. Impactful relationships
- 3. Excellence in public health practice
- 4. Healthy and resilient workforce

O: October 19, 2001  
R: February 2024

**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: \_\_\_\_\_**

**ADJOURNMENT**

**MOTION: THAT we do now adjourn. Time: \_\_\_\_\_**