

Public Health Sudbury & Districts

2019 Accountability Monitoring Report

Accountability Monitoring Report
2018 • 2022



Public Health
Santé publique
SUDBURY & DISTRICTS

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

Provincial Organizational Requirements

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

Provincial & Local Program Requirements

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

Board of Health Strategic Priorities

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

Executive Summary

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

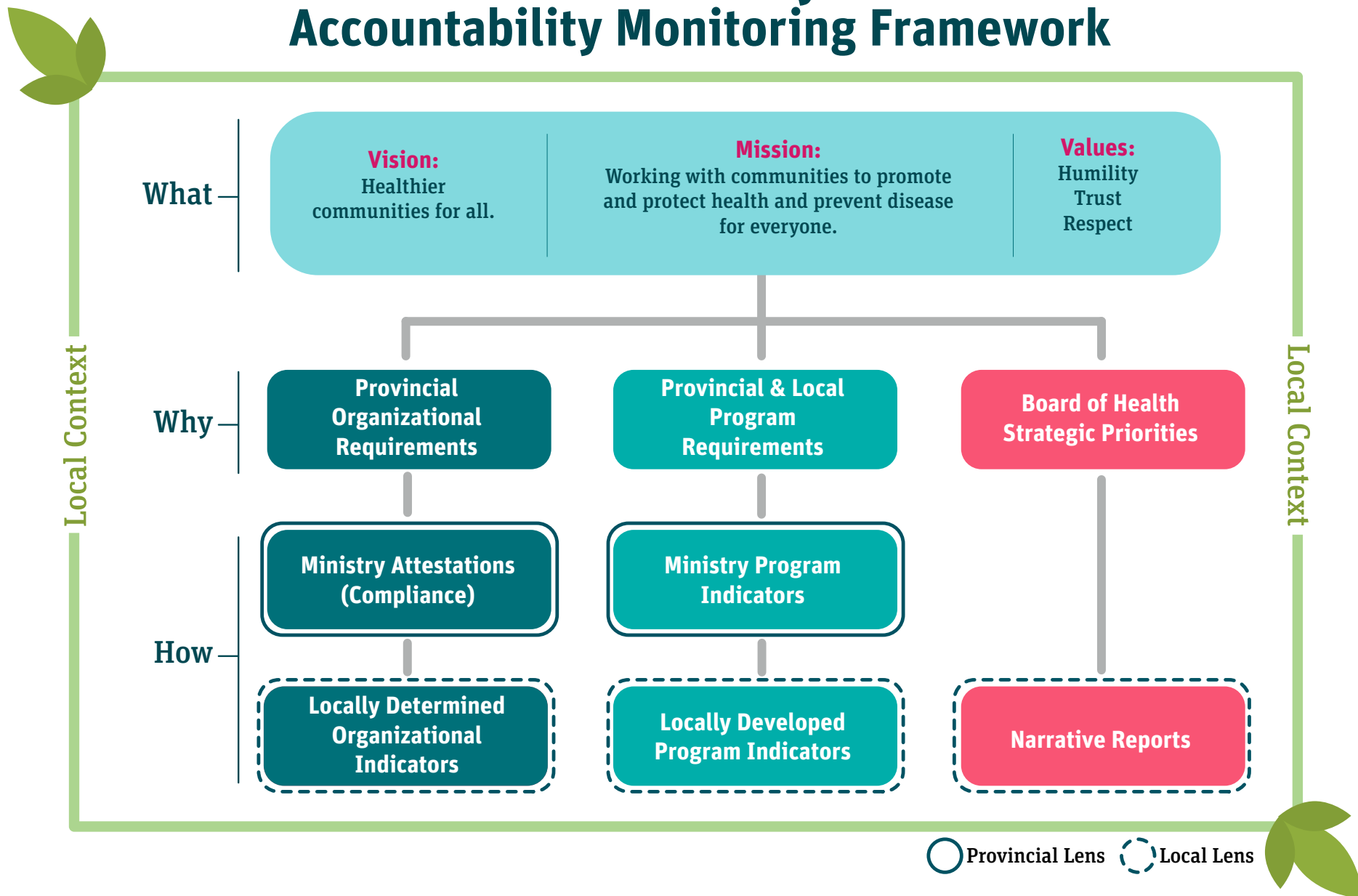
Key Findings

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

Reporting Timelines



Public Health Sudbury & Districts Accountability Monitoring Framework





Provincial Organizational Requirements

Ministry Attestations

Table 1: Organizational Requirement Reporting - 2018–2022

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

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

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

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

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

Provincial Organizational Requirements

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

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

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

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

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

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

Provincial Organizational Requirements

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

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


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

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

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

 Met or exceeded standard

 Non-compliant with standard

 Not included as a ministry indicator in this year

* Explanatory note

Provincial Organizational Requirements

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

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





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

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

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

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

Provincial Organizational Requirements

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

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





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

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

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

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

Provincial Organizational Requirements

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

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

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

Notes: Program Highlights– Ministry Attestations

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

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

1.0 Delivery of Programs and Services

4 Public disclosure of inspection results

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

10 Food Safety Protocol

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

16 Client service standards

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

Locally Determined Organizational Indicators

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

Table 2: Locally Determined Organizational Indicators 2018–2022

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

* Explanatory note

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

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

¹ 14 Board of Health Members * Explanatory note

Notes: Locally Determined Organizational Indicators

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

1.0 Delivery of Programs and Services

1. Number of inclusive partnerships

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

2. Social media engagement

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

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

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

- 5d. Mandatory emergency training (internal) – all staff are trained/up-to-date
- At 2019 year end, 186 of 233 eligible staff were up to date on the mandatory emergency training. Current processes are being reviewed to improve and ensure that trainings are completed within the time-frames identified.

3.0 Good Governance & Management Practices

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

- This indicator measures participation in presentations or workshops.

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

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

10b. Workforce development

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

4.0 Public Health Practices

12. Quality improvement maturity

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



Provincial & Local Program Requirements

Ministry Program Indicators

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

Table 3: Ministry Program Indicators

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

 Not included as a ministry indicator in this year * Explanatory note

Table 3 (continued): Ministry Program Indicators

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



Not included as a ministry indicator in this year

* Explanatory note

Notes: Ministry Program Indicators

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

1.0 Food safety

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

2.0 Safe Water

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

Locally Developed Program Indicators

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

Table 4: Locally Developed Program Indicators

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


 No data to report

Table 4 (continued): Locally Developed Program Indicators

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



 No data to report

Table 4 (continued): Locally Developed Program Indicators

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

 No data to report



Board of Health Strategic Priorities

Values



Humility

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



Trust

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



Respect

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

Strategic Priorities



Equitable Opportunities

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



Meaningful Relationships

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



Practice Excellence

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



Organizational Commitment

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

2019 Strategic Priorities Narrative Topics

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

Equitable Opportunities

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

Meaningful Relationships

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

Practice Excellence

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

Organizational Commitment

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



Public Health
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