



# Board of Health Meeting # 03-22

Public Health Sudbury & Districts

Thursday, June 16, 2022

1:30 p.m.

Virtual

**AGENDA – THIRD MEETING**  
**BOARD OF HEALTH**  
**PUBLIC HEALTH SUDBURY & DISTRICTS**  
**VIRTUAL MEETING**  
**THURSDAY, JUNE 16, 2022 – 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) Finding Our Path Together, Indigenous Engagement Strategy: 4 Year Reflection & Path Forward**
    - Sarah Rice, Special Advisor, Indigenous Affairs Team, Knowledge and Strategic Services Division
- 5. CONSENT AGENDA**
  - i) Minutes of Previous Meeting**
    - a. Second Meeting – May 19, 2022
  - ii) Business Arising From Minutes**
  - iii) Report of Standing Committees**
    - a. Board of Health Finance Standing Committee, unapproved minutes dated June 7, 2022
  - iv) Report of the Medical Officer of Health / Chief Executive Officer**
    - a. MOH/CEO Report, June 2022
  - v) Correspondence**
    - a. alPHa’s Public Health Matters
      - Email from the Executive Director, alPHa, re email from the Board of Health Chair, Public Health Sudbury & Districts, to the Sudbury riding provincial election candidates, dated May 25, 2022
    - b. alPHa AGM and Conference June 13 and 14, 2022, verbal update
    - c. Response to COVID-19
      - Memo from the Toronto Board of Health to Boards of Health in Ontario and the Association of Local Public Health Agencies, dated June 9, 2022

**vi) Items of Information**

- a. Public Health Physicians of Canada Report – Executive Summary:

[Public Health Lessons Learned from the COVID-19 Pandemic,](#)

January 2022

**APPROVAL OF CONSENT AGENDA**

**MOTION:**

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

**6. NEW BUSINESS**

**i) 2021 Audited Financial Statements**

- Public Health Sudbury & Districts Audited Financial Statements for 2021

**ADOPTION OF THE 2021 AUDITED FINANCIAL STATEMENTS**

**MOTION:**

**WHEREAS the Board of Health Finance Standing Committee recommends that the Board of Health for the Sudbury and District Health Unit adopt the 2021 audited financial statements, as reviewed by the Finance Standing Committee at its meeting of June 7, 2022;**

**THEREFORE BE IT RESOLVED THAT the 2021 audited financial statements be approved as distributed.**

**ii) Appointment of a Public Health Sudbury & Districts Associate Medical Officer of Health**

**APPOINTMENT OF AN ASSOCIATE MEDICAL OFFICER OF HEALTH**

**MOTION:**

**WHEREAS the Health Protection and Promotion Act, R.S.O. 1990, c.H.7, s.62 states that every board of health may appoint one or more associate medical officers of health (AMOH); and**

**WHEREAS Dr. Imran Khan is the successful AMOH candidate following a thorough recruitment process and possesses the qualifications as set out by provincial legislation and regulation**

**THEREFORE BE IT RESOLVED that the Board of Health for Public Health Sudbury & Districts appoint Dr. Imran Khan as Associate Medical Officer of Health for Public Health Sudbury & Districts, effective October 24, 2022, and subject to the conditions set out in the letter of offer dated May 25, 2022, including Ministerial approval of the appointment.**

**iii) Healthy Babies Healthy Children**

- a. Briefing Note from the Medical Officer of Health and Chief Executive Officer dates June 9, 2022

**HEALTHY BABIES HEALTHY CHILDREN FUNDING**

**MOTION:**

**THAT the Board of Health for Public Health Sudbury & Districts request the Ministry of Children, Community and Social Services (MCCSS) to review base-funding needs for the Healthy Babies Healthy Children Program to ensure this essential program is sufficiently resourced to meet the current and growing needs of children and a healthy start in life.**

**7. ADDENDUM**

**ADDENDUM**

**MOTION:**

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

**8. ANNOUNCEMENTS**

**9. ADJOURNMENT**

**ADJOURNMENT**

**MOTION:**

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

**MINUTES – SECOND MEETING**  
**BOARD OF HEALTH FOR PUBLIC HEALTH SUDBURY & DISTRICTS**  
**VIRTUAL MEETING**  
**THURSDAY, MAY 19, 2022 – 1:30 P.M.**

**BOARD MEMBERS PRESENT**

Claire Gignac	Paul Myre	Carolyn Thain
Robert Kirwan	Ken Noland	Dean Wenborne
René Lapierre	Natalie Tessier	

**BOARD MEMBERS REGRET/ABSENT**

Jeff Huska	Bill Leduc	Mark Signoretti
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**STAFF MEMBERS PRESENT**

Stacey Gilbeau	Jamie Lamothe	Dr. Penny Sutcliffe
Sandra Laclé	Rachel Quesnel	
Stacey Laforest	France Quirion	

**MEDIA PRESENT**

Media

**R. LAPIERRE PRESIDING**

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

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

LaCloche Foothills Municipal Association will be appointing a replacement for Board of Health member, Glenda Massicotte, who resigned from the Board of Health effective April 1, 2022. Thank you letters have been sent on behalf of the Board of Health to Randy Hazlett, Jacqueline Paquin, and Glenda Massicotte.

**2. ROLL CALL**

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

There were no declarations of conflict of interest.

#### **4. DELEGATION/PRESENTATION**

##### **i) Supervised Consumption Site: Status Update**

- Shana Calixte, Manager, Mental Health and Substance Use, Health Promotion Division

S. Calixte shared a progress update regarding the application for a supervised consumption site, and for supervised consumption and treatment services (SCTS) in Greater Sudbury, located at 24 Energy Court. A major hurdle was cleared this week in that the federal exemption required to operate the supervised consumption site was granted.

The Board of Health received context about Supervised Consumption Sites (SCS), including what they are, their requirements and the process of implementing these services. It has been a long and thorough process to establish services that will best meet the community needs.

Both pre-pandemic and during the pandemic, Sudbury had the highest per capita rate of overdose deaths in the province, at 49.2 deaths per 100,000 people, versus 18.8 deaths per 100,000 for the province. In 2021, the city lost 101 residents.

Benefits of SCS services include reduced opioid overdose death; reduced infectious disease such as HIV and hepatitis C, increased access and referrals to health and social services and cost-effective solutions for health systems.

Services will include:

- Supervised injection
- Supervised oral consumption
- Supervised intranasal consumption
- Drug testing using fentanyl testing strips

In partnership with community agencies, the supervised consumption site will provide counselling, distribution of safer drug use equipment, as well as offer referrals to other medical and social services. Because of the support of the Community Drug Strategy (Co-Chaired by Dr. Sutcliffe and Chief Pedersen), Public Health Sudbury & Districts, Greater Sudbury Police Services, the City of Greater Sudbury and others, the lead agency, Reseau Access Network, is a step closer to opening its doors to the public and work with community partners to provide necessary services.

Questions were entertained and clarification was provided regarding purpose, availability, and distribution of fentanyl testing strips. It was noted that the strips do not

detect other substances; however, there are other ways to seek testing for other substances that are usually more time intensive, and that the early detection through strips is one strategy of a comprehensive approach. The importance of providing harm reduction services throughout the Public Health Sudbury & District (PHSD) catchment area was acknowledged and it was shared that another needs assessment and feasibility study would be required to establish a site in another location.

Staffing and diverse resources that will be available to clients at the SCS were described. The federal exemption is the last requirement to complete our provincial application for funding for supervised consumption and treatment services site. In response to a question, it was noted that the current site will be subject to ongoing review and evaluation once the doors open to determine whether it is safe, effective, and meeting the needs.

S. Calixte was thanked for the presentation.

## **5. CONSENT AGENDA**

- i) Minutes of Previous Meeting**
  - a. First Meeting – February 17, 2022
- ii) Business Arising From Minutes**
- iii) Report of Standing Committees**
  - a. None
- iv) Report of the Medical Officer of Health / Chief Executive Officer**
  - a. MOH/CEO Report, May 2022
- v) Correspondence**
  - a. Mental Health and Opioid Crisis Advocacy
    - Letter from the Board of Health Chair, Windsor-Essex County Health Unit, to the Minister of Health and Deputy Premier, dated May 6, 2022
    - Letter from the Board of Health Chair, Peterborough Public Health, to the Deputy Premier and Minister of Health, dated May 2, 2022
    - Letter from the Board of Health Chair, Grey Bruce Health Unit, to the Deputy Premier and Minister of Health and the Associate Minister of Mental Health and Addictions, dated April 29, 2022
    - Letter from the Board of Health Chair, Simcoe Muskoka District Health Unit, to the Minister of Health, dated March 16, 2022
  - b. Ontario Regulation 116/20, Work Deployment Measures for Boards of Health
    - Letter from the Board of Health Chair, Windsor-Essex County Health Unit, to the Minister of Health and Deputy Premier, dated March 30, 2022

- c. Health and Racial Equity: Denouncing Acts and Symbols of Hate  
*Board of Health for Public Health Sudbury & Districts Motion 08-22*
    - Letter from the Board of Health Chair, Peterborough Public Health, to the Deputy Premier and Minister of Health, dated April 8, 2022
    - Letter from the Board of Health Chair, Middlesex-London Health Unit, to Dr. Sutcliffe, dated March 30, 2022
    - Letter from the Board of Health Chair, Windsor-Essex County Health Unit, to the Minister of Health and Deputy Premier, dated March 30, 2022
    - Email from Haliburton, Kawartha, Pine Ridge District Health Unit to Ontario Public Health Units, dated March 21, 2022
    - Email from the Medical Officer of Health, Simcoe Muskoka District Health Unit, to COMOH, dated March 15, 2022
    - Letter from Dr. Sutcliffe, to the President of the Association of Local Public Health Agencies, dated February 23, 2022
  - d. Carry-Over of 2021-22 Elevator Replacement Capital Project Funding
    - Letter from the Chief Medical Officer of Health, Ministry of Health, to Dr. Sutcliffe, dated March 14, 2022
  - e. Carry-Over of 2021-22 Infection Prevention and Control (IPAC) Program Funding
    - Letter from the Chief Medical Officer of Health, Ministry of Health, to Dr. Sutcliffe, dated March 14, 2022
  - f. Next Phase of COVID-19 pandemic response
    - Statement from the Council of Chief Medical Officers of Health (CCMOH) Re next phase of the COVID-19 pandemic response, February 14, 2022
  - g. Enhancing Uptake of Third COVID-19 Doses and the Proof of Vaccination Record
    - Letter from the Board of Health Chair, Peterborough Public Health, to the Deputy Premier and Minister of Health, dated February 11, 2022
- vi) **Items of Information**
- a. alPHa Information Break February, March, April 2022
  - b. alPHa’s Public Health Primer for 2022 Election Candidates
  - c. Public Health Sudbury & Districts  
*Health Matters Provincial Election Primer* May 12, 2022

**13-22 APPROVAL OF CONSENT AGENDA**

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

**CARRIED**



## 6. NEW BUSINESS

### i) 2022-23 Ministry of Health Funding

- Briefing Note from the Medical Officer of Health dated May 12, 2022
- Letter from the Deputy Premier and Minister of Health, to the Board of Health Chair, Public Health Sudbury & Districts, dated May 2, 2022
- Letter from the Deputy Premier and Minister of Health, to the Board of Health Chair, Public Health Sudbury & Districts, dated May 3, 2022

The Ministry of Health funding notice for 2022, was received on May 2, 2022. This year's funding letter was received early as compared to previous years as the provincial government released the letters before the writ was dropped. The cost-shared and one-time funding is good news overall and more details will be discussed at the June 7 meeting of the Board of Health Finance Standing Committee.

Dr. Sutcliffe reviewed the Ministry of Health approved funding allocation for cost shared and 100% funded programs. A 1% increase prorated for 2022 at \$126,3000 has been received for mandatory cost-shared programs for an approved total allocation of \$16,963,100. An additional 2022 prorated amount of \$202,200 was received for the Ontario Seniors Dental Care Program (OSDCP). Dr. Sutcliffe noted that we will be seeking additional funds for the OSDCP as the program demands are very high.

As previously communicated, the mitigation grant to offset the change in funding policy, now in its third year, is being extended in 2022.

Funding related to COVID-19 Extraordinary costs was approved at 48% of the requested PHSD amount and COVID-19 Vaccine Program funding was approved at 80%. The ministry has advised that there will be opportunities to request COVID extraordinary funding, as per 2021, if actual expenditures exceed requested expenditures. We expect to see actual expenditures being adjusted through the quarterly reports.

One-time funding for the 2022/2023 funding year, as detailed in Table 2 in the Briefing Note, was reviewed.

Dr. Sutcliffe noted that \$264,400 has been received in one-time funding to undertake significant renovations to the 1300 Paris outside patio due to leakage that is impacting the building. One-time funding will also be received from the province for the temporary retention incentive for nurses.

The 2022 annual service plan request process provided an opportunity for recovery funding due to the anticipated backlog of programs and services. PHSD requested \$3,715,935 to address recovery priorities; however, recovery funds were not granted

yet to any Boards of Health. The province indicated it had insufficient time to assess and process recovery funding and this is expected to be revisited after the provincial election. Given we have access to COVID-19 extraordinary funding, PHSD will be proceeding with its recovery priorities.

**ii) Association of Local Public Health Agencies (alPHa)'s Virtual Conference and Annual General Meeting (AGM)**

- *Draft Pre-Conference Workshop – June 13, 2022*
- *Draft Program for AGM and Conference – June 14, 2022*
- *Draft Agenda for the alPHa Board of Health Section Meeting – June 14, 2022*

The alPHa AGM will be held virtually on June 14. Public Health Sudbury & Districts has four votes for the AGM resolution session. In addition to the MOH and the Board of Health Chair, two Board of Health members can be registered as voting members. Once identified, the list of voting delegates will be shared with alPHa. Registration will be completed by PHSD for any Board member interested in attending the AGM and Conference.

There was concurrence that the motion on the agenda not be entertained and that Board of Health members be provided an opportunity to check their schedules and availability and further, that the first two Board members who identify their interest to attend to the Board Secretary will be registered as voting delegates.

**iii) COVID-19**

- Briefing Note from the Medical Officer of Health and Chief Executive Officer dated May 11, 2022
- Letter of appreciation from Chief Medical Officer of Health to Dr. Penny Sutcliffe, Medical Officer of Health and Chief Executive Officer dated May 4, 2022, Re: Public Health Measures Table

Dr. Sutcliffe provided highlights from the briefing note, sharing that PHSD continues to provide vaccination information and opportunities, and support highest risk settings in their management of outbreaks.

It was noted that a weekly report: *COVID-19 case epidemiology and vaccination program update*, is published every Tuesday on [phsd.ca](https://phsd.ca).

As evidenced by the COVID-19 program stats, COVID-19 continues to take up time and resources. PHSD's response remains heightened, and employee health continues to be a priority.

Recovery programming is ramping up and staff are beginning to be repatriated to non-COVID program areas. Current COVID-19 data was provided regarding local epidemiology, vaccination program, recovery planning and COVID-19 budget.

Public Health Sudbury & Districts is among the highest six to eight health units out of 34 health units in the province with regards to new cases. Cases are currently still elevated but indicators show we are on the decline. There continues to be a high risk for community transmission.

As for the Vaccination program, local immunization rates are on par with those of the province. Vaccination eligibility is currently as follows:

- Ontarians aged 5 years+ are eligible to receive their primary series (two doses, or three doses for those who are moderately to severely immunocompromised).
- Individuals aged 12 years+ are eligible to receive a booster dose following their primary series.
- A second booster dose is also available for those who are aged 60 and older, those 18 and older who are First Nation, Inuit, and Métis including their adult household members, and residents of long-term care and retirement homes, elder care lodges and older adults living in congregate settings.

Recovery efforts are underway to address the four priority areas of which the Board of Health was apprised at the last meeting.

COVID-19 budget updates in the briefing note summarizes what was detailed in the funding briefing note in today's agenda package.

Questions were entertained regarding the expected expansion of the fourth dose eligibility and impacts from influenza A circulating early this season.

## **7. ADDENDUM**

### **14-22 ADDENDUM**

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

**CARRIED**

## **DECLARATIONS OF CONFLICT OF INTEREST**

There were no declarations of conflict of interest.

**i) Association of Local Public Health Agencies (alPHA) Video: *Public Health Matters***

alPHA released a new *Public Health Matters* video, for engagement and sharing with candidates and other stakeholders during this year’s provincial and municipal elections. Board of Health members were encouraged to view the video that is available on alPHA’s [Home Page](#) and via YouTube in [English](#) and [French](#).

**ii) alPHA Information Break, May 2022**

The most current alPHA newsletter is shared for information.

**iii) alPHA Conference and Annual General Meeting Program, updated May 17, 2022**

The updated program for the is shared to assist Board members in determining their interest and availability.

**8. ANNOUNCEMENTS**

- A sympathy card was sent to André Rivest’s family from the Board of Health. Former Board of Health member and City of Greater Sudbury Councillor, André was on the Board of Health from 2004 to 2006.
- Board of Health members were invited to complete the evaluation for today’s meeting.
- The next Board of Health meeting is Thursday, June 16, 2022, and will be last meeting before the summer hiatus.

**9. ADJOURNMENT**

**15-22 ADJOURNMENT**

***MOVED BY MYRE – NOLAND: THAT we do now adjourn. Time: 2:16 p.m.***

**CARRIED**

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(Chair)

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(Secretary)

**MINUTES**

**BOARD OF HEALTH FINANCE STANDING COMMITTEE**

**TUESDAY, JUNE 7, 2022 – 10 A.M.**

**VIRTUAL MEETING**

**BOARD MEMBERS PRESENT**

Carolyn Thain

Mark Signoretti

Ken Noland

**BOARD MEMBERS REGRETS/ABSENT**

René Lapierre

**EX-OFFICIO STAFF PRESENT**

France Quirion

Rachel Quesnel, Recorder

Dr. Penny Sutcliffe

**INVITED STAFF**

Keeley O’Neill

**GUESTS PRESENT**

Derek D’Angelo, KPMG

Wenting Zhou, KPMG

**R. QUESNEL PRESIDING**

**1. CALL TO ORDER**

The meeting was called to order at 10 a.m.

**2. ROLL CALL**

**3. ELECTION OF BOARD OF HEALTH FINANCE STANDING COMMITTEE CHAIR FOR 2022**

Nominations were held for the position of Board of Health Finance Standing Committee Chair. Carolyn Thain was nominated, and nominations were closed.

C. Thain accepted her nomination.

**01-22 APPOINTMENT OF BOARD OF HEALTH FINANCE STANDING COMMITTEE CHAIR**

***MOVED BY NOLAND – SIGNORETTI: THAT the Board of Health Finance Standing Committee appoint Carolyn Thain as the Board of Health Finance Standing Committee Chair for 2022.***

**CARRIED**

**C. THAIN PRESIDING**

#### 4. REVIEW OF AGENDA/DECLARATIONS OF CONFLICTS OF INTEREST

There were no declarations of conflict of interest.

#### 5. APPROVAL OF BOARD OF HEALTH FINANCE STANDING COMMITTEE MINUTES

##### 5.1 Board of Health Finance Standing Committee Notes dated November 2, 2021

#### 02-22 APPROVAL OF MEETING NOTES

***MOVED BY NOLAND – SIGNORETTI: THAT the meeting notes of the Board of Health Finance Standing Committee meeting of November 2, 2021, be approved as distributed.***

**CARRIED**

#### 6. NEW BUSINESS

##### 6.1 2021 Audited Financial Statements

- a) Briefing Note from the Medical Officer of Health and Chief Executive Officer dated May 31, 2022

Dr. Sutcliffe provided an overview of the briefing note and thanked F. Quirion and team for their leadership with the 2021 audit and audited financial statements. There is a motion for the Board of Health Finance Standing Committee's consideration to recommend the audited financial statements be endorsed by the full Board of Health.

F. Quirion introduced Derek D'Angelo, Lead Audit Partner at KPMG and Wenting Zhou, Audit Manager to the meeting and thanked the audit team from KPMG: Derek D'Angelo, Wenting Zhou, Bianca Xu for a successful audit.

D. D'Angelo was invited to review the Auditor's Audit Findings Report. There have been significant changes in the year ending December 31, 2021, which impacted financial reporting and the audit:

- COVID-19 pandemic
- New CAS auditing standards

D. D'Angelo summarized that there have been no initial selections of, or changes to significant accounting policies and practices to bring to the Committee's attention. There are no significant deficiencies in internal control over financial reporting and no identified areas of concern with regards to audit quality indicators. D. D'Angelo also outlined the 2021 standard audit plan arising from the impacts of the COVID-19 pandemic.

Questions were entertained. The auditor explained the process to address the unusual year in 2021 due to COVID-19 and how the auditors worked closely with staff as it relates to the increase in COVID-19 expenditures. It was pointed out that the materiality did not change from beginning to end of the audit work and that it was based on 2020, resulting

in a finer assessment than what might have been required if based on the increased expenditures in 2021.

The auditors described the additional work that was done to account for the additional expenditures and the significant asset purchases.

The auditors will be doing an analysis of the audit hours and compare to historical audits to determine and discuss this year's fee with management if required.

In response to a question about COVID-19 staffing expenses and related employee future benefits costs, the normal audit process was explained and it was noted that the auditors rely on the actuarial analyses. These are due to be assessed again and will inform future audits, noting that 2021 was an outlier year due to the pandemic.

The date of the audit report will be updated to reflect the Board of Health approval date. The draft report will be tabled at the June 16, 2022, Board of Health meeting for approval.

- b) Review of the 2021 Audit Findings Report and Audited Financial Statements
  - F. Quirion, Director, Corporate Services
  - K. O'Neill, Manager, Accounting Services
  - Derek D'Angelo and Wenting Zhou, KPMG

The draft audited statements have been prepared in compliance with the Generally Accepted Accounting Principles and presented in draft form.

F. Quirion recapped the magnitude of the changes that occurred in 2021 that impacted and shaped the year-end financial position:

- Implementation of COVID-19 vaccination clinics which required a substantial shift in Public Health resources.
- Hiring of additional staff to support the vaccine response.
- Agreement partnerships across our region, including with the City of Greater Sudbury, for assistance with the COVID-19 vaccination response and support for the mass vaccination requirements.
- Several waves of COVID infections required Public Health to ramp up case and contact management.
- Significant resources were redeployed from Public Health programs and hired externally to support the response.
- The ministry provided Public Health Units with funding for COVID-19 extraordinary expenses for both case and contact management as well as vaccine clinics to support the addition financial costs.
- Infrastructure modernization projects at Elm Place and 1300 Paris

- PHSD adjusted its' spending approach to ensure the organization was in the best financial position as possible.

Overall, the 2021 Audited Financial Statements were impacted by these and significant variances are attributable primarily to COVID-19 and the Modernization project.

Based on the auditor's report, the financial statements present fairly, in all material respects, the financial position of Public Health Sudbury & Districts as at December 31, 2021, and its results of operations and accumulated surplus, changes in net financial assets and its cash flows for the year then ended in accordance with Canadian public sector accounting standards. There were no recommendations received as a result of the 2021 annual audit completed by KPMG.

K. O'Neill provided a detailed overview of the statements and notes.

F. Quirion brought to attention of the members that the net increase to the capital reserves (case based) is only \$28,303 of the total reported annual surplus of \$1,022,582.

Questions were entertained. A member inquired about financial and staffing issues and as these were discussed by the Board at a previous meeting at which the member was not in attendance, he will follow up with the Board of Health Chair and Medical Officer of Health.

Sick leave and vacation accrual increases were discussed. 2021 was an unusual year that took a toll on staff who worked long hours for the COVID-19 response. It was clarified that leaves have been accounted for in the financials. A review of vacation has been undertaken and a plan is in place to promote staff taking accrued vacation as much as is feasible.

Clarification was provided regarding the variances relating to accounts receivable and employee benefits obligations as well as for plumbing expenses and licenses.

F. Quirion provided updates on the budget for the capital projects currently underway as well as the PHSD reserves, noting \$7.4M is still available in 2022 from the \$11M capital budget to complete the projects. It was clarified that once we have allocated to the capital project, the remaining available reserve balance will be approximately \$5.5M.

There continue to be concerns about provincial funding and funding pressures as well as unknowns relating to the provincial restructuring of public health. Dr. Sutcliffe responded that she believes it is reasonable to expect a resumption of initiatives to restructure the public health system. There have been calls to the provincial government that public



health be given time to review/debrief from COVID-19, address staff exhaustion, deal with recovery priorities and emerging issues such as monkeypox.

PHSD management has met to brainstorm regarding the range of possibilities and how PHSD might best respond when more data is known, in order to map out budget scenarios. Dr. Sutcliffe concluded that there continue to be many unknowns and the Board of Health and Board of Health Finance Standing Committee will continue to be kept apprised of any developments.

### **03-22 2021 AUDITED FINANCIAL STATEMENTS**

***MOVED BY SIGNORETTI – NOLAND: THAT the Board of Health Finance Standing Committee recommend to the Board of Health for the Sudbury and District Health Unit the adoption of the 2021 audited financial statements.***

**CARRIED**

## **6.2 Year to Date Financial Statements**

### **a) April 2022 Financial Statements**

F. Quirion reviewed the financial statements ending April 2022 showing a positive variance of \$606,534 before considering COVID-19 extraordinary expenses.

The statements account for \$2,805,997, or 33% of approved funding a third of the way through the year, in COVID-19 extraordinary expenses incurred to the end of April. Funding from the Ministry for COVID extraordinary expenses in the amount of \$8,344,000 has been approved in the 2022 Accountability Agreement and funding will be recognized in the statements when it is received. We can once again request additional COVID-19 extraordinary funding within our quarterly reporting process. Like last year, only those COVID-19 expenses that cannot be managed withing the Board approved budget are eligible for reimbursement from the COVID-19 extraordinary fund.

Variances within the department summary can be attributed to calendarization, shifting of resources to support COVID-19 and recovery priorities. Variances are also attributable to ongoing vacancies.

Questions were entertained. Challenges with recruitment are not unique to public health and PHSD is in competition with other health units and sectors to recruit professionals. Unknowns relating to the provincial public health restructuring could compound recruitment and retention challenges. We continue to strive to be the best organization we can be to attract talent. As a broader community approach, marketing our local communities could help attract people to northern Ontario.

**7. ADJOURNMENT**

**04-22 ADJOURNMENT**

***MOVED BY NOLAND–SIGNORETTI: THAT we do now adjourn. Time: 11:22 a.m.***

**CARRIED**

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(Chair)

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(Secretary)

Unapproved

## Medical Officer of Health/Chief Executive Officer Board of Health Report, June 2022

### Words for thought

#### *Territorial Acknowledgements*



**Why Territorial Acknowledgements?**

- Small act that demonstrates one's commitment to reconciliation
- It recognizes Indigenous Peoples as First Peoples of the land.
- It promotes awareness of our shared history and Indigenous Peoples' cultures.
- It formally acknowledges Indigenous Peoples' ongoing connection to the land.

The infographic features a large teal circle on the left containing the bullet points. To the right, the title 'Why Territorial Acknowledgements?' is displayed in a dark teal font. The bottom of the graphic is decorated with a horizontal band of teal and dark teal, featuring several circular icons: a yellow paw print, a teal circle, a pink circle, and a blue circle with a white outline.

Source: PHSD Territorial Acknowledgement Workshop  
Sarah Rice, Special Advisor, Indigenous Affairs, May 26, 2022

Greetings to all Board of Health members.

As we shift to our recovery priorities following the acute phase of the pandemic, it is with much excitement that we are re-invigorating our work with Public Health Sudbury & Districts' 2018 Indigenous Engagement Strategy. While our capacity to do this important work was greatly diminished in recent years, our commitment has never waned. Now arguably even more critical than ever, we are pleased to work at the staff and the Board level to engage with communities and partners in support of self-determined health priorities.

My very best wishes to all Board members for a safe, healthy and restful summer.

# General Report

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## 1. Board of Health

We await an appointment from the Lacloche Foothills Municipal Association for the replacement for G. Massicotte on the Board of Health.

## 2. Employee Service Recognition

Every June at Public Health Sudbury & Districts is dedicated to Service Recognition, where staff who reach milestones are recognized. This year, we had 46 staff who reached anywhere from 5 to 35 years of service with the agency. Any staff member who reached a milestone will (or has) receive an e-card of congratulations and thanks from their Division Director. “Kind Words” are also shared internally via Insight and Inside Edition throughout the month to highlight the accomplishments and achievements of staff who reached a milestone. As the agency was unable to host a celebration luncheon for the 25 Year Club recipients, each recipient will receive a beautiful basket with a note of appreciation from Dr. Sutcliffe and the Board Chair.

## 3. Recruitment of an Associate Medical Officer of Health (AMOH)

Following extensive recruitment efforts for a qualified associate medical officer of health, a position which has been vacant since April 2020, Public Health Sudbury & Districts is happy to announce we have hired Dr. Imran Adrian Khan. Dr. Khan will begin in his role of AMOH on October 24, 2022, pending Board appointment and Ministerial approval of the appointment. We look forward to welcoming Dr. Khan.

## 4. Monkeypox

On May 19, 2022, the Public Health Agency of Canada confirmed the first cases of monkeypox in Canada. As of June 3, 2022, Health Canada has reported 77 confirmed cases of monkeypox, with five of these cases found in residents of Ontario. To date, there have been no cases of monkeypox in the Public Health Sudbury & Districts service area.

The Ministry of Health is working closely with Public Health Ontario, the Public Health Agency of Canada, and all public health units to monitor for cases in Ontario. Public Health Sudbury & Districts continues to share valuable information and resources with clinicians and local partners to support preparedness, including information related to signs and symptoms of infection, details regarding transmission and preventative measures, testing and reporting requirements, and how to access post-exposure prophylaxis and treatment. Information has been shared via Advisory Alerts and posted on our website. We will continue to share updates with local partners and members of the public as further information becomes available.

## 5. Financial Report

The year to date financial statements ending April 2022 show a positive variance of \$606,534 before considering COVID-19 extraordinary expenses. These statements account for \$2,805,997 in COVID-19 extraordinary expenses incurred to the end of April. Funding from the Ministry for COVID extraordinary expenses in the amount of \$8,344,000 was approved in the 2022 Accountability Agreement and is not yet recognized in these financial statements. This funding will be recognized when received.

## 6. Local and provincial meetings

Internal and external committee meetings are resuming. The Public Mental Health Steering Committee met on May 31 and the Health Equity Steering Committee will also be meeting in June.

Myself and the Board of Health Chair will be attending the Association of Local Public Health Agencies (ALPHA) Annual General Meeting, Conference and the section meetings scheduled for June 13 and 14. A verbal update will be provided at the Board of Health meeting.

## 7. Quarterly Compliance Report

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

Public Health Sudbury & Districts has paid all payable remittances for employee income tax deductions and Canada Pension Plan and Employment Insurance premiums, as required by law to May 27, 2022, on June 3, 2022. The Employer Health Tax has been paid, as required by law, April 30, 2022, with an online payment date of May 15, 2022. Workplace Safety and Insurance Board premiums have also been paid, as required by law, to March 31, 2022, with a cheque dated April 30, 2022. There are no outstanding issues regarding compliance with the Occupational Health & Safety Act, Ontario Human Rights Code, or Employment Standards Act.

Following are the divisional program highlights, including the twice-yearly Corporate Services report.

## Corporate Services

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### 1. Accounting

On March 7, 2022, the Province of Ontario announced the Temporary Nursing Retention Incentive, aimed to retain qualified nurses in Ontario. Accounting has been preparing to administer the incentive payment to nurses who meet the qualification, while we await further clarification on eligibility criteria from the Ministry.

### 2. Facilities

Facilities continues to support the infrastructure modernization projects and the additional temporary locations established to support PHSD programs and services, including the COVID-19 vaccine program.

During this period, facilities supported the opening of the new Elm Street location, the temporary relocation of our Lasalle office to a new unit in the same mall, and the relocation of the COVID-19 vaccine program from the Gerry McCrory Countryside Sports Complex Arena to the Southridge Mall.

Facilities is also leading the capital projects involving the replacement of the elevator and the refurbishment of the patio at our 1300 Paris Street Office.

### 3. Human Resources

#### ***Recruitment and Recovery***

Recruitment is ongoing to ensure the organization continues to respond as required to the COVID-19 pandemic and has sufficient staffing to undertake recovery efforts.

The requirements to support the public health response for the COVID-19 pandemic have become a normal part of our operations. The structure change we implemented to support these requirements has helped us maintain other priority programs and services.

Although the majority of our workforce continues to work remotely, transition planning is underway to bring individuals back onsite now that the renovation projects are approaching completion.

PHSD staff continue to support the pandemic response. As the organization begins its recovery plan staff, who were deployed to work in other areas due to the pandemic are being repatriated to support priority areas as articulated in our plan.

### ***Health and Safety***

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

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

Requirements for health and safety are in place for all offices including our temporary locations.

An assessment of compliance with agency policies for health and safety training is underway to ensure any gaps are addressed, if any.

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

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

The committee continues to focus on efforts to support staff in recovery to encourage self care, to resilience and emotional intelligence.

Although the nature of the work has changed to recovery of priority public health programs staff are tired and this work is essential to continue moving forward. Additional resources have been approved to support this important work.

### ***Accessibility for Ontarians with Disabilities Act (AODA)***

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

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

### ***Privacy***

The organization continues to follow its practices to ensure that health information is being protected from unauthorized use/access as required by the new Personal Health Information Protection Act (PHIPA).

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

Agency compliance with mandatory breach reporting required by PHIPA to the Information and Privacy Commissioner of Ontario has been maintained. There are 4 breaches reported to date in 2022 compared to 3 in total in 2021. These mainly involve inappropriate access through misdirected mails/communication. When breaches occur, the agency takes the appropriate actions to immediately contain, resolve, and implement measures to mitigate future breaches.

#### *Access to Information Requests*

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

<b>Year</b>	<b># of requests</b>
2017	12
2018	4
2019	14
2020	4
2021	6
2022	5 to date

### ***Labour Relations***

The organization continues to communicate regularly with both bargaining units to support staff and the organization as the emergency orders have come to an end and staff start to focus on recovery while continuing to manage COVID-19 requirements.

## **4. Information Services (IT)**

IT continues to be extremely busy supporting the onboarding requirements of new/additional staff in support of the COVID-19 response while also supporting the new IT infrastructure requirements of 1300 Paris Street. The Elm Place move to the new office was completed at the end of January. The moves to the new Lasalle location and from Countryside to Southridge were also completed.

A number of projects are still in the planning stages as part of the recovery process. These include the replacement phone system, replacement service desk and asset system, and upgrades to the fax program. Planning is also underway for the upgrades to SharePoint and Exchange in conjunction with the records management system.

IT successfully onboarded two new staff members to replace permanent staff, one Service Desk Technician and one IT Business System Analyst.



## 5. Volunteer Resources

Since the beginning of the COVID-19 response (January 2021 to May 2022), there was a total of 143 active clinical volunteers supporting the COVID-19 vaccination clinics. Clinical volunteers supported the COVID-19 vaccination clinics with client service, directional flow through the clinics, and screening at the entrance.

As of May 2022, the COVID-19 vaccination clinical volunteer resources program has a total of 30 remaining volunteers.

Due to the COVID-19 response and social distancing measures, all mandatory program related volunteer positions have been put on hold. Plans are underway to resume volunteer supports for priority recovery programming as requested.

## 6. Quality & Monitoring

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

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

### ***Lean***

Lean reviews continue to be part of the organization's continuous quality improvement work. Lean continues to be a key driver throughout the COVID-19 response and Remote Work project. Lean methodology is used each day, specifically with streamlining processes, brainstorming strategies, mapping and recommending COVID-19 vaccination clinic models, and monitoring the projected ideal state of clinic throughput.

The Remote Work project uses Lean methodology to inform the development of the new hybrid work environment, part of which includes the development of new policies and procedures.

### ***Risk Management***

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

however, plans are underway to reactivate for the 2022 third quarter reporting. As such, the Executive Committee will review the report in October 2022.

## **7. Infrastructure Modernization**

### ***1300 Paris Street***

#### *1300 Paris Street*

Construction project is estimated to be substantially completed by late July. Delays to the arrival of custom millwork are impacting the ability to complete level 2. Furniture has arrived and is being installed. The project remains on budget.

The building signage project is near completion. The new pylon sign located nearest Paris Street has been installed as three facades. New parking lot signage will be installed in the near future.

The elevator upgrade project is underway. The agency is in the process of signing the contract with the elevator provider. The schedule would see completion in November 2022. This project has received capital funding from the province.

Preliminary discussions and project planning meetings are taking place for the patio repair work that needs to be completed.

### ***Elm Place***

The list of remaining deficiencies continues to be addressed. Scheduling of the contractors continues to be a challenge now that we are in the final mile of the project. The project financials remain on target.

### ***Working Remotely/Hybrid Working Environment***

Over the past two plus years, we have been collectively thrust into an intense and fast-paced pandemic response. This opportunity presented us with an unplanned experiment to suddenly do our work very differently - in a predominantly remote work environment. At the same time we have also embarked on a large-scale infrastructure modernization project, involving renovating spaces at both the Elm St. and the Paris St. offices. These renovated spaces will provide us with a modernized, more functional footprint, including a combination of assigned workspaces, shared spaces, and many opportunities for face-to-face collaboration. The new spaces support valuable face-to-face interaction, while incorporating flexibility.

As we plan to move staff back into our 1300 Paris St. office we have been preparing for a hybrid work environment where we value the benefits of face-to-face interaction and where almost all employees (except those who are “fully remote”) will have some opportunities and expectations to be onsite. Management training is being prioritized as we build our managers’ skills in leading teams in a hybrid work environment.

# Health Promotion

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## 1. Chronic Disease Prevention and Well-Being

### ***Healthy eating behaviours***

Registered dietitians from Public Health Sudbury & Districts and Centre de santé Univi Health Centre collaborated on the development of a four-video series of easy-to-follow recipes and cooking videos to promote food literacy with older adults and families. These videos were published on a weekly basis throughout Nutrition Month this past March via the Health Centre's social media platforms, and shared further through Public Health's channels.

In April, Public Health, provincial program leads from Eating Disorder Ontario – Prevention, and Northern Ontario francophone School Board representatives engaged in a cross-sectoral consultation that successfully facilitated the exchange of knowledge and ideas for strategic planning and meaningful implementation in school communities. The discussion included planning for a regional francophone working group to support eating disorder prevention interventions in francophone schools.

Throughout the pandemic, Public Health Sudbury & Districts continued to support the Sudbury & District Good Food Markets. The markets have been increasing access to lower cost produce in various locations throughout the City of Greater Sudbury and Sudbury District since 2017.

In 2021, the markets operated in Alban, Atikameksheng First Nation, Copper Cliff, Levack, Markstay, Minnow Lake, Sagamok First Nation and Wahnapiatae. In the fall, they continued to operate weekly in Levack, as well as every other week in Alban and Markstay, often selling out at locations. The markets continue to receive positive feedback from customers in participating locations.

Other communities have reached out to see how they can get involved and have the market come to their areas. Planning for the 2022 season is currently underway, with strong support and involvement from Public Health staff.

### ***Physical activity and sedentary behaviour***

Public Health staff connected with Active Sudbury partners to discuss local implementation of playground stencils in schools and daycares. Active Sudbury and the committee are working together to develop a strategy that will provide local school and daycares with an opportunity to have their playgrounds stenciled over the summer months.

### ***Seniors Dental Care***

Staff continued to provide preventive services, four days per week, to clients of the Ontario Seniors Dental Care Program at the new Seniors Dental Clinic at Elm Place. Recruitment efforts continue to fill the vacant dentist position at the clinic. Staff also continued to provide

enrolment assistance to low-income seniors and to refer clients to our contracted providers for restorative and/or prosthodontic services.

### ***Substance use***

Espanola Office staff provided a presentation and demonstration to the Town of Espanola Public Works Department and Hydro One staff on safe needle pick-up and disposal practices, and how to use Naloxone.

The Sudbury East Community Drug Strategy co-chairs representing Public Health and Univi Health Centre met with ACCESS Network's Manager of Harm Reduction Services regarding extending support to Sudbury East.

## **2. Healthy Growth and Development**

### ***Breastfeeding***

Throughout the month of May, public health nurses provided in-person and virtual breastfeeding clinic appointments to 73 clients at the main office and the office in Val Caron.

### ***Growth and development***

In May, 51 reminder postcards were sent to families encouraging them to make appointments for their child's 18-month screening with their health care providers. The goal of this reminder is to have more infants screened by health care providers for milestones that are indicators of healthy growth and development.

CBC Radio interviewed a Registered Dietitian to discuss the nutrition environment in public venues and the impact on children's health.

### ***Health Information Line***

In May, 80 calls were received by public health nurses on the Health Information line. Information was requested on breastfeeding, formula feeding, infant care, behavioural challenges with children, as well as some requests for counselling and mental health service referrals.

### ***Healthy Babies Healthy Children***

In January 2022, Wahnapiatae First Nation connected with the Healthy Babies Healthy Children (HBHC) team to collaborate on rejuvenating their HBHC program within their community. The HBHC team, in consultation with Public Health Sudbury & Districts' Special Advisor, Indigenous Affairs, welcomed the opportunity to work together. The respective team members came together and spent three days discussing and collaborating on program resources and delivery.

Throughout the month of May, public health nurses and family home visitors on the Healthy Babies Healthy Children team continued to provide support to over 200 client families. The team completed 1,047 interactions (in-home/virtual visits as well as phone calls). Public health

dietitians continue to provide nutrition support to clients who are identified as high nutritional risk by public health nurses.

Our Children Our Future were provided with a staff development opportunity to increase their knowledge of general healthy eating concepts as it relates to children's healthy growth and development.

### ***Healthy pregnancies***

In May, 67 people registered for the online prenatal course with our Health Families team. This course provides information on life with a new baby, infant feeding, the importance of self-care and the changes a new baby can bring to relationships.

## **3. School Health**

### ***Oral Health***

Staff continued to provide dental screening to students in priority elementary schools in our catchment area, including schools in the districts.

Through this program, children with urgent oral health needs are identified and referred to their family dentist for treatment. For families without a dentist or who cannot afford dental care, staff members assist with finding a dentist and/or enrolling in financial assistance programs for dental treatment and preventive care.

Staff also continued to provide preventive dental care at the Paris Street office to children enrolled in the Healthy Smiles Ontario Program. Effective June 1, the preventive dental clinics will increase from three days per week to five days per week. Throughout the pandemic, many families have not been seeking routine dental care. As such, over the summer months, the Oral Health team will be hosting weekly screening clinics at the Paris Street office, where parents can drop in for a free assessment of their child's oral health.

## **4. Substance Use and Injury Prevention**

### ***Comprehensive tobacco control***

The Quit Smoking Clinic telephone line remains open even though the Quit Smoking Clinic services are currently on hold as staff have been redeployed to support the COVID-19 response. Individuals seeking support are being referred to other programs throughout Ontario.

### ***Road safety***

Mindemoya office staff participated in the United Chiefs and Council of Manitoulin Anishnaabe Police Services open house and provided information and resources on car seat safety and road safety to approximately 200 community members.

## ***Substance Use***

On May 17, the Community Drug Strategy announced that Health Canada has granted a federal exemption under the Controlled Drugs and Substances Act to operate a new supervised consumption site (SCS) at the Réseau ACCESS Network- 24 Energy Court site in Greater Sudbury. The federal exemption is the final element required to complete the provincial application for a funded supervised consumption and treatment site.

Réseau ACCESS Network is currently in the process of recruiting health care professionals to meet the minimum staffing requirements to open the location and begin offering services.

In May, there have been two presentations with local community groups regarding the Community Drug Strategy and SCS. In May, there have also been two media requests from Sudbury.com following the news of the SCS exemption and Public Health Sudbury & Districts' opioid surveillance system.

Public Health Sudbury & Districts' opioid surveillance system continues to be monitored and updated based on information from the Office of the Chief Coroner.

From January to December 2021, there were 101 deaths in the area covered by Public Health Sudbury & Districts compared to 106 people during the same period in 2020, and 56 people during the same period in 2019. In 2020, Public Health Sudbury & District was found to be the region with the highest death per capita in the province. Based on new preliminary data for 2021, however, Public Health Sudbury & Districts' opioid-related mortality rate has been found to be the third highest in Ontario.

Northern communities continued to have the highest opioid-related mortality rates in the province in 2021, with Thunder Bay having the highest rate (i.e., 76.3 deaths per 100,000 population), Algoma the second highest (i.e., 55.5 per 100,000), Sudbury the third highest (i.e., 49.9 per 100,000), and Porcupine having the fourth highest rate (i.e., 47.0 deaths per 100,000).

## ***Harm reduction – Naloxone***

In March, Public Health Sudbury & Districts and community partners in our region distributed a total of 1,541 naloxone doses. In April, there was a preliminary total of 763 doses distributed.

Health Sciences North (HSN) continues to expand their inpatient naloxone distribution pilot program. For the month of March, HSN distributed 92 naloxone kits. In April, HSN distributed 10 naloxone kits.

Both the naloxone articulate training model and naloxone training manual are updated in English and French. The training manual can be used for onboarding naloxone distributing agencies into the program, as well as to train and orient their staff.

### ***Smoke Free Ontario Strategy***

The North East Tobacco Control Area Network (TCAN) has continued to host monthly TCAN meetings including bi-monthly Enforcement Subcommittee meetings.

The North East has also joined the other TCANs across the province in two joint TCAN meetings, as well as in a province wide roll out of social media messaging for World No Tobacco Day. These meetings have included the planning of a knowledge exchange to be held in June in partnership with the Ontario Tobacco Research Unit with a focus on current trends in tobacco and vaping use. World No Tobacco Day took place on May 31, 2022, and social media messaging circulated from May 26 to June 6, 2022.

## **School Health, Vaccine Preventable Diseases and COVID Prevention Division**

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### **1. School Health Promotion**

#### ***Healthy sexuality***

Public health nurses presented a two-part series on puberty to Grade 5 and 6 students at various schools throughout the Sudbury district. Topics covered during part one included an overview of the human anatomy and the physical changes that children can expect as they grow. During the second presentation, the staff brought attention to what healthy relationships are, as well as gender role and stereotyping.

#### ***Mental health promotion***

The School Health team continues to respond to schools' requests for mental health promotion, information, and relevant resources. The team also continues to work with the mental health leads from local school boards to implement programming for the 2021 – 2022 school year.

In the wake of the pandemic, the need feels greater. To address this need, public health nurses from the School and Behaviour Change team facilitated a series of 3 mental health sessions for students from Junior Kindergarten to Grade 8 at a local French school. PHNs facilitated interactive and age-appropriate activities which allowed students to identify their emotions, learn about the stress response, their brain and identify personal strengths. Students also learned and practised various coping strategies and were provided with information and tools on how to access supports.

Teachers were also provided with resources that they could continue to use in the classroom and share with parents. When the adults in children's lives create positive experiences, teach, and model positive coping strategies, students can benefit from improved self-regulation and can have the ability to be resilient and flourish.

### ***Northern Fruit and Vegetable Program***

The Northern Fruit and Vegetable Program (NFVP) has wrapped up operations for its ninth year in Sudbury and districts. The program continued to serve over 19,000 elementary and intermediate students in English and French school boards, and schools in First Nations. Over the past two years, the distribution and provision of vegetables and fruit through the NFVP was modified to meet COVID-19 health and safety protocols. Programming aims to increase consumption and awareness of fresh fruit and vegetables through weekly deliveries to participating schools, and our staff are already looking forward to the 2022 – 2023 school year.

## **2. COVID-19 Behaviour Change**

### ***COVID-safety***

The team continues to complete timely updates to the agency website, web Frequently Asked Questions (FAQs), and supporting resources such as factsheets, infographics, and posters for example. Ongoing development of social media posts for Facebook and Twitter continues in response to changes in guidance, Government and Ministry announcements, changes in local context and newly identified community needs.

Public Health Sudbury & Districts continues to strongly recommend the use of [multiple layers of protection](#) such as vaccination, masking, practising physical distancing, hand-washing and self-screening daily. The team continues to find new approaches to promote COVID-safe behaviours in the community.

### ***COVID-19 Vaccine Promotion***

The team continued to encourage the community to stay up to date with their COVID-19 vaccinations, including booster doses, when eligible. Recent COVID-19 vaccine promotions have addressed three-dose primary series and first and second booster dose eligibility, consideration for Moderna for individuals aged 6 to 11 years old, recommended vaccine intervals post COVID-infection, as well as ongoing promotion to increase vaccine uptake amongst 5-to-11-year-olds. In addition, ongoing COVID-19 vaccine promotions are implemented each week via Web, Frequently Asked Questions and social media.

### ***COVID information line***

In May 2022 (as of May 20), 3,785 incoming calls were answered by the Public Health Sudbury & Districts COVID-19 Information Line, with an average answered rate of 90.4%. Booking of COVID-19 vaccination appointment remains one of the main call themes, and the team's response assistants continue to provide up to date COVID-19 related information to the general public. An additional 11 response assistants were hired and have joined the team to support the overall operation of the Call Centre.



### **3. Vaccine Preventable Diseases and COVID Case and Contact Management**

The Vaccine Preventable Diseases team completed the remainder of the Grade 8 vaccination clinics for human papillomavirus (HPV), Hepatitis B (HB), and Meningococcal Conjugate Quadrivalent (Men-C-ACYW-135) vaccines. Grade 7 immunization clinics resumed on May 12. Thus far, the team has completed immunizations at 17 schools, and continues to work to complete the remaining schools before the end of the school year.

Clinics at our Sudbury main office location continue to be offered for children overdue on vaccinations, as well as clients needing high-risk immunizations.

### **8. COVID and Schools**

The COVID and Schools team continued to support both local schools and licensed child care centres across Sudbury and the districts with reporting of COVID-19 cases and absenteeism.

From May 4 to May 20, 2022, the team received 15 calls related to COVID-19 from schools, licensed child care centers, parents or summer camps. In addition, one school reported an increase in absenteeism and two licensed child care centers reported an increase in absenteeism.

The COVID and Schools team provided a letter for the parents and/or caregivers via the affected schools and licensed child care centres, indicating the increase in absenteeism and included recommendations and resources of measures parents and/or caregivers can take to help stop the spread of COVID-19.

The team continues to collect and track monthly reports from schools and licensed child care centres regarding the number of COVID-19 cases in each facility.

## **Health Protection**

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### **1. Control of Infectious Diseases (CID)**

In May, staff followed-up with 773 new local cases of COVID-19.

Further, 53 sporadic communicable diseases were investigated and 15 respiratory outbreaks were declared. The causative organism for 13 of these outbreaks was identified as COVID-19, with the remaining two outbreaks caused by Influenza A.

In May, three infection control complaints were received and investigated.

### ***Infection Prevention and Control Hub***

In May, 11 IPAC follow-up calls were completed as well as 12 IPAC assessments and audits at congregate settings. IPAC practitioners also participated in 15 outbreak management team (OMT) meetings.

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

### ***Sexual health clinic***

In May, there was one drop-in visit to the Elm Place site related to sexually transmitted infections, blood-borne infections, and/or pregnancy counselling.

On May 16, the Elm Place site resumed in-person counselling appointments for STI/BBI testing. There were 41 appointments attended.

The Elm Place site completed a total of 131 telephone assessments related to STIs, blood-borne infections, and/or pregnancy counselling in May, resulting in 129 onsite visits.

### ***Needle exchange program***

In April, harm reduction supplies were distributed and services received through 1,694 client visits across the Public Health Sudbury & Districts' region.

## **3. Food Safety**

In May, one food product recall prompted an email notification from Public Health to supermarkets and convenience stores, informing them of the recall and advising to remove the recalled products from sale. The recalled food products included: Certain Jif brand Peanut Butter due to possible contamination with *Salmonella*.

Staff issued 20 special event food service permits and eight farmer's markets vendor permits to various individuals and organizations.

## **4. Health Hazard**

In May, 30 health hazard complaints were received and investigated.

In response to hot, humid weather during the month of May, a media release was issued reminding the public of how to avoid heat-related illness.

Due to wildfires within our catchment area, a media release was issued on May 17, 2022, reminding residents of the health effects of wildfire smoke and how to protect themselves.

## 5. Ontario Building Code

In May, 64 sewage system permits, 20 renovation applications, one zoning, and six consent applications were received.

## 6. Rabies Prevention and Control

Twenty-four rabies-related investigations were carried out during the month of May. One specimen was submitted to the Canadian Food Inspection Agency Rabies Laboratory for analysis and was subsequently reported as negative.

Three individuals received rabies post-exposure prophylaxis following an exposure to wild or stray animals.

## 7. Safe Water

In May, 24 residents were contacted regarding adverse private drinking water samples. Public health inspectors investigated five regulated adverse water sample results.

Two boil water orders and one drinking water order were issued.

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

In May, four individuals were charged for smoking on school property, and one employer was charged for failure to post prescribed signs.

# Knowledge and Strategic Services

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## 1. Effective Public Health Practice

The two-part internal Knowledge Exchange Symposium, *COVID-19 Response: Thinking on your feet, where adaptability and resiliency meet*, held in May, was a success. The sessions showcased projects and day-to-day work stories from the last two years. Speakers and topics were wide-ranging, including: the Healthy Babies Healthy Children program, the COVID-19 vaccine program and vaccine planning for priority populations, COVID-19 behaviour change, human resources, the COVID-19 call centre, mental health and substance use, case and contact management, and environmental health and COVID-19 enforcement. In all, close to 100 staff members attended each of the two sessions, with positive feedback received from attendees.

## 2. COVID-19 Vaccine Planning

Work continues on the rollout of the COVID-19 vaccination program across Sudbury & Districts. As of May 24, a total of 455,172 doses of COVID-19 vaccines were administered to residents of Sudbury and districts, including 171,001 first doses, 166,272 second doses, 101,274 third doses, and, 16,625 fourth doses. A total of 89.2% of local residents aged 5 years and older have received their first dose of vaccine, while 85.7% have received their second dose, and 56.6% of residents aged 12+ have received their third dose.

Both community and hyper-localized clinic approaches continue to be scheduled to promote vaccine uptake and accessibility.

In Greater Sudbury, the model includes mini-mass clinics at arena halls and shopping malls, pop-up clinics or mobile bus clinics in new neighbourhoods or highly frequented locations, and vaccine-to-client opportunities for those who are homebound.

In the districts, clinics rotate weekly or bi-weekly to different communities within each area to ensure uptake across all municipalities on Manitoulin Island and in the Chapleau, Sudbury East, and Lacloche Foothills areas. Long-term care home efforts continue to be supported and new homes are being onboarded to lead the administration of COVID-19 vaccines in their facilities.

Team members from the Health Equity team have continued to support vaccination efforts for First Nations and urban Indigenous community members, priority populations, and in congregate settings. A vaccine-to-client initiative for individuals living with low income is moving forward. Through this initiative, we have distributed over 1,000 flyers to subsidized and cooperative housing units across our service area to provide additional opportunities and supports for accessing vaccination opportunities.

In June, the in-school COVID-19 vaccination of students aged 5-11 will conclude. An engaging flyer was distributed to caregivers through schools emphasizing the importance of booster doses for youth aged 12-17. Dedicated COVID-19 vaccination clinic hours for youth were added to the existing schedule throughout Sudbury and districts in June and advertised on social media to help increase booster dose uptake. Planning is underway to determine the best methods of reaching children and youth throughout the summer months.

Throughout July and August, clinic opportunities will continue to be available across our districts and in various neighbourhoods. Plans will provide flexibility to scale up clinic offerings as needed. Certain clinics are also being planned in partnership with the Vaccine Preventable Diseases team. Select venues will therefore offer both COVID-19 vaccines and routine immunizations to address the backlog of publicly funded vaccines for children, youth, and adults. Recommendations and clinic models are in development for fall clinics as well.

### **3. Health Equity and Indigenous Engagement**

The Health Equity team led the development of an agency submission as part of the consultation for Ontario's anti-racism strategic plan review and contributed to a submission with the Ontario Public Health Association's Anti-Racism Taskgroup. The team continues to collaborate with the City of Greater Sudbury to identify supports needed for displaced Ukrainian families settling in our area.

Indigenous Engagement staff have been developing workshop materials on the subjects of self-determination for Indigenous Peoples and territorial acknowledgements. The Chair of the Board of Health for Public Health Sudbury & Districts and the Medical Officer of Health participated in a session on territorial acknowledgements, with a view to guide them in the development of their own personal territorial acknowledgement statements.

Staff have actively participated in efforts to support local public health unit requirements of monitoring food affordability. This has included the development of a revised methodology and guidance document to reflect new hybrid (online and instore) food monitoring processes and the new National Nutritious Food Basket (released by Health Canada in 2019). Updated costing data will allow annual income scenarios to be developed that highlight local food insecurity realities through the intersection of social assistance rates, marketbased housing costs, and food costs.

Staff members continue to attend monthly meetings of the Compassionate City Committee with the City of Greater Sudbury. Priority actions for this committee are still in the development phase. Staff supported a facilitated session, including the review and refresher of the Compassionate Community movement and history of the committee to members as a precursor to priority setting this month.

### **4. Population Health Assessment and Surveillance**

The team continues to provide ongoing support with internal, external (public, media, ministry), and operational planning data requests essential for the management and decision support of COVID-19 and public health priorities. Efforts include maintenance of our COVID-19 reporting systems including vaccine, case, and outbreak reporting (tri-weekly web reports and a detailed weekly epidemiologic summary that includes vaccination data). Staff also continue to track vaccine uptake and local population projections to support internal vaccine planning and vaccine planning for First Nations and urban Indigenous communities.

Staff have also developed a new local COVID-19 risk index to inform agency COVID-19 response efforts and the general public, to be launched imminently. The risk index was developed to help residents in the districts of Sudbury and Manitoulin assess the real-time risk in the area related to COVID-19 and to help them take action to protect themselves.

Essential work continues in non-COVID related analyses, including bi-weekly Acute Care Enhanced Surveillance (ACES) System reports, daily monitoring of data related to suspected opioid overdoses, and the monthly updating of the Community Drug Strategy's opioid dashboard. Staff continue to work with teams across the agency to support data tracking and management including recent efforts to support health care and retirement facilities outbreak tracking and weekly flu tracking.

## **5. Staff Development**

An all-staff survey was launched to assess overall agency staff development needs. The survey will provide insight into the training needs of staff related to their mental health and well-being and the foundational knowledge and skills to meet ongoing public health priorities. Survey findings will inform the development of a Staff Development Plan for 2022–23. The survey closed at noon on May 25, with a total of 134 completed submissions.

## **6. Student Placement Program**

Public Health is hosting several student placement opportunities over the spring and summer term. These include a public health master's student from Brock University and observational placements for third-year medical residents from NOSM. Planning is underway to identify student placement opportunities for the 2022–2023 academic year.

## **7. Strategic Engagemet Unit and Communications**

As the agency begins to work on pandemic recovery priorities at an accelerated pace, communications with community members and partner agencies are increasing, along with additional opportunities for engagement.

While focusing on providing timely and relevant information, various communications channels are used to highlight key topics relevant to our community's current needs, such as supervised consumption services and helping children and adults get up-to-date with their vaccinations.

Respectfully submitted,

*original signed by*

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

## Public Health Sudbury & Districts

### STATEMENT OF REVENUE & EXPENDITURES

For The 4 Periods Ending April 30, 2022

#### Cost Shared Programs

	Annual	Budget	Current	Variance	Balance
	Budget	YTD	Expenditures	YTD	Available
			YTD	(over)/under	
<b>Revenue:</b>					
MOH - General Program	16,836,800	5,612,267	5,612,266	1	11,224,534
MOH - One Time Mitigation Grant	1,179,500	368,593	368,593	(0)	810,907
MOH - Unorganized Territory	826,000	275,333	275,334	(1)	550,666
Municipal Levies	9,078,082	3,026,027	3,026,034	(7)	6,052,048
Interest Earned	100,000	29,695	29,695	0	70,305
<b>Total Revenues:</b>	<b>\$28,020,382</b>	<b>\$9,311,915</b>	<b>\$9,311,922</b>	<b>\$(7)</b>	<b>\$18,708,460</b>
<b>Expenditures:</b>					
<b>Corporate Services:</b>					
Corporate Services	4,844,013	1,882,960	1,880,474	2,486	2,963,539
Office Admin.	115,350	19,033	24,304	(5,271)	91,046
Espanola	117,766	39,957	38,369	1,589	79,397
Manitoulin	131,604	44,745	41,324	3,422	90,280
Chapleau	126,876	43,206	39,563	3,642	87,312
Sudbury East	18,104	6,035	6,264	(230)	11,839
Intake	344,251	113,164	114,935	(1,772)	229,316
Facilities Management	602,893	153,283	146,278	7,005	456,615
Volunteer Resources	3,850	0	0	0	3,850
<b>Total Corporate Services:</b>	<b>\$6,304,706</b>	<b>\$2,302,383</b>	<b>\$2,291,511</b>	<b>\$10,872</b>	<b>\$4,013,195</b>
<b>Health Protection:</b>					
Environmental Health - General	1,326,023	429,606	444,708	(15,102)	881,314
Environmental	2,642,778	945,617	737,593	208,023	1,905,185
Vector Borne Disease (VBD)	88,828	8,505	8,380	125	80,448
Small Drinking Water Systems	177,834	61,558	76,523	(14,965)	101,311
CID	1,687,795	628,767	561,083	67,683	1,126,711
Districts - Clinical	231,803	80,175	84,046	(3,871)	147,757
Risk Reduction	273,042	9,973	9,974	(1)	263,068
Sexual Health	1,079,262	362,167	449,989	(87,821)	629,273
MOHLTC - Influenza	0	0	(70)	70	70
MOHLTC - Meningitis	0	0	(4,735)	4,735	4,735
MOHLTC - HPV	0	0	(5,015)	5,015	5,015
SFO: E-Cigarettes, Protection and Enforcement	257,999	88,606	69,793	18,813	188,206
<b>Total Health Protection:</b>	<b>\$7,765,364</b>	<b>\$2,614,973</b>	<b>\$2,432,270</b>	<b>\$182,704</b>	<b>\$5,333,094</b>
<b>Health Promotion:</b>					
Health Promotion - General	997,565	322,667	354,399	(31,732)	643,165
Districts - Espanola / Manitoulin	351,716	119,637	120,191	(554)	231,525
Nutrition & Physical Activity	1,508,873	472,121	264,466	207,656	1,244,407
Districts - Chapleau / Sudbury East	223,514	76,298	73,640	2,658	149,874
Tobacco, Vaping, Cannabis & Alcohol	350,309	103,329	104,653	(1,323)	245,656
Family Health	854,447	281,815	330,836	(49,021)	523,611
Mental Health and Addictions	375,039	134,719	227,776	(93,057)	147,263
Dental	546,067	181,672	177,094	4,577	368,972
Healthy Smiles Ontario	616,967	213,085	193,452	19,633	423,515
Vision Health	39,511	0	0	0	39,511
SFO: TCAN Coordination and Prevention	544,806	187,104	101,612	85,493	443,194
Harm Reduction Program Enhancement	159,201	55,034	39,435	15,599	119,766
<b>Total Health Promotion:</b>	<b>\$6,568,014</b>	<b>\$2,147,482</b>	<b>\$1,987,554</b>	<b>\$159,928</b>	<b>\$4,580,460</b>
<b>School Health, Vaccine Preventable Diseases and CC</b>					
School Health, VPD, COVID Prevention - General	192,058	66,277	101,709	(35,432)	90,350
School	1,985,343	682,215	451,346	230,870	1,533,998
VPD and COVID CCM	1,994,158	690,285	630,170	60,115	1,363,988
<b>Total SVC:</b>	<b>\$4,171,560</b>	<b>\$1,438,778</b>	<b>\$1,183,225</b>	<b>\$255,553</b>	<b>\$2,988,336</b>
<b>Knowledge and Strategic Services:</b>					
Knowledge and Strategic Services	2,685,290	921,500	921,053	447	1,764,237
Workplace Capacity Development	23,507	4,020	4,020	0	19,487
Health Equity Office	14,440	582	503	78	13,937
Nursing Initiatives: CNO, ICPHN, SDoH PHN	477,269	165,208	168,292	(3,084)	308,977
Strategic Engagement	10,232	304	275	30	9,957
<b>Total Knowledge and Strategic Services:</b>	<b>\$3,210,738</b>	<b>\$1,091,615</b>	<b>\$1,094,143</b>	<b>\$(2,528)</b>	<b>\$2,116,595</b>
<b>Total Expenditures:</b>	<b>\$28,020,382</b>	<b>\$9,595,230</b>	<b>\$8,988,702</b>	<b>\$606,528</b>	<b>\$19,031,679</b>
<b>Net Surplus/(Deficit)</b>	<b>\$0</b>	<b>\$(283,315)</b>	<b>\$323,220</b>	<b>\$606,535</b>	

**Public Health Sudbury & Districts**

**Cost Shared Programs**

STATEMENT OF REVENUE & EXPENDITURES  
 Summary By Expenditure Category  
 For The 4 Periods Ending April 30, 2022

	<b>BOH Annual Budget</b>	<b>Budget YTD</b>	<b>Current Expenditures YTD</b>	<b>COVID-19 Expenditures YTD</b>	<b>Variance YTD (over) /under</b>	<b>Budget Available</b>
<b>Revenues &amp; Expenditure Recoveries:</b>						
MOH Funding	28,020,382	9,311,915	9,317,530	0	(5,614)	18,702,852
Other Revenue/Transfers	722,717	107,311	160,903		(53,592)	561,814
<b>Total Revenues &amp; Expenditure Recoveries:</b>	<b>28,743,099</b>	<b>9,419,227</b>	<b>9,478,433</b>	<b>0</b>	<b>(59,207)</b>	<b>19,264,666</b>
<b>Expenditures:</b>						
Salaries	18,602,804	6,442,967	5,979,998	2,022,494	462,969	12,622,807
Benefits	5,820,779	2,006,310	1,864,653	232,923	141,657	3,956,126
Travel	297,058	45,069	41,732	79,788	3,337	255,326
Program Expenses	1,089,417	146,367	92,769	55,473	53,597	996,648
Office Supplies	85,584	16,576	8,774	3,248	7,802	76,810
Postage & Courier Services	64,972	15,874	16,268	0	(394)	48,704
Photocopy Expenses	33,228	8,313	9,004	3,144	(691)	24,224
Telephone Expenses	65,266	21,755	22,177	37,875	(422)	43,089
Building Maintenance	349,650	102,699	100,246	21,178	2,453	249,404
Utilities	236,567	78,856	55,222		23,634	181,345
Rent	312,365	104,122	198,866	30,808	(94,744)	113,500
Insurance	145,514	140,514	157,600		(17,086)	(12,086)
Employee Assistance Program ( EAP)	35,000	11,667	19,957		(8,290)	15,043
Memberships	29,889	15,724	23,723		(7,999)	6,166
Staff Development	126,205	24,094	13,133		10,961	113,072
Books & Subscriptions	9,345	2,179	1,652		527	7,693
Media & Advertising	130,365	25,995	25,097	16,688	898	105,268
Professional Fees	467,625	100,241	135,060	234,528	(34,819)	332,565
Translation	48,690	8,076	6,923	28,931	1,154	41,767
Furniture & Equipment	18,020	4,098	8,897		(4,798)	9,123
Information Technology	774,755	381,047	373,462	38,919	7,584	401,293
<b>Total Expenditures</b>	<b>28,743,099</b>	<b>9,702,541</b>	<b>9,155,213</b>	<b>2,805,997</b>	<b>547,328</b>	<b>19,587,886</b>
<b>Net Surplus ( Deficit )</b>	<b>0</b>	<b>(283,315)</b>	<b>323,220</b>	<b>(2,805,997)</b>	<b>606,535</b>	



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

SUMMARY OF REVENUE & EXPENDITURES

For the Period Ended April 30, 2022

Program	FTE	Annual Budget	Current YTD	Balance Available	% YTD	Program Year End	Expected % YTD
<b>100% Funded Programs</b>							
COVID and Schools	355	896,000	41,209	854,791	4.6%	Mar 31/2022	8.3%
Indigenous Communities	703	90,400	32,858	57,542	36.3%	Dec 31	33.3%
Pre/Postnatal Nurse Practitioner	704	139,000	15,937	123,063	11.5%	Mar 31/2022	8.3%
LHIN - Falls Prevention Project & LHIN Screen	736	100,000	12	99,988	0.0%	Mar 31/2022	8.3%
Northern Fruit and Vegetable Program	743	176,100	60,060	116,040	34.1%	Dec 31	33.3%
Triple P Co-Ordination	766	28,998	15,660	13,338	54.0%	Dec 31	33.3%
Supervised Consumption Site	767	-	54,151	(54,151)	#DIV/0!	Dec 31	33.3%
Healthy Babies Healthy Children	778	1,476,897	147,612	1,329,285	10.0%	Mar 31/2022	8.3%
IPAC Congregate CCM	780	840,000	15,698	824,302	1.9%	Mar 31/2022	8.3%
Ontario Senior Dental Care Program	786	1,012,400	191,924	820,476	19.0%	Dec 31	33.3%
Anonymous Testing	788	61,193	5,109	56,084	8.3%	Mar 31/2022	8.3%
<b>Total</b>		<b>4,820,988</b>	<b>580,230</b>	<b>4,240,758</b>			

**From:** Board <board-bounces@lists.alphaweb.org> **On Behalf Of** Loretta Ryan  
**Sent:** May 26, 2022 8:34 AM  
**To:** board@lists.alphaweb.org  
**Subject:** [Board] Health priorities for the provincial election/ Les priorités en matière de la santé pour l'élection provinciale

Hello,

Please see below messaging sent out by PHSD to profile alPHA's Public Health Matters video and other alPHA resources with the provincial election candidates in their ridings.

I am sharing this with PHSD's permission as it is an excellent example of a PHU's leadership team outreaching to candidates to support a strong and local public health system in Ontario.

Take Care,

Loretta

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Loretta Ryan, CAE, RPP  
Executive Director  
**Association of Local Public Health Agencies (alPHA)**  
480 University Avenue, Suite 300  
Toronto, ON M5G 1V2  
Tel: 416-595-0006 ext. 222  
Cell: 647-325-9594  
[loretta@alphaweb.org](mailto:loretta@alphaweb.org)  
[www.alphaweb.org](http://www.alphaweb.org)



**From:** Rachel Quesnel  
**Sent:** May 25, 2022 3:41 PM  
**To:** Jamie West <[jwest-co@ndp.on.ca](mailto:jwest-co@ndp.on.ca)>  
**Subject:** FW: Health priorities for the provincial election/ Les priorités en matière de la santé pour l'élection provinciale

[Le message français suit l'anglais](#)

*Message from the Board of Health Chair, Public Health Sudbury & Districts*

Dear Candidate,

Further to Dr. Sutcliffe's message below, I am pleased to share a newly released Public Health Matters video, developed by the Association of Local Public Health Agencies (alPHA). The video is available on alPHA's [Home Page](#) and via YouTube in [English](#) and [French](#).

Local public health has demonstrated its value as the backbone of Ontario's pandemic response, and will have enduring value once such an emergency has abated. The *Public Health Matters* video illustrates public health's extraordinary pandemic response efforts over the past two years that required a near-

total redeployment of resources and resulted in a suspension of a significant proportion of the mandatory Ontario Public Health Standards (OPHS) programs and services. Resuming these public health activities will entail clearing a two-year backlog and addressing a variety of direct and indirect population health impacts that were aggravated by the pandemic. It is also expected that managing COVID-19 will become routine for the foreseeable future and will require a commitment to sustained and sufficient public health resources and to a stable public health structure that remains embedded in local communities.

Additional resources include alPHA's [Elections Primer](#), *Public Health Resilience in Ontario Clearing the Backlog, Resuming Routine Programs, and Maintaining an Effective Covid-19 Response* [Report](#) and its [Executive Summary](#) as well as alPHA's updated "What is Public Health" [brochure](#). These illustrate who is public health are, what public health does, and why public health matters.

I hope that these resources will be informative to you and your campaign in supporting a strong, sustainable, resilient, and locally based public health system in Ontario.

Thank you,

René Lapierre, Chair  
Board of Health  
Public Health Sudbury & Districts

*Message du président du Conseil de santé de Santé publique Sudbury et districts*

Aux candidates et candidats,  
Madame,  
Monsieur,

En complément au message de la D<sup>re</sup> Sutcliffe présenté plus bas, je suis ravi de vous communiquer les hyperliens d'une vidéo intitulée *Une question de santé publique*, que vient de lancer l'organisme *Association of Local Public Health Agencies* (alPHA). On peut avoir accès à cette vidéo en se rendant à la [page d'accueil](#) de l'alPHA, et la visionner sur YouTube, en [anglais](#) et en [français](#).

La santé publique locale a fait la preuve de sa valeur à titre d'intervenant clef dans la réponse à la pandémie, et cette valeur sera toujours effective une fois que l'urgence sanitaire se sera dissipée. La vidéo *Une question de santé publique* fait état des efforts extraordinaires déployés par la santé publique pour contrer la pandémie au cours des deux dernières années. La santé publique a dû réaffecter la presque totalité de ses ressources, entraînant ainsi la suspension d'un nombre important de programmes et de services mandatés en vertu des Normes de santé publique de l'Ontario (NSPO). La remise en marche de ces programmes et de ces services de santé publique signifiera d'abord le rattrapage des retards accumulés depuis deux ans, puis l'atténuation des répercussions directes et indirectes sur la santé de la population qui ont été aggravées par la pandémie. On s'attend également à ce que la gestion de la COVID-19 devienne une activité courante dans un avenir prévisible et que cette activité exigera un engagement particulier pour assurer des ressources soutenues et suffisantes en santé publique et une structure stable fermement intégrée aux communautés locales.

Parmi les autres sources d'information, notons le [Guide des élections](#), le [rapport](#) *Public Health Resilience in Ontario Clearing the Backlog, Resuming Routine Programs, and Maintaining an Effective Covid-19 Response* et son [sommaire](#), ainsi que le [livret](#) mis à jour de l'alPHA, *What is Public Health?*. Ces

documents (fournis seulement en anglais) décrivent la nature de la santé publique, son rôle auprès de la population, et les raisons pour lesquelles la santé publique compte dans la vie des gens.

J'espère que ces documents vous inciteront, vous et votre équipe de campagne, à soutenir un système de santé publique ontarien qui soit solide, durable, résilient et bien ancré dans les communautés locales.

Je vous remercie de votre attention.

René Lapierre, président  
Conseil de santé  
Santé publique Sudbury et districts

**From:** Penny Sutcliffe

**Sent:** May 12, 2022 4:46 PM

**To:** Jamie West <[jwest-co@ndp.on.ca](mailto:jwest-co@ndp.on.ca)>

**Subject:** Health priorities for the provincial election/ Les priorités en matière de la santé pour l'élection provinciale

[Le message français suit l'anglais](#)

Dear candidate,

Please see the attached regarding a collection of health priorities for the provincial election.

Respectfully,

Penny Sutcliffe, MD, MHSc, FRCPC  
Medical Officer of Health and Chief Executive Officer  
Public Health Sudbury & Districts

Public Health Sudbury & Districts operates within the traditional lands of the Robinson-Huron Treaty and Treaty 9. We also recognize that Wiikwemkoong remains unceded. These lands encompass strong and vibrant communities with Anishinabek, Ininiwak (Cree), and Métis Peoples. We acknowledge the original Peoples of this land. Their enduring presence and resilience is felt throughout our shared history and in present day.

Chère candidate,

Vous trouverez ci-joint de l'information concernant les priorités en matière de la santé pour l'élection provinciale.

Veuillez agréer, Madame, l'expression de mes sentiments distingués.

Penny Sutcliffe, MD, MHSc, FRCPC  
Médecin-hygiéniste et directrice générale  
Santé publique Sudbury et districts  
1300 rue Paris | Sudbury, Ontario P3E 3A3

[sutcliffep@phsd.ca](mailto:sutcliffep@phsd.ca)

Phone 705.522.9200 poste 291 Fax 705.677.9606

Phsd.ca @SantéPubliqueSD

Des communautés plus saines pour tous

Santé publique Sudbury et districts agit dans le cadre des terres ancestrales du Traité Robinson Huron et du Traité 9. Nous reconnaissons également que Wiikwemkoong demeure non cédé. Ces terres abritent des communautés dynamiques et fortes, dont les peuples anishinabek, oniniwak (cris) et métis. Nous reconnaissons les peuples autochtones de ces terres. Leur pérennité et leur résilience se font sentir dans notre histoire commune et dans le monde d'aujourd'hui.

City Clerk's Office

Secretariat  
Julie Amoroso, Board Secretary  
Toronto Board of Health  
Toronto City Hall, 10<sup>th</sup> Floor, West Tower  
100 Queen Street West  
Toronto, Ontario M5H 2N2

Tel: 416-397-4592  
Fax: 416-392-1879  
E-mail: [boh@toronto.ca](mailto:boh@toronto.ca)  
Web: [www.toronto.ca/council](http://www.toronto.ca/council)

June 9, 2022

SENT VIA E-MAIL

**To:** Boards of Health in Ontario and the Association of Local Public Health Agencies

**Subject:** Response to COVID-19 - April 2022 Update (Item HL36.1) (see Part 10 of the Toronto Board of Health's decision on page 2 which is addressed to all Boards of Health in Ontario and the Association of Local Public Health Agencies)

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**The Toronto Board of Health, during its meeting on April 11, 2022, adopted [Item HL36.1](#), as amended, and:**

1. Expressed its full support to the Medical Officer of Health to implement additional measures to address the harm of COVID-19, as needed.
2. Requested the Medical Officer of Health, in partnership with Ontario Health and the City's community and health sector partners, to accelerate the integration of the delivery of on-site COVID-19 vaccination, testing, treatment, and health and social services.
3. Requested the Medical Officer of Health to continue using the VaxTO program for the COVID-19 3rd- and 4th-dose campaign, and to scale up live calling in support of vaccine booster dose uptake.
4. Requested the Province of Ontario to re-enable local Medical Officers of Health to issue letters of instruction as part of the local toolkit to reduce the impact of COVID-19 and help keep people safe.
5. Requested the Medical Officer of Health to implement a public health promotion campaign to inform the public of COVID-19 risks and provide guidance for risk mitigation.
6. Requested the Medical Officer of Health and the Province of Ontario to provide additional focused guidance to help the public discern how best to employ layers of protection against COVID-19 and to provide support to those at greatest risk for severe outcomes from COVID-19, including priority access to testing, personal protective equipment, and other resources to support safer public interactions.

7. Requested the Medical Officer of Health to explore innovative and accessible ways to use data to communicate with the public to enable informed decisions about how best to mitigate the risk of COVID-19.
8. Requested the Ministry of Health and Ontario Health to work with Toronto Public Health, primary care, pharmacies, other health care practitioners, and any other relevant stakeholders, to facilitate access to and increase appropriate uptake of COVID-19 treatments, incorporating core elements such as:
  - a. an information campaign to raise awareness among health care providers and the public of the availability of this effective treatment;
  - b. resources to support health care providers and the public to use available COVID-19 treatments; and
  - c. a strategy to leverage existing community vaccine distribution infrastructure to ensure effective, equitable access to COVID-19 treatment.
9. Requested the Province of Ontario to work with relevant stakeholders and communities to expand the collection of sociodemographic data in the health system (which may include, for example, optimizing the linkage of existing Census data with health data) to ensure that resources are deployed to the populations with the greatest need and to ensure equitable and culturally-safe access to health and social services.
10. Forwarded Part 9 above, concerning the collection of sociodemographic data, to all Boards of Health in Ontario and the Association of Local Public Health Agencies.
11. Requested the Medical Officer of Health to provide public reporting on, and consider for potential inclusion in dashboard changes, the following:
  - a. COVID-19 related hospitalizations among school-aged children and youth;
  - b. transmission of COVID-19 in schools; and
  - c. health workforce absentee data.

To view this item and background information online, please visit:  
<http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2022.HL36.1>.

Yours sincerely,



Julie Amoroso  
Board Secretary  
Toronto Board of Health

Sent (via e-mail) to the following Boards of Health in Ontario and the Association of Local Public Health Agencies:

- Algoma Public Health Board of Health, c/o Mayor Sally Hagman, Chair
- Brant County Board of Health, c/o Councillor John Bell, Chair
- Chatham-Kent Board of Health, c/o Councillor Joe Faas, Chair
- City of Hamilton Board of Health, c/o Mayor Fred Eisenberger, Chair
- Durham Region Board of Health (Health and Social Services Committee), c/o John Henry, Durham Regional Chair
- Eastern Ontario Health Unit Board of Health, c/o Councillor Syd Gardiner, Chair
- Grey Bruce Health Unit Board of Health, c/o Mayor Sue Paterson, Chair
- Haldimand-Norfolk Health Unit Board of Health, c/o Mayor Kristal Chopp, Chair
- Haliburton, Kawartha, Pine Ridge District Health Unit Board of Health, c/o Councillor Doug Elmslie, Chair
- Halton Region Board of Health (Regional Council), c/o Gary Carr, Halton Regional Chair
- Hastings Prince Edward Public Health Board of Health, c/o Mayor Jo-Anne Albert, Chair
- Huron Perth Public Health Board of Health, c/o Councillor Kathy Vassilakos, Chair
- Kingston, Frontenac, Lennox & Addington Public Health Board of Health, c/o Deputy Warden and Mayor, Denis Doyle, Chair
- Lambton County Board of Health (County Council), c/o County Warden and Mayor, Kevin Marriott, Chair
- Leeds, Grenville & Lanark District Health Unit Board of Health, c/o Mayor Doug Malanka, Chair
- Middlesex-London Health Unit Board of Health, c/o Councillor Maureen Cassidy, Chair
- Niagara Region Board of Health (Regional Council), c/o Jim Bradley, Regional Chair
- North Bay Parry Sound District Health Unit Board of Health, c/o Nancy Jacko, Chair
- Northwestern Health Unit Board of Health, c/o Mayor Doug Lawrance, Chair
- Ottawa Board of Health, c/o Councillor Keith Egli, Chair
- Peterborough Public Health Board of Health, c/o Deputy Warden and Mayor Andy Mitchell, Chair
- Porcupine Health Unit Board of Health, c/o Mayor Sue Perras, Chair
- Public Health Sudbury & Districts Board of Health, c/o Councillor René Lapierre, Chair
- Region of Peel Board of Health (Regional Council), c/o Nando Iannicca, Regional Chair and Chief Executive Officer
- Region of Waterloo Board of Health (Region of Waterloo Council), c/o Karen Redman, Regional Chair
- Renfrew County and District Health Unit Board of Health, c/o Ann Aikens, Chair
- Simcoe Muskoka District Health Unit Board of Health, c/o Deputy Mayor and Councillor Anita Dubeau, Chair
- Southwestern Public Health Board of Health (Oxford, Elgin and St. Thomas), c/o Warden Larry Martin, Chair
- Thunder Bay District Health Unit Board of Health, c/o Councillor James McPherson, Chair
- Timiskaming Health Unit Board of Health, c/o Mayor Carman Kidd, Chair



- Wellington-Dufferin-Guelph Public Health Board of Health, c/o Mayor and Councillor George Bridge, Chair
- Windsor-Essex County Health Unit Board of Health, c/o Warden and Mayor Gary McNamara, Chair
- York Region Board of Health (York Regional Council), c/o Wayne Emmerson, York Region Chairman and Chief Executive Officer
- Dr. Paul Roumeliotis, Association of Local Public Health Agencies, President, COMOH Representative, East Region

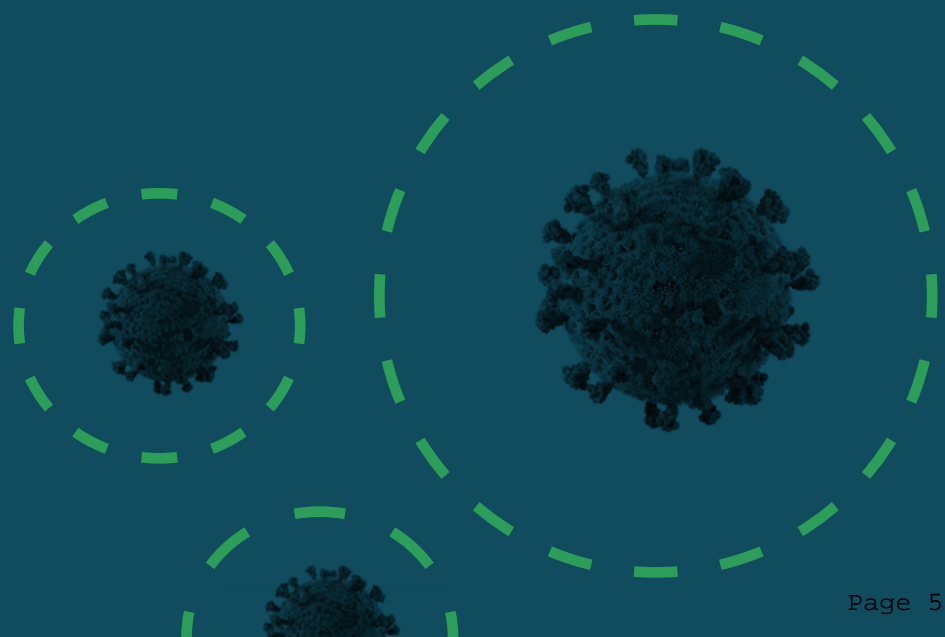
cc (via e-mail):

- Dr. Eileen de Villa, Medical Officer of Health, Toronto Public Health

# Public Health Lessons Learned from the COVID-19 Pandemic

Public Health Physicians of Canada (PHPC)  
[www.phpc-mspc.ca](http://www.phpc-mspc.ca)

January 2022



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# REPORT DETAILS AND AUTHORSHIP

## Funding

The authors gratefully acknowledge the financial support from the Canadian Medical Association (CMA) in producing this report, as well as the contributions from their staff and team members. More information about the CMA is available at [www.cma.ca](http://www.cma.ca).

## Acknowledgements

Thank you to all those who worked on this report, within both PHPC and CMA. A draft of the report was sent to all public health physician members of the society, with dozens providing written feedback. The planned recommendations were also presented to individuals within the CMA for comment and feedback. This report was also written and published with thanks to all those working hard on the COVID-19 frontlines and response, other public health partners, and all Canadians making efforts to follow safety measures.

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## Public Health Physicians of Canada (PHPC)

Public Health Physicians of Canada (PHPC, [www.phpc-mspc.ca](http://www.phpc-mspc.ca)) is the national specialty society for Public Health and Preventive Medicine (PHPM) specialists. We are a voice for public health physicians and represent the interests of both PHPM specialists and other physicians working in public health across Canada. PHPC was originally established as the National Specialty Society for Community Medicine (NSSCM) and became the Public Health Physicians of Canada in 2012. Our objectives include (1):

- To support public health physicians in their practice through networking, knowledge exchange, and continuing professional development.
- To promote the educational and scientific advancement of public health medical practice, through liaisons with the Royal College of Physicians and Surgeons of Canada and other education, research, and training organizations.
- To promote the role of PHPM specialists and other public health physicians in the Canadian health system.

*Disclaimer: Please use at your own discretion; apologies for errors or omissions.*

# EXECUTIVE SUMMARY

*The impact of COVID-19 (coronavirus disease 2019) is significant and complex. After emerging in 2019, COVID-19 continues to spread throughout the world, overburdening public health and health care systems and leading to many consequences, including economic and social impacts that will be experienced for years to come.*

Public health physicians have an important role in managing and mitigating the impacts of the pandemic. While there are challenges and concerns about under-resourcing the country's public health systems, there are significant strengths in Canada's COVID-19 response. Based on deaths adjusted for population and vaccine uptake, Canada has done well at managing many elements of its response. This was achieved in no small part due to the dedication and resilience of public health and health care staff who have been integral to the sustained response. Compared with previous pandemics, coordination across jurisdictions and departments has also improved throughout COVID-19; rapid delivery and iteration made it possible to implement evolving best practices in real time. Ongoing reliance on science has helped shape and ensure an evidence-informed strategy.

This report has been prepared from the perspective of public health physicians. Public health focuses on preventing illness, decreasing inequities, and improving overall quality of life for entire communities. It uses data, evidence, public engagement, research, education and more to inform public health policies, develop programs, and respond to emergencies like the COVID-19 pandemic. Public health physicians are experts in integrating medical and broader societal considerations with public health practice. After completing medical school, those pursuing a career as a Public Health and

Preventive Medicine (PHPM) physician must complete an additional five years of residency that includes clinic and hospital training, courses in public health sciences, and clinical experience in public health settings. Once certified, these medical specialists work in public health across governmental and non-governmental settings. They use their medical training differently from many physicians, as most public health physicians work behind the scenes, having limited contact with individual patients in clinics and hospitals. This view of care by PHPM physicians complements and supports delivery of acute care and primary care for a comprehensive health system.

The pandemic has increased interest in and awareness of public health systems, but the expertise and scope of public health includes much more than communicable disease and outbreak control. Due to a historical lack of funding, the public health community's focus on the pandemic over the past two years has only been possible at the expense of other core public health work. This work includes programs aimed at addressing factors known as ecological and social determinants of health, the non-medical factors—including social, economic, and political systems—that impact health and well-being.

The pandemic continues to highlight the health impacts of inequities and the ways existing health, government, and social systems fail to meet the needs of Indigenous Peoples and marginalized communities. Significant work and adequate resources must be dedicated to improving equitable health outcomes. We encourage the amplification of reports and articles on the COVID-19 pandemic effects and response written by Indigenous Peoples (First Nations, Inuit, and Métis) to understand the best actions to take in support of Indigenous community health and autonomy (see examples in Appendix 3).

To improve the impact of public health measures and health outcomes across Canada, this report provides detailed recommendations for rebuilding, resourcing and re-imagining our public health systems. These include:



**Funding:** Increase funding and resourcing of public health teams and organizations.



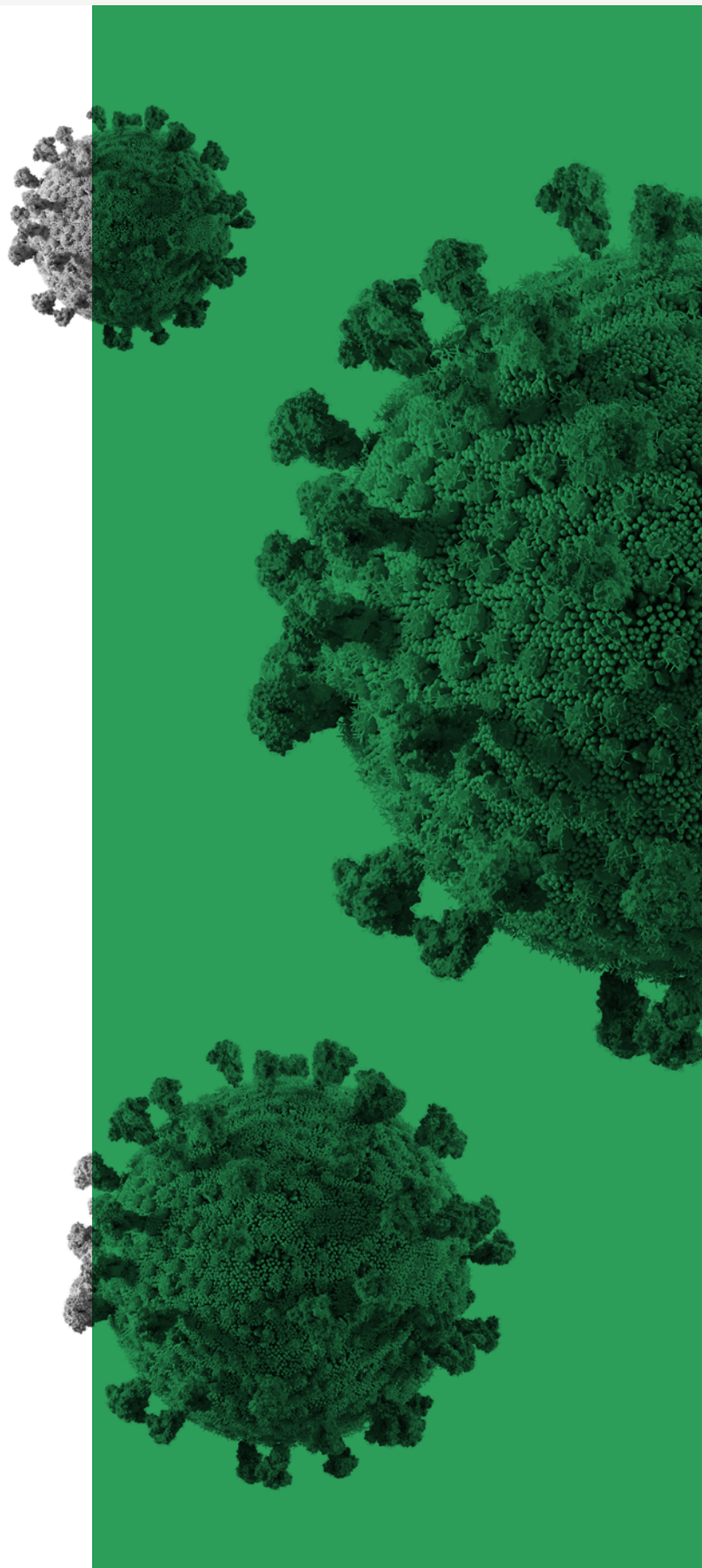
**Defining:** Increase awareness of the role of public health physicians and public health practice and service delivery. Misunderstandings about the scope of public health adversely impacted the COVID-19 response. This includes expertise being attributed to physicians with non-public health specialties and misguided advocacy.



**Managing:** Prioritize sustainable investment and staffing capacity. Acknowledge and address the significant burnout among public health and health care teams.



**Monitoring:** Invest in and develop public health information systems.





**Decision-making:** Improve and prioritize community engagement. Clarify distinctions between public health expertise and advice and political decision-making, where feasible.



**Prevention and promotion:** Maintain a focus on the importance of health promotion and prevention, alongside treatment.



**Communicating:** Modernize communications training and strategies and ensure there are clear distinctions between public health and health care expertise.



**Studying:** Invest in practical research that is timely and informed by the needs of public health service delivery.



**Reforming:** Collaborate with communities to address systemic discrimination in health care and public health, including with respect to Indigenous health, with dedicated funding.

We also support revisiting the recommendations from previous reports, such as those outlined in Appendix 1, and implementing those that have not been or are only partially implemented.

Adequate public health resources, funding and training must be actively pursued to continue to support the health of all people who live in Canada today and in the future. With additional intersecting health challenges associated with income disparity, food security, climate change and other current issues, it is urgent that more resources are allocated to public health.

The recommendations in this report span a wide range of issues. A recurrent theme is the need to prioritize perspectives from the on-the-ground work of local and regional public health service delivery in Canada—and ensure that systems (financial and

human resourcing, technological, data, research and others) support their work and their practitioners. There are often periods of investment and cycles of de-investment that occur in public health, but sustained support for our public health systems is crucial, not only in times of crisis.

We hope that the recommendations contained in this report will contribute to improving public health, while also decreasing inequity between communities and across the country—and not one without the other.

**APPROVAL OF CONSENT AGENDA**

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



Financial Statements of

**BOARD OF HEALTH FOR THE  
SUDBURY & DISTRICT  
HEALTH UNIT**

**(OPERATING AS PUBLIC HEALTH SUDBURY  
& DISTRICTS)**

And Independent Auditors' Report thereon

Year ended December 31, 2021

DRAFT

## INDEPENDENT AUDITORS' REPORT

To the Board Members of the Board of Health for the Sudbury & District Health Unit (operating as Public Health Sudbury & Districts), Members of Council, Inhabitants and Ratepayers of the Participating Municipalities of the Board of Health for the Sudbury & District Health Unit

### **Opinion**

We have audited the accompanying financial statements of The Board of Health for the Sudbury & District Health Unit operating as Public Health Sudbury & Districts (the Entity), which comprise:

- the statement of financial position as at December 31, 2021
- the statement of operations and accumulated surplus for the year then ended
- the statement of changes in net financial assets for the year then ended
- the statement of cash flows for the year then ended
- and notes to the financial statements, including a summary of significant accounting policies

(Hereinafter referred to as the “financial statements”)

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Entity as at December 31, 2021, and its results of operations, its changes in net financial assets and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

### **Basis for Opinion**

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the “*Auditors’ Responsibilities for the Audit of the Financial Statements*” section of our report.

We are independent of the Entity in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada and we have fulfilled our other responsibilities in accordance with these requirements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

### ***Responsibilities of Management and Those Charged with Governance for the Financial Statements***

Management is responsible for the preparation and fair presentation of the financial statements in accordance with Canadian public sector accounting standards, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is responsible for assessing the Entity's ability to continue as a going concern, disclosing as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the Entity or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the Entity's financial reporting process.

### ***Auditors' Responsibility for the Audit of the Financial Statements***

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion.

Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists.

Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit.

We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion.

The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Entity's internal control.

- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Entity's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditors' report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditors' report. However, future events or conditions may cause the Entity to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represents the underlying transactions and events in a manner that achieves fair presentation.
- Communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Chartered Professional Accountants, Licensed Public Accountants

Sudbury, Canada  
(date)

# BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Statement of Financial Position

December 31, 2021, with comparative information for 2020

	2021	2020
<b>Financial assets</b>		
Cash and cash equivalents	\$ 21,223,794	\$ 17,922,732
Accounts receivable	1,961,943	340,921
Receivable from the Province of Ontario	24,116	1,318,218
	<u>23,209,853</u>	<u>19,581,871</u>
<b>Financial liabilities</b>		
Accounts payable and accrued liabilities	5,021,791	1,908,800
Deferred revenue	1,310,225	466,524
Payable to the Province of Ontario	4,205,709	1,099,437
Employee benefit obligations (note 2)	3,800,176	3,294,290
	<u>14,337,901</u>	<u>6,769,051</u>
Net financial assets	8,871,952	12,812,820
Non-financial assets:		
Tangible capital assets (note 3)	9,695,350	4,652,960
Prepaid expenses	272,266	351,206
	<u>9,967,616</u>	<u>5,004,166</u>
Commitments and contingencies (note 4)		
Accumulated surplus (note 5)	\$ 18,839,568	\$ 17,816,986

See accompanying notes to financial statements.

On behalf of the Board:

\_\_\_\_\_ Board Member

\_\_\_\_\_ Board Member

# BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Statement of Operations and Accumulated Surplus

Year ended December 31, 2021, with comparative information for 2020

	Budget	Total	Total
	2021	2021	2020
	(unaudited)		
Revenue (note 9):			
Provincial grants	\$ 21,596,090	\$ 37,756,934	\$ 22,849,930
Per capita revenue from municipalities (note 7)	8,484,189	8,484,189	8,080,191
Other:			
Plumbing inspections and licenses	317,000	513,912	368,509
Interest	140,000	84,159	146,802
Other	622,291	579,473	814,144
	31,159,570	47,418,667	32,259,576
Expenses (note 9):			
Salaries and wages	20,198,588	27,344,955	20,539,456
Benefits (note 6)	5,918,186	6,587,013	5,747,346
Administration (note 8)	2,396,863	9,434,890	2,568,680
Supplies and materials	1,273,575	1,162,571	1,321,246
Amortization of tangible capital assets (note 3)	-	766,464	588,011
Small operational equipment	1,015,820	776,998	621,401
Transportation	356,538	323,194	175,518
	31,159,570	46,396,085	31,561,658
Annual surplus	-	1,022,582	697,918
Accumulated surplus, beginning of year	17,816,986	17,816,986	17,119,068
Accumulated surplus, end of year	\$ 17,816,986	\$ 18,839,568	\$ 17,816,986

See accompanying notes to financial statements.

# BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Statement of Changes in Net Financial Assets

Year ended December 31, 2021, with comparative information for 2020

	2021	2020
Annual surplus	\$ 1,022,582	\$ 697,918
Purchase of tangible capital assets	(5,808,854)	(143,496)
Amortization of tangible capital assets	766,464	588,011
Change in prepaid expenses	78,940	(26,167)
Change in net financial assets	(3,940,868)	1,116,266
Net financial assets, beginning of year	12,812,820	11,696,554
Net financial assets, end of year	\$ 8,871,952	\$ 12,812,820

See accompanying notes to financial statements.

DRAFT

# BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Statement of Cash Flows

Year ended December 31, 2021, with comparative information for 2020

	2021	2020
Cash provided by (used in):		
Cash flows from operating activities:		
Annual surplus	\$ 1,022,582	\$ 697,918
Adjustments for:		
Amortization of tangible capital assets	766,464	588,011
Change in employee benefit obligations	505,886	337,827
	2,294,932	1,623,756
Changes in non-cash working capital:		
Decrease (increase) in accounts receivable	(1,621,022)	57,049
Decrease (increase) in receivable from the Province of Ontario	1,294,102	(1,071,344)
Increase in accounts payable and accrued liabilities	3,112,991	100,854
Increase in deferred revenue	843,701	104,403
Increase in payable to the Province of Ontario	3,106,272	567,372
Decrease (increase) in prepaid expenses	78,940	(26,167)
	9,109,916	1,355,923
Cash flows from investing activity:		
Purchase of tangible capital assets	(5,808,854)	(143,496)
Increase in cash	3,301,062	1,212,427
Cash and cash equivalents, beginning of year	17,922,732	16,710,305
Cash and cash equivalents, end of year	\$ 21,223,794	\$ 17,922,732

See accompanying notes to financial statements.



# BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Notes to Financial Statements

Year ended December 31, 2021

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The Board of Health for the Sudbury & District Health Unit, (operating as Public Health Sudbury & Districts), (the "Health Unit") was established in 1956, and is a progressive, accredited public health agency committed to improving health and reducing social inequities in health through evidence informed practice. The Health Unit is funded through a combination of Ministry grants and through levies that are paid by the municipalities to whom the Health Unit provides public health services. The Health Unit works locally with individuals, families and community and partner agencies to promote and protect health and to prevent disease. Public health programs and services are geared toward people of all ages and delivered in a variety of settings including workplaces, daycare and educational settings, homes, health-care settings and community spaces.

The Health Unit is a not-for-profit public health agency and is therefore exempt from income taxes under the Income Tax Act (Canada).

## 1. Summary of significant accounting policies:

These financial statements are prepared by management in accordance with Canadian public sector accounting standards established by the Public Sector Accounting Board. The principal accounting policies applied in the preparation of these financial statements are set out below.

### (a) Basis of accounting:

The financial statements are prepared using the accrual basis of accounting.

The accrual basis of accounting recognizes revenues as they are earned. Expenses are recognized as they are incurred and measurable as a result of receipt of goods or services and the creation of a legal obligation to pay.

### (b) Cash and cash equivalents:

Cash and cash equivalents include guaranteed investment certificates that are readily convertible into known amounts of cash and subject to insignificant risk of change in value.

Guaranteed investment certificates generally have a maturity of one year or less at acquisition and are held for the purpose of meeting future cash commitments.

Guaranteed investment certificates amounted to \$2,332,600 as at December 31, 2021 (2020 - \$2,323,093) and these can be redeemed for cash on demand.

### (c) Employee benefit obligations:

The Health Unit accounts for its participation in the Ontario Municipal Employee Retirement Fund (OMERS), a multi-employer public sector pension fund, as a defined contribution plan.

Vacation and other compensated absence entitlements are accrued for as entitlements are earned.

Sick leave benefits are accrued where they are vested and subject to pay out when an employee leaves the Health Unit's employ.

# BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Notes to Financial Statements

Year ended December 31, 2021

## 1. Summary of significant accounting policies (continued):

### (c) Employee benefit obligations (continued):

Other post-employment benefits are accrued in accordance with the projected benefit method pro-rated on service and management's best estimate of salary escalation and retirement ages of employees. The discount rate used to determine the accrued benefit obligation was determined with reference to the Health Unit's cost of borrowing at the measurement date taking into account cash flows that match the timing and amount of expected benefit payments.

Actuarial gains (losses) on the accrued benefit obligation arise from the difference between actual and expected experiences and from changes in actuarial assumptions used to determine the accrued benefit obligation. These gains (losses) are amortized over the average remaining service period of active employees.

### (d) Non-financial assets:

Tangible capital assets and prepaid expenses are accounted for as non-financial assets by the Health Unit. Non-financial assets are not available to discharge liabilities and are held for use in the provision of services. They have useful lives extending beyond the current year and are not intended for sale in the ordinary course of operations.

### (e) Tangible capital assets:

Tangible capital assets are recorded at cost, and include amounts that are directly related to the acquisition of the assets. The Health Unit provides for amortization using the straight-line method designed to amortize the cost, less any residual value, of the tangible capital assets over their estimated useful lives. The annual amortization periods are as follows:

Asset	Basis	Rate
Building	Straight-line	2.5%
Land improvements	Straight-line	10%
Computer hardware	Straight-line	30%
Leasehold improvements	Straight-line	10%
Website design	Straight-line	20%
Vehicles and equipment	Straight-line	10%
Equipment – vaccine refrigerators	Straight-line	20%
Computer software	Straight-line	100%

### (f) Prepaid expenses:

Prepaid expenses are charged to expenses over the periods expected to benefit from them.

# BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Notes to Financial Statements

Year ended December 31, 2021

---

## 1. Summary of significant accounting policies (continued):

### (g) Accumulated surplus:

Certain amounts, as approved by the Board of Directors, are set aside in accumulated surplus for future operating and capital purposes. Transfers to/from funds and reserves are an adjustment to the respective fund when approved.

The accumulated surplus consists of the following surplus accounts:

- Invested in tangible capital assets:

This represents the net book value of the tangible capital assets the Health Unit has on hand.

- Unfunded employee benefit obligations:

This represents the unfunded future employee benefit obligations comprised of the accumulated sick leave benefits, other post-employment benefits and vacation pay and other compensated absences.

The accumulated surplus consists of the following reserves:

- Working capital reserve:

This reserve is not restricted and is utilized for the operating activities of the Health Unit.

- Public health initiatives:

This reserve is restricted and can only be used for public health initiatives.

- Corporate contingencies:

This reserve is restricted and can only be used for corporate contingencies.

- Facility and equipment repairs and maintenance:

This reserve is restricted and can only be used for facility and equipment repairs and maintenance.

- Sick leave and vacation:

This reserve is restricted and can only be used for future sick leave and vacation obligations.

- Research and development:

This reserve is restricted and can only be used for research and development activities.

# BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Notes to Financial Statements

Year ended December 31, 2021

---

## 1. Summary of significant accounting policies (continued):

### (h) Revenue recognition:

Revenue from government grants and from municipalities is recognized in the period in which the events giving rise to the government transfer have occurred as long as: the transfer is authorized; the eligibility criteria, if any, have been met except when and to the extent that the transfer gives rise to an obligation that meets the definition of a liability for the recipient government; and the amount can reasonably be estimated. Funding received under a funding arrangement, which relates to a subsequent fiscal period and the unexpended portions of contributions received for specific purposes, is reflected as deferred revenue in the year of receipt and is recognized as revenue in the period in which all the recognition criteria have been met.

Other revenues including certain user fees, rents and interest are recorded on the accrual basis, when earned and when the amounts can be reasonably estimated and collection is reasonably assured.

### (i) Budget figures:

Budget figures have been provided for comparison purposes and have been derived from the budget approved by the Board of Directors. The budget figures are unaudited.

### (j) Use of estimates:

The preparation of financial statements in conformity with Canadian public sector accounting standards requires management to make estimates and assumptions that affect the reported amounts of certain assets and liabilities at the date of the financial statements and the reported amounts of certain revenues and expenses during the reporting period. By their nature, these estimates are subject to measurement uncertainty. The effect of changes in such estimates on the financial statements in future periods could be significant. Accounts specifically affected by estimates in these financial statements are estimated amounts for uncollectible accounts receivable, employee benefit obligations and the estimated useful lives and residual values of tangible capital assets.

# BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Notes to Financial Statements

Year ended December 31, 2021

## 2. Employee benefit obligations:

An actuarial estimate of future liabilities has been completed using the most recent actuarial valuation dated December 31, 2017 and forms the basis for the estimated liability reported in these financial statements. The valuation of the plan is updated from a walk forward of the December 31, 2020 results. The next full valuation of the plan will be as of December 31, 2021.

	2021	2020
Accumulated sick leave benefits	\$ 625,120	\$ 667,497
Other post-employment benefits	1,613,775	1,475,123
	2,238,895	2,142,620
Vacation pay and other compensated absence	1,561,281	1,151,670
	\$ 3,800,176	\$ 3,294,290

The significant actuarial assumptions adopted in measuring the Health Unit's accumulated sick leave benefits and other post-employment benefits are as follows:

	2021	2020
Discount	4.00%	4.00%
Health-care trend rate		
Initial	6.42%	6.42%
Ultimate	3.75%	3.75%
Salary escalation factor	2.75%	2.75%

The Health Unit has established reserves in the amount of \$675,447 (2020 - \$675,447) to mitigate the future impact of these obligations. The accrued benefit obligations as at December 31, 2021 are \$2,304,953 (2020 - \$2,202,391).

	2021	2020
Benefit plan expenses:		
Current service costs	\$ 185,111	\$ 177,271
Interest	88,379	84,610
Amortization of actuarial loss	(6,286)	(6,286)
	\$ 267,204	\$ 255,595

Benefits paid during the year were \$170,928 (2020 - \$172,209). The net unamortized actuarial loss of \$66,057 (2020 - \$59,771) will be amortized over the expected average remaining service period.

# BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Notes to Financial Statements

Year ended December 31, 2021

### 3. Tangible capital assets:

Cost:

	Land	Building	Leasehold Improvements	Computer Hardware	Computer Software	Website Design	Furniture and Equipment	Parking Lot Resurfacing	2021 Total
Balance, January 1, 2021	\$ 26,938	7,153,834	396,739	2,807,845	415,207	69,845	2,597,700	252,346	13,720,454
Additions	-	2,790,957	1,794,285	699,985	-	-	523,627	-	5,808,854
Balance, December 31, 2021	\$ 26,938	9,944,791	2,191,024	3,507,830	415,207	69,845	3,121,327	252,346	19,529,308

Accumulated amortization:

	Land	Building	Leasehold Improvements	Computer Hardware	Computer Software	Website Design	Furniture and Equipment	Parking Lot Resurfacing	Total
Balance, January 1, 2021	\$ -	3,287,909	396,739	2,386,237	415,207	69,845	2,335,632	175,925	9,067,494
Amortization	-	213,733	89,715	331,757	-	-	106,024	25,235	766,464
Balance, December 31, 2021	\$ -	3,501,642	486,454	2,717,994	415,207	69,845	2,441,656	201,160	9,833,958

Net book value

	Land	Building	Leasehold Improvements	Computer Hardware	Computer Software	Website Design	Furniture and Equipment	Parking Lot Resurfacing	Total
At December 31, 2020	\$ 26,938	3,865,925	-	421,608	-	-	262,068	76,421	4,652,960
At December 31, 2021	26,938	6,443,149	1,704,570	789,836	-	-	679,671	51,186	9,695,350

# BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Notes to Financial Statements

Year ended December 31, 2021

### 3. Tangible capital assets (continued):

Cost:

	Land	Building	Leasehold Improvements	Computer Hardware	Computer Software	Website Design	Furniture and Equipment	Parking Lot Resurfacing	2020 Total
Balance, January 1, 2020	\$ 26,938	7,153,834	396,739	2,686,438	410,602	69,845	2,580,217	252,346	13,576,959
Additions	-	-	-	121,407	4,605	-	17,483	-	143,495
Balance, December 31, 2020	\$ 26,938	7,153,834	396,739	2,807,845	415,207	69,845	2,597,700	252,346	13,720,454

Accumulated amortization:

	Land	Building	Leasehold Improvements	Computer Hardware	Computer Software	Website Design	Furniture and Equipment	Parking Lot Resurfacing	Total
Balance, January 1, 2020	\$ -	3,109,063	396,739	2,122,827	410,602	69,845	2,219,717	150,690	8,479,483
Amortization	-	178,846	-	263,410	4,605	-	115,915	25,235	588,011
Balance, December 31, 2020	\$ -	3,287,909	396,739	2,386,237	415,207	69,845	2,335,632	175,925	9,067,494

Net book value

	Land	Building	Leasehold Improvements	Computer Hardware	Computer Software	Website Design	Furniture and Equipment	Parking Lot Resurfacing	Total
At December 31, 2019	\$ 26,938	4,044,771	-	563,611	-	-	360,500	101,656	5,097,476
At December 31, 2020	26,938	3,865,925	-	421,608	-	-	262,068	76,421	4,652,960

# BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Notes to Financial Statements

Year ended December 31, 2021

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#### 4. Commitments and contingencies:

(a) Line of credit:

The Health Unit has available an operating line of credit of \$500,000 (2020 - \$500,000). There is \$Nil balance outstanding on the line of credit at year end (2020 - \$Nil).

(b) Lease commitments:

The Health Unit enters into operating leases in the ordinary course of business, primarily for lease of premises and equipment. Payments for these leases are contractual obligations as scheduled per each agreement. Commitments for minimum lease payments in relation to non-cancellable operating leases at December 31, 2021 are as follows:

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No later than one year	\$	292,346
Later than one year and no later than 5 years		1,041,578
Later than five years		1,358,995
	\$	2,692,919

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(c) Contingencies:

The Health Unit is involved in certain legal matters and litigation, the outcomes of which are not presently determinable. The loss, if any, from these contingencies will be accounted for in the periods in which the matters are resolved. Management is of the opinion that these matters are mitigated by adequate insurance coverage.



# BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Notes to Financial Statements

Year ended December 31, 2021

## 5. Accumulated surplus:

The accumulated surplus consists of individual fund surplus accounts and reserves as follows:

	Balance, Beginning of Year	Annual Surplus (Deficit)	Purchase of Tangible Capital Assets	Transfer To (From) Reserves	Balance, End of Year
Invested in tangible capital assets	\$ 4,652,961	(766,464)	5,808,854	-	\$ 9,695,351
Unfunded employee benefit obligation	(3,294,290)	(505,886)	-	-	(3,800,176)
Working capital reserve	7,226,008	2,294,932	(5,808,854)	3,542,225	7,254,311
Public health initiatives	2,500,000	-	-	-	2,500,000
Corporate contingencies	500,000	-	-	-	500,000
Facility and equipment repairs and maintenance	5,500,000	-	-	(3,542,225)	1,957,775
Sick leave and vacation	675,447	-	-	-	675,447
Research and development	56,860	-	-	-	56,860
	\$ 17,816,986	1,022,582	-	-	\$ 18,839,568

## 6. Pension agreements:

The Health Unit makes contributions to OMERS, which is a multi-employer plan, on behalf of its members. The plan is a defined contribution plan, which specifies the amount of the retirement benefit to be received by the employees based on the length of service and rates of pay.

The amount contributed to OMERS for 2021 was \$1,779,245 (2020 - \$1,822,937) for current service and is included within benefits expense on the statement of operations and accumulated surplus.

# BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Notes to Financial Statements

Year ended December 31, 2021

## 7. Per capita revenue from municipalities:

	2021	2020
City of Greater Sudbury	\$ 7,297,256	\$ 6,949,771
Town of Espanola	225,260	214,534
Township of Sable and Spanish River	138,382	131,792
Municipality of French River	122,601	116,764
Municipality of Markstay-Warren	120,226	114,501
Township of Northeastern Manitoulin & The Islands	109,960	104,724
Township of Chapleau	98,930	94,220
Township of Central Manitoulin	88,410	84,201
Municipality of St. Charles	59,733	56,890
Township of Assiginack	38,947	37,093
Town of Gore Bay	38,184	36,366
Township of Baldwin	26,051	24,811
Township of Billings (and part of Allan)	25,881	24,650
Township of Gordon (and part of Allan)	23,167	22,064
Township of Nairn & Hyman	20,452	19,478
Township of Tehkummah	18,755	17,861
Municipality of Killarney	17,906	17,053
Township of Burpee	14,088	13,418
	\$ 8,484,189	\$ 8,080,191

## 8. Administration expenses:

	Budget 2021	2021	2020
Professional fees	\$ 561,717	\$ 7,464,693	\$ 720,798
Building maintenance	593,599	574,160	445,072
Advertising	150,800	195,070	404,592
Telephone	200,836	328,492	281,783
Rent	273,408	451,117	267,000
Utilities	225,827	151,204	183,264
Liability insurance	121,234	134,607	115,712
Staff education	165,150	38,192	57,771
Postage	64,972	59,865	57,113
Memberships and subscriptions	39,320	37,490	35,575
	\$ 2,396,863	\$ 9,434,890	\$ 2,568,680

# BOARD OF HEALTH FOR THE SUBURBY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUBURBY & DISTRICTS)

Notes to Financial Statements

Year ended December 31, 2021

## 9. Revenues and expenses by funding sources:

	OLHA	UIIP	Men C	HPV	Unorganized Territories	Ontario Sr. Dental Care Program	MOH/AMOH	MCCSS: HBHC & PPNP	HIV-Aids Anonymous Testing	Non-Ministry	Sub-Total
<b>Revenue:</b>											
Provincial grants											
Operation	\$ 16,836,800	-	-	-	-	787,356	17,000	1,593,850	61,202	-	19,296,208
Mitigation grant	1,179,500	-	-	-	-	-	-	-	-	-	1,179,500
One-time	-	-	-	-	-	-	-	-	-	-	-
Unorganized territories	-	-	-	-	1,044,018	-	-	-	-	-	1,044,018
Municipalities	8,484,189	-	-	-	-	-	-	-	-	-	8,484,189
Plumbing and inspections	513,912	-	-	-	-	-	-	-	-	-	513,912
Interest	84,159	-	-	-	-	-	-	-	-	-	84,159
Other	294,346	7,440	6,299	12,113	-	2,575	-	-	-	256,700	579,473
	27,392,906	7,440	6,299	12,113	1,044,018	789,931	17,000	1,593,850	61,202	256,700	31,181,459
<b>Expenses:</b>											
Salaries and wages	18,922,451	6,695	5,668	10,912	675,898	68,322	15,455	1,276,214	48,993	156,390	21,186,998
Benefits	5,393,659	669	566	1,091	173,165	22,120	1,545	294,393	11,853	21,111	5,920,172
Transportation	28,026	-	-	-	118,082	496	-	17,673	-	-	164,277
Administration (note 8)	1,946,772	-	-	-	34,276	248,342	-	2,469	356	54,507	2,286,722
Supplies and materials	674,571	76	65	110	42,597	8,681	-	3,101	-	5,897	735,098
Small operational equipment	616,106	-	-	-	-	1,179	-	-	-	-	617,285
Amortization of tangible capital assets	766,464	-	-	-	-	-	-	-	-	-	766,464
	28,348,049	7,440	6,299	12,113	1,044,018	349,140	17,000	1,593,850	61,202	237,905	31,677,016
Annual surplus (deficit)	\$ (955,143)	-	-	-	-	440,791	-	-	-	18,795	(495,557)
Capital expenditures	307,699	-	-	-	-	440,791	-	-	-	-	748,490
Annual surplus (deficit) net of capital expenditures	\$ (1,262,842)	-	-	-	-	-	-	-	-	18,795	(1,244,047)

OLHA - MOH Mandatory Cost-Shared

UIIP - Universal Influenza Immunization Program

Men C - Meningococcal Vaccine Program

HPV - Human Papilloma Virus

MOH/AMOH - Ministry of Health/Associate Medical Officer of Health

MCCSS - Ministry of Children, Community and Social Services: Health Babies Healthy Children/Prenatal Postnatal Nurse Practitioner

Non-Ministry - Non-Ministry Funded Initiatives

# BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Notes to Financial Statements

Year ended December 31, 2021

## 9. Revenues and expenses by funding sources (continued):

	2020-21 One-time Funding			2021-22 One-time Funding				Total
	COVID-19 Case and Contact Management	Needle Exchange Program	COVID-19 Infection Prevention and Control Hub	COVID-19 General	COVID-19 Vaccine	COVID-19 School Focused Nurses	Ontario Senior Dental Care Program Capital	
<b>Revenue:</b>								
Provincial grants								
Operation	\$ -	-	-	-	-	-	-	19,296,208
Mitigation grant	-	-	-	-	-	-	-	1,179,500
One-time	16,989	49,400	580,344	3,161,467	10,267,281	1,059,702	1,102,025	16,237,208
Unorganized territories	-	-	-	-	-	-	-	1,044,018
Municipalities	-	-	-	-	-	-	-	8,484,189
Plumbing and inspections	-	-	-	-	-	-	-	513,912
Interest	-	-	-	-	-	-	-	84,159
Other	-	-	-	-	-	-	-	579,473
	16,989	49,400	580,344	3,161,467	10,267,281	1,059,702	1,102,025	47,418,667
<b>Expenses:</b>								
Salaries and wages	15,444	-	495,299	2,163,402	2,628,213	855,599	-	27,344,955
Benefits	1,545	-	64,055	176,730	220,408	204,103	-	6,587,013
Transportation	-	-	3,342	18,562	137,013	-	-	323,194
Administration (note 8)	-	7,190	499	406,391	6,734,088	-	-	9,434,890
Supplies and materials	-	41,582	4,387	141,775	239,729	-	-	1,162,571
Small operational equipment	-	628	-	84,585	74,500	-	-	776,998
Amortization of tangible capital assets	-	-	-	-	-	-	-	-
	16,989	49,400	567,582	2,991,445	10,033,951	1,059,702	-	46,396,085
Annual surplus (deficit)	\$ -	-	12,762	170,022	233,330	-	1,102,025	1,022,582
Capital expenditures	-	-	12,762	170,022	233,330	-	1,102,025	2,266,629
Annual surplus (deficit) net of capital expenditures	\$ -	-	-	-	-	-	-	(1,244,047)

OLHA - MOH Mandatory Cost-Shared

UIIP - Universal Influenza Immunization Program

Men C - Meningococcal Vaccine Program

MOH/AMOH - Ministry of Health/Associate Medical Officer of Health

MCCSS - Ministry of Children, Community and Social Services: Health Babies Healthy Children/Prenatal Postnatal Nurse Practitioner

Non-Ministry - Non-Ministry Funded Initiatives

# BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Notes to Financial Statements

Year ended December 31, 2021

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## 10. Comparative information:

The financial statements have been reclassified, where applicable, to conform to the presentation used in the current year. The changes do not affect the prior year surplus.

## 11. Financial risks:

Other risk:

The Health Unit's main sources of revenue are government operation grants, municipal levies and other service fees. In March 2020, the COVID-19 outbreak was declared a pandemic by the World Health Organization. This resulted in the Canadian, Provincial and Municipal governments enacting emergency measures to combat the spread of the virus. The Health Unit realigned its resources in support of the COVID-19 response. In doing so, programs and services were adapted. Some programs were temporarily suspended while others were adjusted and delivered ensuring COVID-19 safe measures were put in place.

Significant resources were required to respond to the pandemic. The provincial government has provided financial relief in the form of COVID-19 General Program funding of \$3,982,500 and COVID-19 Vaccine Program funding of \$12,371,500. Of the provincial funding received, \$2,920,146 is to be repaid after year end.

The impact of COVID-19 is expected to negatively impact normal operations for a duration that cannot be reasonably predicted. The further overall operational and financial impact is highly dependent on the duration of COVID-19, including the potential occurrence of additional waves of the pandemic, and could be affected by other factors that are currently not known at this time. The Provincial government has made a commitment to fund the extraordinary expenses required to respond to COVID-19. Management is actively monitoring the effect of the pandemic on its financial condition, liquidity, operations, suppliers, and workforce. Given the daily evolution of the pandemic and the global responses to curb its spread, the Agency is not able to fully estimate the effects of the pandemic on its results of operations, financial condition, or liquidity at this time.

**ADOPTION OF THE 2021 AUDITED FINANCIAL STATEMENTS**

**MOTION:**

**WHEREAS the Board of Health Finance Standing Committee recommends that the Board of Health for the Sudbury and District Health Unit adopt the 2021 audited financial statements, as reviewed by the Finance Standing Committee at its meeting of June 7, 2022;**

**THEREFORE BE IT RESOLVED THAT the 2021 audited financial statements be approved as distributed.**

## **APPOINTMENT OF AN ASSOCIATE MEDICAL OFFICER OF HEALTH**

### **MOTION:**

**WHEREAS** the Health Protection and Promotion Act, R.S.O. 1990, c.H.7, s.62 states that every board of health may appoint one or more associate medical officers of health (AMOH); and

**WHEREAS** Dr. Imran Khan is the successful AMOH candidate following a thorough recruitment process and possesses the qualifications as set out by provincial legislation and regulation

**THEREFORE BE IT RESOLVED** that the Board of Health for Public Health Sudbury & Districts appoint Dr. Imran Khan as Associate Medical Officer of Health for Public Health Sudbury & Districts, effective October 24, 2022, and subject to the conditions set out in the letter of offer dated May 25, 2022, including Ministerial approval of the appointment.

**To:** Chair, Board of Health, Public Health Sudbury & Districts  
**From:** Dr. Penny Sutcliffe, Medical Officer of Health and Chief Executive Officer  
**Date:** June 9, 2022  
**Re:** Healthy Babies Healthy Children (HBHC) – Critical Funding Needs

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For Information

For Discussion

For a Decision

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**Issue:**

Healthy Babies Health Children (HBHC) is an evidence-based voluntary prevention and early intervention program intended to support children with a healthy start in life. Funding for HBHC has been the subject of longstanding concern for many boards of health including Public Health Sudbury & Districts. The budget for the HBHC program is under significant strain with no increase since 2015 and with client needs and program demands growing as a result of the COVID-19 pandemic. The Board of Health for Public Health Sudbury & Districts has advocated for the HBHC program funding previously on three separate occasions by board resolution, in 2015, 2010 and 2004.

**Recommended Action:**

That the Board of Health for Public Health Sudbury & Districts request the Ministry of Children, Community and Social Services (MCCSS) to review base-funding needs for the Healthy Babies Healthy Children Program to ensure this essential program is sufficiently resourced to meet the current and growing needs of children and a healthy start in life.

**Background:**

*General:*

HBHC is a 100% funded Ministry of Children, Community and Social Services (MCCSS) mandatory program within the [Ontario Public Health Standards](#). As per these Standards, the board of health shall provide all components of the Healthy Babies Healthy Children Program in accordance with the *Healthy Babies Healthy Children Protocol, 2018* (or as current) (Ministry of Children, Community and Social Services).

As increases are required for salaries and wages each year to comply with collective agreements and as benefits costs increase over the years, the lack of increase to funding has created budget pressures on the operating costs. To maintain the same level of FTEs to provide the services of the program, the operating cost budget has been reduced to less than 2% of the overall budget over the past five years. Since 2017, the budget for all operating costs other than travel has been reduced to zero. The budget for travel has been reduced by almost 40%. This limited amount is not enough to support the program.

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2018–2022 Strategic Priorities:

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

O: October 19, 2001  
R: January 2017



Healthy Babies Healthy Children is a voluntary prevention and early intervention program that is intended to give children a healthy start in life. Public Health Nurses (PHN's) and Family Home visitors (FHV's) work with pregnant women and families with young children up to the age of six. The goal of the program is to optimize newborn and child healthy growth and development and reduce health inequities for families receiving services. Approximately 1400 families are offered the program (through HBHC hospital liaison and 48-hour calls) each year with 250 or more registering for our blended home visiting services.

*Pandemic Impacts and Beyond:*

The negative impact of the COVID-19 pandemic on the Healthy Babies Healthy Children (HBHC) client population has become more evident and it is anticipated that demand for the program will increase throughout the next year. Furthermore, the pandemic has resulted in several partnering agencies establishing waitlists for services required to address these issues and, unfortunately, the wait times will likely exacerbate these difficult situations for many.

Due to HBHC staff redeployment during the Covid-19 pandemic response, and a reduction in mileage costs with the addition of virtual home visits, the 2021/2022 HBHC budget for Public Health Sudbury & Districts is reporting a surplus of funds. However, it has already been noted with the return to regular programming that we are seeing the impact of the above noted complex issues being reported by these at risk and high-risk vulnerable families who face inequities across our communities.

Clients are consistently reporting and experiencing:

- Increased mental health challenges exacerbated by social isolation and limited community resources
- Substance use concerns
- Ongoing concerns with food and housing insecurities exacerbated by increasing food, housing and gas prices
- Increased reports of domestic violence
- Increased involvement with child protection agencies
- Decline in the ability to learn and apply positive parenting strategies
- Reporting that the babies and children are exhibiting:
  - Significant delays with regards to meeting growth and developmental milestones
  - Many children are being identified as needing assessments for Autism
  - Increasingly challenging behaviors
  - Delayed speech, language, and social development

When working with this population, adult learning principles such as hands-on learning and applying new knowledge to real-life situations has shown positive results. However, delivering this level of care requires dedicated staff time in terms of the length of time spent providing in-home/virtual visits, number of visits needed as well as the travel costs associated with the increase price of gas. W

Since the beginning of the pandemic caseload complexity has become more evident and compounding issues such as mental health, housing, addictions, domestic violence among others need to be addressed.

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2018–2022 Strategic Priorities:

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

O: October 19, 2001  
R: January 2017

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Currently due to the inadequate budget there are no funds available to provide additional training within the HBHC program that would help grow the skills of PHN's and/or FHV's to address the increasing complexity of clients' needs.

With an increased number of referrals from Child Protection Agencies received, education regarding positive parenting strategies has become increasingly important with HBHC clients. The PHN's and FHV's provide one-on-one guidance that helps parents and guardians achieve their goals and develop confidence to raise their children. Research has shown that positive parenting programs used (such as Triple P) demonstrate a reduction in coercive parenting, lower social, emotional and behavior problems as well as improved parent-child relations<sup>1</sup>.

As part of Public Health Sudbury & Districts' 2022 recovery planning, four priorities were identified. They include:

1. Get children back on track
2. Level up opportunities for health
3. Support safe spaces
4. Foster mental health gains

The HBHC program will contribute to these priorities by supporting parents and guardians of marginalized families across our communities. Through direct client care, information and education will be provided on topics such as infant feeding, parenting, mental health and injury prevention. Furthermore, referrals to partnering agencies (e.g., Compass, Our Children Our Future, Better Beginnings Better Future, Children's Aid Society, housing, etc.) will connect families with appropriate services and supports that will help decrease the inequities faced by this population.

**Ontario Public Health Standard:**

Healthy Growth and Development - Requirement 3: The board of health shall provide all components of the Healthy Babies Healthy Children Program in accordance with the Healthy Babies Healthy Children Protocol, 2018 (or as current) (Ministry of Children and Youth Services).

**Strategic Priority:**

1. Equitable Opportunities
3. Practice Excellence
4. Organizational Commitment

**Contact:**

Sandra Lacle, Director, Health Promotion Division and Chief Nursing Officer  
Arlene Lesenke, Program Manager Healthy Families Team

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<sup>1</sup> Sanders, M. R., Kirby, J. N., Tellegen, C. L., Day, J. J. (2014). The Triple P-Positive Parenting Program: A systematic review and meta-analysis of a multi-level system of parenting support. *Clinical*

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

Psychology Review, 34 (4), 337-357 (This was a systematic review and meta-analysis of over a hundred studies covering more than 16,000 families.)

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2018–2022 Strategic Priorities:

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

O: October 19, 2001  
R: January 2017

## **HEALTHY BABIES HEALTHY CHILDREN FUNDING**

### **MOTION:**

**THAT the Board of Health for Public Health Sudbury & Districts request the Ministry of Children, Community and Social Services (MCCSS) to review base-funding needs for the Healthy Babies Healthy Children Program to ensure this essential program is sufficiently resourced to meet the current and growing needs of children and a healthy start in life.**

**ADDENDUM**

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

Please remember to complete the Board meeting evaluation in BoardEffect following the Board meeting.

**ADJOURNMENT**

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