



Board of Health Meeting # 06-22

Public Health Sudbury & Districts

Thursday, November 10, 2022

1:30 p.m.

Virtual Meeting

AGENDA – SIXTH MEETING
BOARD OF HEALTH
PUBLIC HEALTH SUDBURY & DISTRICTS
VIRTUAL
THURSDAY, NOVEMBER 10, 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) Private Onsite Sewage System (Part VIII) Program**
 - Stacey Laforest, Director, Health Protection Division
- 5. CONSENT AGENDA**
 - i) Minutes of Previous Meeting**
 - a. Fifth Meeting – October 20, 2022
 - ii) Business Arising from Minutes**
 - iii) Report of Standing Committees**
 - a. Board of Health Executive Committee
 - Unapproved Minutes dated October 22, 2022
 - b. Board of Health Finance Standing Committee
 - Unapproved Minutes dated October 31, 2022
 - iv) Report of the Medical Officer of Health / Chief Executive Officer**
 - a. MOH/CEO Report, November 2022
 - v) Correspondence**
 - a. Inclusion of Language Interpretation and Translation Services to the Healthy Smiles Ontario Fee Guide
 - Letter from the Board of Health Chair, Windsor-Essex County Health Unit, to the Minister of Health and Deputy Premier, dated October 28, 2022
 - vi) Items of Information**

APPROVAL OF CONSENT AGENDA

MOTION:

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

6. NEW BUSINESS

i) Public Health Sudbury & Districts Medical Officer of Health

SUDBURY & DISTRICT MEDICAL OFFICER OF HEALTH

MOTION:

WHEREAS by [motion 18-22](#), the Board of Health for Public Health Sudbury & Districts appointed Dr. Imran Khan as Associate Medical Officer of Health; and

WHEREAS effective October 24, 2022, Dr. Khan has been employed as a Public Health Physician until such time as the Minister of Health approves the Associate Medical Officer of Health appointment; and

WHEREAS motion 05-14 (as amended by motions 41-14 and 19-20) provides for the appointment of individuals as Acting Medical Officers of Health for Public Health Sudbury & Districts;

THEREFORE BE IT RESOLVED that the following paragraph amends motion 05-14 (as amended) by replacing paragraph five with the following paragraph:

BE IT THEREFORE FURTHER RESOLVED THAT for the duration of an absence or inability to act of the Medical Officer of Health and Associate Medical Officer of Health, the following individuals be eligible for appointment as Acting Medical Officers of Health for the Sudbury & District Health Unit (operating as Public Health Sudbury & Districts):

- Medical Officer of Health, Public Health Sudbury & Districts
- Public Health Physician, Public Health Sudbury & Districts
- Medical Officer of Health, Associate Medical Officer of Health, or Acting Medical Officer of Health for North Bay Parry Sound District Health Unit, Porcupine Health Unit, Timiskaming Health Unit, Algoma Public Health, Thunder Bay District Health Unit, or Northwestern Health Unit
- Dr. Marlene Spruyt, Medical Officer of Health (retired)

ii) Staff Appreciation Day

STAFF APPRECIATION DAY

MOTION:

THAT this Board of Health approve a Staff Appreciation Day for the staff of Public Health Sudbury & Districts during an extended period encompassing the upcoming holiday season. The Staff Appreciation Day may be taken between the dates of December 1, 2022, to February 28, 2023. Essential services will be available and provided at all times except for statutory holidays when on-call staff will be available.

iii) 2022 Board of Health Self-Evaluation Results

- a. Briefing Note from the Board Secretary and Medical Officer of Health and Chief Executive Officer to the Board of Health Chair dated November 3, 2022

iv) 2023 Cost-Shared Operating Budget

- a. Briefing Note and Schedules from the Medical Officer of Health and Chief Executive Officer to the Board of Health Chair dated November 3, 2022
- b. Memorandum from the Deputy Premier and Minister of Health dated September 29, 2022

IN CAMERA

IN CAMERA

MOTION:

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

RISE AND REPORT

RISE AND REPORT

MOTION:

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

2023 OPERATING BUDGET

MOTION:

THAT the Board of Health approve the 2023 cost-shared operating budget for Public Health Sudbury & Districts in the amount of \$28,549,210.

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 – FIFTH MEETING
BOARD OF HEALTH FOR PUBLIC HEALTH SUDBURY & DISTRICTS
VIRTUAL MEETING
THURSDAY, OCTOBER 20, 2022 – 1:30 P.M.

BOARD MEMBERS PRESENT

Claire Gignac	René Lapierre	Carolyn Thain
Jeffery Huska	Ken Noland	Dean Wenborne
Robert Kirwan	Natalie Tessier	

BOARD MEMBERS REGRET

Paul Myre

BOARD MEMBERS ABSENT

Bill Leduc	Mark Signoretti
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STAFF MEMBERS PRESENT

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

MEDIA PRESENT

Media

R. LAPIERRE PRESIDING

1. CALL TO ORDER AND TERRITORIAL ACKNOWLEDGMENT

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

2. ROLL CALL

3. REVIEW OF AGENDA/DECLARATIONS OF CONFLICTS OF INTEREST

There were no declarations of conflict of interest. Given the risk index for COVID-19 is currently high, today's meeting format was moved to a virtual meeting with the hopes that in person meeting option will be possible soon.

4. DELEGATION/PRESENTATION

i) **Getting Children Back on Track: School Health Promotion Team**

- Nicole Gauthier, Program Manager, Health Promotion Division
- Nathalie Thistle, Public Health Nurse Lead, Health Promotion Division

N. Gauthier and N. Thistle were introduced and invited to present on one of the four program priorities identified through the Public Health Sudbury & District's Recovery Plan and provide an update on the School Health Promotion team efforts to "Get Children Back on Track".

Although school closures, virtual learning, and other public health measures were necessary to mitigate the spread of COVID-19, evidence shows there were unintended impacts on children and youth. Preliminary evidence suggests that:

- overall, children's mental health and behaviours have been negatively impacted
- children mental health outcomes were highly correlated to parent's levels of stress and resiliency
- as it relates to substance use, the percentage of users decreased for most substances; however, the frequency of both alcohol and cannabis use increased or remained consistent in subsequent waves

Other child outcomes negatively impacted by the pandemic include:

- increased sedentary behaviour and screen time, increased food insecurity, increased reports of child maltreatment as well as decreased physical activity, and negative educational outcomes.
- access to dental health services and vaccines against preventable diseases.

The redeployment of public health staff to the COVID-19 response has created a growing backlog of services and unmet needs for school communities. The School Health Promotion team re-engaged with school boards this spring to identify key health and well-being priorities for the upcoming academic year and the *Flourishing and Well-Being Framework* was developed. Strategies employed by Public Health include a comprehensive school health approach, provide curriculum supports and resources on a variety of health-related topics as well as school staff training and in-class instruction for students. Intersectoral collaborations also support families and their communities in addressing impacts of COVID-19.

Considerations for this recovery work were outlined. Questions and comments were entertained, and additional information provided regarding the collaborations with various partners, including with the school board mental health leads. It was added that the comprehensive school health approach involves adult influencers, including school

staff and parents, as well as students, and programming aims to reach each of these audiences for greater impact.

Dr. Sutcliffe noted that the recovery work and return to pre-pandemic levels will take time. The recovery priorities focus on those at greater risk in those priority areas. Ongoing considerations for the recovery work includes research and evaluation.

A motion on today's agenda regarding physical literacy and its impact on kids. The co-presenters were thanked.

5. CONSENT AGENDA

- i) Minutes of Previous Meeting**
 - a. Fourth Meeting – September 15, 2022
- ii) Business Arising From Minutes**
- iii) Report of Standing Committees**
- iv) Report of the Medical Officer of Health / Chief Executive Officer**
 - a. MOH/CEO Report, October 2022
- v) Correspondence**
 - a. Healthy Babies Healthy Children (HBHC) Funding
Board of Health for Public Health Sudbury & Districts Motion 19-22
 - Letter from the Board of Health Chair, Timiskaming Health Unit, to the Minister of Children, Community and Social Services, dated October 7, 2022
 - Letter from the Board of Health Chair, Haliburton, Kawartha, Pine Ridge District Health Unit, to the Minister of Children, Community and Social Services, dated September 15, 2022
 - b. Employer-paid Sick Days
 - Letter from the Board of Health Chair, Peterborough Public Health, to Minister of Health, Minister of Labour, Immigration, Training and Skills Development and the Minister of Economic Development, Job Creation and Trade, dated October 4, 2022
 - c. Association of Municipalities of Ontario (AMO) Submission –
Strengthening Public Health in Ontario: Now and for the Future
 - Letter from the Board of Health Chair, Peterborough Public Health, to the Minister of Health, dated October 4, 2022
- vi) Items of Information**
 - a. alPHa Info Break Newsletter September 16, 2022

28-22 APPROVAL OF CONSENT AGENDA

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

CARRIED

6. NEW BUSINESS

i) Physical Literacy for Healthy Active Children

- Briefing Note from Dr. Sutcliffe, Medical Officer of Health and Chief Executive Officer dated October 13, 2022

Further to today's presentation outlining impacts of the COVID-19 pandemic, the stay-at-home orders and closures of schools have resulted in the reduction of physical activity levels in all age groups. These sedentary behaviours have impacted mental health outcomes and become a pressing issue given the long-term health implications.

The motion raises awareness about the importance of physical literacy for healthy active children and seeks the Board of Health to encourage all area school boards, sport and recreation organizations, and early learning centres to work to improve physical activity levels among children and youth across Sudbury and districts, including through collaboration with Sport for Life Society, Active Sudbury and Public Health Sudbury & Districts, agencies that provide comprehensive physical literacy training to teachers, coaches, recreation providers and early childhood educators.

Board of Health members voiced their support for the motion and were pleased to see this work to improve physical activity levels among children and youth across Sudbury and districts.

29-22 PHYSICAL LITERACY FOR HEALTHY ACTIVE CHILDREN

MOVED BY THAIN – TESSIER: WHEREAS being physically active every day helps children and youth perform better in school, learn new skills, build strong muscles, improve blood pressure and aerobic fitness, strengthen bones and reduce the risk of depression; and

WHEREAS the implementation of stay-at-home orders, closures of schools, and indoor and outdoor spaces to mitigate the spread of COVID-19 is the reduction of physical activity levels in all age groups; the percentage of youth meeting the Canadian physical activity recommendations for children and youth fell from 50.8% in 2018 to 37.2% in 2020, and;

WHEREAS the Government of Canada's national policy document Common Vision for Increasing Physical Activity and Reducing Sedentary Living in Canada: Let's Get

Moving identifies physical literacy as the foundation for an active lifestyle. Studies show that children who have high physical literacy scores are more likely to meet national physical activity or sedentary behaviour guidelines; and

WHEREAS physically literate individuals have been shown to have the motivation, confidence, physical competence, knowledge and understanding to value and take responsibility for engaging in physical activities for life and these skills help them make healthy, active choices that are both beneficial to and respectful of their whole self, others, and their environment; and

WHEREAS the school community offers one of the best opportunities to improve the quality of sport and physical activity participation for children and youth; and

WHEREAS the Ontario Public Health Standards require that: “community partners have the knowledge of and increased capacity to act on the factors associated with the prevention of chronic diseases and promotion of wellbeing, including healthy living behaviours, healthy public policy, and creating supportive environments.” This includes knowledge of the importance and impact of physical literacy on increasing physical activity participation thereby reducing the risk of chronic disease;

THEREFORE BE IT RESOLVED THAT the Board of Health for Public Health Sudbury & Districts encourage all area school boards, sport and recreation organizations, and early learning centres to work to improve physical activity levels among children and youth across Sudbury and districts, including through collaboration with Sport for Life Society, Active Sudbury and Public Health Sudbury & Districts, agencies that provide comprehensive physical literacy training to teachers, coaches, recreation providers and early childhood educators; and

FURTHER THAT a copy of this motion be shared with the Sport for Life Society, Active Sudbury, local members of Provincial Parliament, all Ontario Boards of Health, and area school boards, early learning centres and sport and recreation organizations.

CARRIED

ii) Public Health Sudbury & Districts’ 2021 Annual Report

A link to the 2021 annual report was shared with the Board of Health members via the MS Teams chat. The report titled *2021 Strong and Steady in Uncertain times*, has been posted to phsd.ca and is available in [French](#) and in [English](#). The report will be shared broadly to stakeholders and partners.

7. ADDENDUM

No addendum.

8. ANNOUNCEMENTS

- Board of Health members are asked to complete:
 - o annual 2022 Board of Health self-evaluation questionnaire in BoardEffect by Friday, October 21, 2022
 - o annual emergency preparedness training by October 31, 2022, and are asked to email the Board Secretary once the Power Point training has been reviewed
 - o October Board of Health meeting evaluation following today's meeting
- Next regular meeting is Thursday, November 10, 2022, at 1:30 p.m.

9. ADJOURNMENT

30-22 ADJOURNMENT

MOVED BY NOLAND – HUSKA: THAT we do now adjourn. Time: 2:04 p.m.

CARRIED

(Chair)

(Secretary)



UNAPPROVED MINUTES
BOARD OF HEALTH EXECUTIVE COMMITTEE
THURSDAY, OCTOBER 20, 2022 – 2:00 P.M.
VIRTUAL MEETING

BOARD MEMBERS PRESENT

Claire Gignac
 René Lapierre

Jeffery Huska
 Ken Noland

Robert Kirwan

STAFF MEMBERS PRESENT

Dr. Penny Sutcliffe

France Quirion

Rachel Quesnel

J. HUSKA PRESIDING

1. CALL TO ORDER

The meeting was called to order at 2:07 p.m.

2. ROLL CALL

3. REVIEW OF AGENDA / DECLARATION OF CONFLICT OF INTEREST

The agenda was reviewed and approved as circulated. There were no declarations of conflict of interest.

4. APPROVAL OF BOARD EXECUTIVE COMMITTEE MEETING NOTES

4.1 Board Executive Committee Meeting Notes dated July 13, 2022

06-22 APPROVAL OF BOARD OF HEALTH EXECUTIVE COMMITTEE MEETING NOTES

MOVED BY KIRWAN – LAPIERRE: THAT the meeting notes of the Board of Health Executive Committee meeting of July 13, 2022, be approved as distributed.

CARRIED

5. NEW BUSINESS

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

07-22 IN CAMERA

MOVED BY GIGNAC – NOLAND: THAT this Board of Health Executive Committee goes in camera to deal with personal matters about an identifiable individual, including municipal or local board employees.. Time: 2:10 p.m.

CARRIED

08-22 RISE AND REPORT

MOVED BY LAPIERRE – GIGNAC: THAT this Board of Health Executive Committee rises and reports. Time: 2:52 p.m.

CARRIED

It was reported that one personal matter about an identifiable individual, including municipal or local board employees was discussed and one motion emanated:

09-22 APPROVAL OF BOARD OF HEALTH EXECUTIVE COMMITTEE IN-CAMERA MEETING NOTES

MOVED BY NOLAND and KIRWAN: THAT this Board of Health Executive Committee approve the meeting notes of the July 13, 2022, in-camera meeting and that these remain confidential and restricted from public disclosure in accordance with exemptions provided in the Municipal Freedom of Information and Protection of Privacy Act.

CARRIED

6. ADJOURNMENT

10-22 ADJOURNMENT

MOVED BY LAPIERRE – KIRWAN: THAT we do now adjourn. Time: 2:54 p.m.

CARRIED

(Chair)

(Secretary)

**UNAPPROVED MINUTES
BOARD OF HEALTH FINANCE STANDING COMMITTEE
MONDAY, OCTOBER 31, 2022 – 1 P.M.
VIRTUAL MEETING**

BOARD MEMBERS PRESENT

Carolyn Thain

René Lapierre

Ken Noland

BOARD MEMBERS ABSENT

Mark Signoretti

EX-OFFICIO STAFF PRESENT

Dr. Penny Sutcliffe

France Quirion

Rachel Quesnel, Recorder

C. THAIN PRESIDING

1. CALL TO ORDER

The meeting was called to order 1 p.m.

2. ROLL CALL

3. REVIEW OF AGENDA/DECLARATIONS OF CONFLICTS OF INTEREST

There were no declarations of conflict of interest.

4. APPROVAL OF BOARD OF HEALTH FINANCE STANDING COMMITTEE MINUTES

4.1 Board of Health Finance Standing Committee Notes dated June 7, 2022

05-22 APPROVAL OF MEETING NOTES

MOVED BY LAPIERRE – NOLAND: THAT the meeting notes of the Board of Health Finance Standing Committee meeting of June 7, 2022, be approved as distributed.

CARRIED

5. NEW BUSINESS

5.1 Year-to-Date Financial Statements

a) September 2022 Financial Statements

Cost-shared programs are currently showing a positive variance of \$1.8M before COVID-19 extraordinary expenses. Statements by expenditures, to date, show COVID-19 expenses of \$5.9M with \$2.6M for case and contact management and \$3.36M for the

vaccine program. The overall financial position is a negative variance of (\$4.1M) to be expensed through the provincial COVID-19 extraordinary funding.

Comments and questions were entertained. P. Sutcliffe noted that staff has been encouraged to take vacation accumulated due to the local pandemic COVID 19 response. Vacation will help with the well-being and self-care of staff while PHSD balances public health work related to COVID-19 and recovery priorities. Recruitment and retention efforts are ongoing. As experienced by all sectors, public health is facing recruitment challenges in filling vacancies.

b) Capital Project Financial Summary

F. Quirion provided a financial summary for the 1300 Paris Street and Elm Place projects outlining funding and projects costs for both capital projects. It was noted that financial statements for both capital projects will be finalized before the year-end. The total project cost for 1300 Paris and Elm Place is currently under budget with final tally pending completion of work.

From the \$1.245M Ministry of Health funding received for the Ontario Seniors Dental Clinic, \$1.2M has been expensed leaving a funding surplus of \$53,000 that will be returned to the Ministry. The Ministry of Health also funded projects for the elevator and patio repairs at 1300 Paris Street. The elevator project is expected to be complete by February. The patio project contract has been awarded and once the designs are completed, a Class B estimate will be provided. If the patio project costs are higher than available funding, a request to the Ministry for additional funding will be made.

The team was congratulated on the excellent work in completing these capital projects during the pandemic and F. Quirion was commended for her leadership. It was noted that these accomplishments are particularly noteworthy considering market supply and pricing issues.

5.2 Financial Management Policy Review

a) Schedule of Policy Review

Board of Health By-Laws that were revised and approved in September 2022 were summarized. The operational financial policies that are currently under review or will be reviewed were also outlined. The backlog work to review Policies and Procedures is a result of the pandemic. Items that are urgent and important continue to be addressed and updated. Given the long list, it was suggested that a risk assessment identify priority items and realistic timelines be noted on the summary.

5.3 Update on Annual Reconciliation Report (ARR)

As suggested by the Board of Health Chair, an update for informational purposes was provided regarding the Ministry of Health Annual Reconciliation Report. The Public Health Funding and Accountability Agreement requires that Boards submit Program-Based Grants Annual Reconciliation Report to the Ministry of Health by April 30 of each year (note that this was delayed to June 30 for 2022). It is a cross-referencing/final account of expenses and funding reconciled to the audited financial statements and determines monies owing to/from the Ministry. As with the audited financial statements, the Auditors are required to audit this report and provide an opinion.

F. Quirion added that of the \$3.5M total payable to province, \$2.9M was for COVID-19. For the general COVID-19 program, there is a payable to the province of \$821,033 and \$2,104,219 for the COVID-19 Vaccine Program. The remaining amount owing to the province comes from 100% funded programs as well as one-time funded programs such as IPAC, school-focused nurses, Ontario Seniors Dental program.

This will be a standing item on the fall (or earlier, as applicable) Board of Health Finance Standing Committee agenda.

5.4 2023 Operating Budget

- a) Briefing Note: Budget Context and Assumptions
- b) 2023 Summary of Budget Pressures

P. Sutcliffe indicated that the briefing note describes the work of Public Health Sudbury & Districts for the proposed 2023 cost-shared operating budget as well as outlines responsibilities for ongoing operations and COVID-19 planning in the context of ongoing program and financial uncertainties.

It is anticipated there will be provincial funding for COVID-19 extraordinary costs not covered by the Board's cost-shared operating budget; however, there are significant and growing unmet community public health needs caused by the pandemic and related reduction or suspension of public health programs and services and Public Health is working diligently on identified pandemic recovery priorities and resumption of programs and services

The motion for deliberation is that the Finance Standing Committee recommend the proposed budget to the Board for approval at its November 10, 2022, meeting.

In addition to efforts to address COVID-19, outbreak management, and pandemic recovery priorities, there is a commitment to a more sustainable balance for staff with a focus on staff wellness.

The recent release of bivalent vaccines has increased our clinic workload. It was noted that the Provincial Workforce that assists PHSD with COVID-19 case, outbreak, and contact management will be sunsetting at the end of March.

There continue to be unknowns with regards to the transformation of the provincial public health system. Many Boards and ALPHA have advocated for an increase to provincial base funding in recognition of the erosion to public health capacity related to the annual average provincial cost shared funding change of only 0.29% over the last nine years.

The Ministry of Health has indicated in writing that the mitigation grant (\$1,179,500 annually since 2020) would be available again in 2023 as well as continued opportunities to request reimbursement of COVID-19 extraordinary costs, including vaccine related expenses for the 2023 funding year. Funding will be again provided for the School Focused Nurses program will be to the end of the 2022–23 school year at the same level as prior years.

Assumptions that were considered for 2023 and the proposed budget were outlined.

c) 2023 Proposed Operating Budget

F. Quirion reviewed revenues and expenditures in the *2023 Summary of Budget Pressures* noting that revenues are maintained at 2022 levels, including for the unorganized territory and municipal levies. The 2023 budget revenues include the 2022 ministry 1% base funding increase of \$126,300, pro-rated. With that, the starting 2023 budget position is a budget shortfall of (\$639,755).

To address this shortfall, the Senior Management team engaged in difficult budget deliberations to identify cost reductions options.

It is proposed that the interest revenues increase from \$100K to \$120K. For discussion are reduction initiatives totaling \$276,130. With the proposed cost reductions, the budget shortfall is reduced to \$343,625.

The final proposed budget position is a deficit of \$3,197.

The *Cost Shared Programs & Services* outlines the proposed 2023 budget per PHSD divisions. The statements have been updated to reflect the realignment of core operations within appropriate divisions. F. Quirion reviewed the Expenditures by Category in detail and highlighted areas with significant decreases and increases.

As for the Municipal Levies per Capita Schedule, it was noted that MPAC has updated the population data as of September 9, 2022, and the population data is showing a decrease

of 3,083 overall and proportional allocations have also shifted. The proposed municipal levy results in an increase of \$3.17 per person per year. The legislative basis for the use of MPAC was reviewed.

Additional information was provided regarding drivers for the increase in the building and maintenance expenses.

d) 2023 COVID-19 Budget Estimates

The *Statement of Net Expenditures for COVID-19 Extraordinary Expenses* outlines 2023 COVID-19 extraordinary expenses for the vaccine and case and contact management programs was shared for information. Salaries and benefits for 2023 are based on estimated staffing needs and operating expenses as estimated from the projected 2022 expenses. The total expenditure is estimated at \$10.2M which will be the basis of our submission to the Ministry of Health COVID-19 extraordinary fund.

06-22 IN CAMERA

MOVED BY NOLAND–LAPPIERRE: THAT this Board of Health Finance Standing Committee goes in camera for personal matters involving one or more identifiable individuals, including employees or prospective employees. Time: 1:58 p.m.

CARRIED

07-22 RISE AND REPORT

MOVED BY NOLAND–LAPIERRE: THAT this Board of Health Finance Standing Committee rises and reports. Time: 2:34 p.m.

CARRIED

It was reported that one agenda item relating to personal matters involving one or more identifiable individuals, including employees or prospective employees was discussed for which the following motions emanated:

08-22 APPROVAL OF BOARD OF HEALTH FINANCE STANDING COMMITTEE INCAMERA MEETING NOTES

MOVED BY NOLAND–LAPIERRE: THAT this Board of Health Finance Standing Committee approve the meeting notes of the November 2, 2021, in camera meeting and that these remain confidential and restricted from public disclosure in accordance with exemptions provided in the Municipal Freedom of Information and Protection of Privacy Act.

CARRIED

Members supported that the recommended action, amended by including the total amount of the proposed 2023 operating budget.

09-22 2023 OPERATING BUDGET

MOVED BY LAPIERRE–NOLAND: THAT the Board of Health Finance Standing Committee, having reviewed and discussed details of the proposed 2023 cost-shared operating budget totaling \$28,549, 210, direct the Medical Officer of Health to finalize the budget that will be recommended by the Finance Standing Committee to the Board of Health for approval at its November 10, 2022, meeting.

CARRIED

6. ADJOURNMENT

10-22 ADJOURNMENT

MOVED BY NOLAND–LAPIERRE: THAT we do now adjourn. Time: 2:43 p.m.

CARRIED

(Chair)

(Secretary)

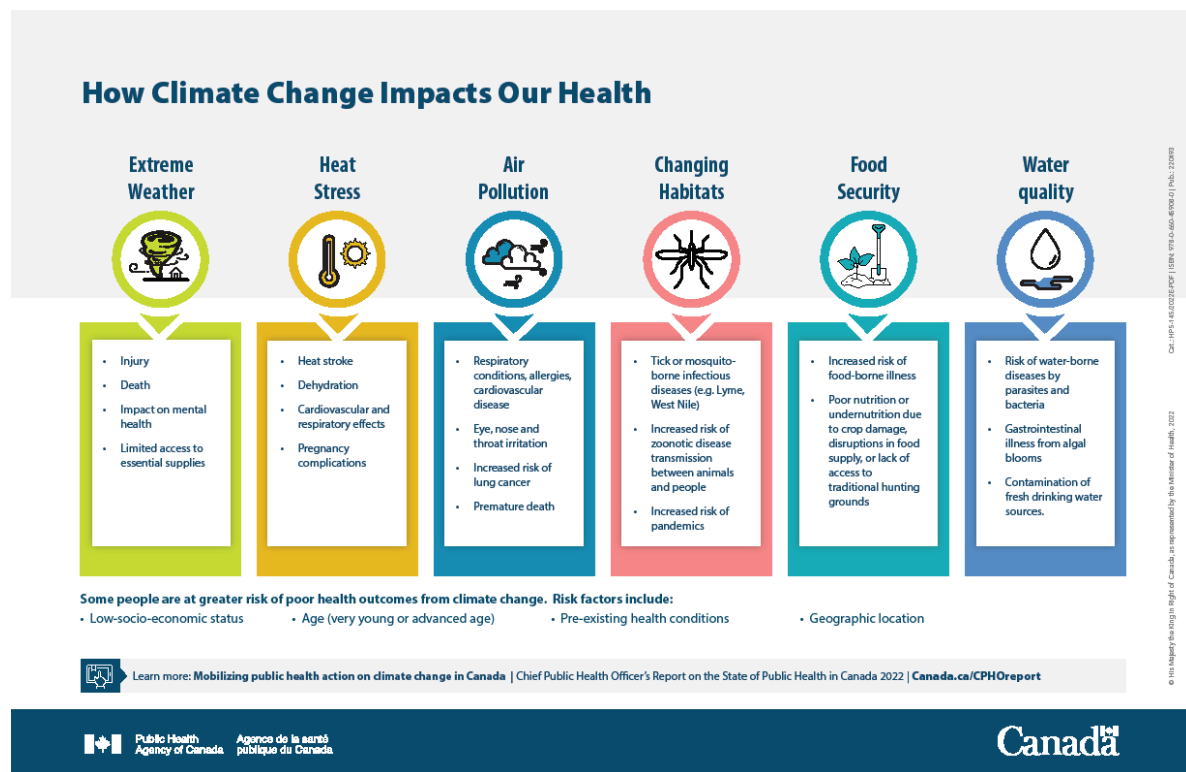
Unapproved

Medical Officer of Health/Chief Executive Officer Board of Health Report, November 2022

Words for thought test

Infographic: How climate change impacts our health

Chief Public Health Officer of Canada's Report on the State of Public Health in Canada 2022:
[Mobilizing Public Health Action on Climate Change in Canada](#)



How Climate Change Impacts Our Health

Extreme Weather	Heat Stress	Air Pollution	Changing Habitats	Food Security	Water quality
<ul style="list-style-type: none"> Injury Death Impact on mental health Limited access to essential supplies 	<ul style="list-style-type: none"> Heat stroke Dehydration Cardiovascular and respiratory effects Pregnancy complications 	<ul style="list-style-type: none"> Respiratory conditions, allergies, cardiovascular disease Eye, nose and throat irritation Increased risk of lung cancer Premature death 	<ul style="list-style-type: none"> Tick or mosquito-borne infectious diseases (e.g. Lyme, West Nile) Increased risk of zoonotic disease transmission between animals and people Increased risk of pandemics 	<ul style="list-style-type: none"> Increased risk of food-borne illness Poor nutrition or undernutrition due to crop damage, disruptions in food supply, or lack of access to traditional hunting grounds 	<ul style="list-style-type: none"> Risk of water-borne diseases by parasites and bacteria Gastrointestinal illness from algal blooms Contamination of fresh drinking water sources.

Some people are at greater risk of poor health outcomes from climate change. Risk factors include:

- Low-socio-economic status
- Age (very young or advanced age)
- Pre-existing health conditions
- Geographic location

Learn more: [Mobilizing public health action on climate change in Canada](#) | Chief Public Health Officer's Report on the State of Public Health in Canada 2022 | [Canada.ca/CPHReport](#)

Public Health Agency of Canada / Agence de la santé publique du Canada

Canada

Source: [Public Health Agency of Canada website](#)

Date Published: October 2022

As [COP27](#) takes place this month in Egypt, and as we witness and are affected by the many [national](#) and [international](#) climate events, it is easy to feel overwhelmed. Locally, Public Health Sudbury & Districts is gathering information to understand what Public Health can do to contribute to effective climate mitigation strategies and protect health. We also hope to provide meaningful information to help inform our local partners on the actions they might take. We look forward to sharing this work in the coming months.

General Report

1. Board of Health

Board of Health meetings

There is no regularly scheduled Board of Health meeting in December. The date of the next Board of Health meeting is scheduled for Thursday, January 19, 2022, at 1:30 p.m.

Board of Health meeting dates for 2023 are available in BoardEffect under Events and listed on phsd.ca.

Flu vaccination

If the [COVID-19 Risk Index](#) level permits in-person attendance, Board of Health members can receive their influenza immunization on Thursday, November 10, 2022, at 1300 Paris Street before the Board of Health meeting between 1:00 p.m. and 1:30 p.m. or following the Board of Health meeting between 3:00 p.m. and 4:00 p.m. Please announce your arrival at the main reception. Alternatively, Board of Health members can book an appointment for their flu vaccination by calling 705.522.9200 and speaking to a receptionist.

2. Annual Medical Officer of Health and Chief Executive Officer Performance Appraisal

Feedback regarding the MOH/CEO's annual performance appraisal has been received from the Board of Health members and the positions that report directly to the MOH/CEO. This feedback was reviewed by the Board of Health Executive Committee on October 20, 2022, followed by a meeting between the Board Chair and the MOH/CEO, concluding the annual MOH/CEO performance appraisal process for 2022.

3. Local and Provincial Meetings

I participated in the Council of Ontario Medical Officers of Health (COMOH) Workgroup: Ontario Health Teams as well as a COMOH Forum. The next Association of Local Public Health Agencies (ALPHA) Board meeting is scheduled for November 10, 2022.

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

Public Health Sudbury & Districts' annual workplace United Way Campaign was launched on October 17 and ended on November 4, 2022. The donations raised make an impact and support local solutions for our communities. This year, the United Way Planning Committee set a goal of \$10,000. We are pleased to share that we have surpassed our campaign goal this year.

5. Treaties Recognition Week

November 6 to 12, 2022 is Treaties Recognition Week. Treaties Recognition Week was introduced in Ontario in 2016 to honour the importance of treaties. It is a time for education, reflection, and action.

Public Health Sudbury & Districts operates within the traditional lands of the Robinson-Huron Treaty of 1850 and Treaty 9. We also recognize that Wiikwemkoong remains unceded. These lands encompass strong and vibrant communities with Anishinabek, Ininiwak (Cree), and Métis Peoples. A treaty is a nation-to-nation agreement that the citizens of each nation benefit from. Treaties are living, permanent agreements that are relevant today.

Locally, treaty annuities have been at the center of a lawsuit by representatives of the Anishinabek Nation against the Federal and Provincial governments. Signed prior to confederacy in 1850, the Robinson Huron Treaty outlines an agreement for sharing land and resources. The First Nations in the Treaty territory did not surrender their land but agreed to share it in exchange for an annual payment from any resource revenue in the territory. The annuities should have increased every year from the time in which the treaty was signed. Those annuities have not been raised since 1874, currently sitting at \$4.00 annually per member.

By understanding the historical meaning, intentions, and context of these foundational agreements it will contribute to fulfilling the sixth [principle of reconciliation](#) which is “All Canadians, as Treaty peoples, share responsibility for establishing and maintaining mutually respectful relationships.”^[i]

6. Financial Report

The financial statements ending September 2022, show a positive variance of \$1,843,096 in the cost shared programs before considering COVID-19 extraordinary expenses. The statements account for \$5,975,628 in COVID-19 extraordinary expenses incurred to the end of September. Cost shared funding must be fully utilized prior to utilizing COVID-19 extraordinary funding, therefore the actual variance in cost shared programs at September 30 is \$0 with \$4,132,532 in COVID-19 extraordinary expenses. The Ministry has approved funding for COVID-19 extraordinary programming in the amount of up to \$8,344,000 for 2022, of which we have received \$6,258,006 up to September 30, 2022.

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 October 28, 2022, on October 31, 2022. The Employer Health Tax has been paid, as required by law, September 30, 2022, with an online payment date of October 14, 2022. Workplace Safety and Insurance Board premiums have also been paid, as required by law, to September 30, 2022, with a cheque dated October 31, 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 divisional report.

Corporate Services

1. Accounting

On September 29, 2022, The Ministry of Health announced the continuation of the mitigation funding into 2023. This mitigation funding is intended to offset costs to municipalities as a result of funding policy changes in 2019. It was also announced that COVID-19 extraordinary funding will continue into 2023, although the format and eligible expenditures of this funding have not yet been announced. School Focused Nurses funding was also extended to June 30, 2023.

The Accounting team has been supporting the move to our 1300 Paris Street office and has been busy sourcing supplies, equipment, and materials needed to help equip the new spaces.

The final payment for the Temporary Nurses Retention Incentive program was made on September 21, 2022. The final report for this program has been submitted to the Ministry.

The Accounting team has also been supporting the preparation of the 2023 operating budget, as presented to the Board of Health Finance Standing Committee.

Public Health Sudbury & Districts has met all legal obligations and there are no outstanding issues regarding compliance with CPP, CRA, WSIB, Health and Safety Act, the Ontario Human Rights Code and the Employment Standards Act.

2. Facilities

Facilities continues to support the Infrastructure Modernization Projects including the capital projects involving the replacement of the elevator and the patio refurbishment.

During this period, Facilities supported the relocation of our Lasalle office back to 1300 Paris Street and continues to support the Southridge Mall temporary location of the COVID-19 Vaccine program.

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

3. Human Resources

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 the norm.

The transition of our workforce has been implemented to bring individuals back onsite now that the renovation projects are approaching completion. The agency Hybrid Work policy has been approved.

Most staff who were deployed to work in other areas due to the pandemic have been repatriated and the organization has restored its normal hours of work with the exception of COVID-19 clinics in the evening and weekends.

Health and Safety

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

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

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

An assessment of compliance with agency policies for health and safety training continues as part of recovery to ensure any gaps are addressed.

The workplace health and safety requirements for Elm Place and 1300 Paris have been monitored as part of the renovations. Both workplace evacuation plans have been updated to reflect the new space requirements.

The Ministry of Labour conducted a site inspection of 1300 Paris Street workplace on July 11, 2022. The inspection resulted in an order to update the agency policy for Workplace Violence and Harassment. This policy was already under review prior to the pandemic. The new agency policy Workplace Violence Harassment and Discrimination Prevention was finalized and sent to the Ministry of Labour on August 30, 2022.

Staff psychological health and wellness is a priority for the agency. The Psychological Health and Wellness committee (PHWC) in partnership with Staff Development, is tailoring supports and services based on staff feedback that was received from the Staff Development all staff survey.

The PHWC is prioritizing the work related to the People and Process recovery priority and is currently offering staff and management workshops and six reflective circles. A ten-week mindfulness program is also being offered to staff. This began on September 27, 2022 and 75 staff are participating.

The PHWC will also be supporting the 2022 United Way workplace campaign. This year we are offering a wellness passport for staff to select wellness activities throughout the campaign weeks.

The committee has been sharing helpful information related to psychological health and wellness both in Insight and Inside edition. Most recently, the committee has re-energized the Public High Five Campaign encouraging staff to recognize a team or process by sharing messages of gratitude with one another.

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 the public health pandemic response is ongoing.

Privacy

The organization continues 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 receive privacy and access to information training during onboarding and orientation.

The Agency is compliant with mandatory breach reporting required by PHIPA to the Information and Privacy Commissioner of Ontario. There are 6 breaches reported to date in 2022, compared to three 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

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

Year	# of requests
2017	12
2018	4
2019	14
2020	4
2021	6
2022	11 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.

Preparation for bargaining with the Canadian Union of Public Employees (CUPE) will commence this fall. The collective agreement expires March 31, 2023.

4. Information Services:

IT continues to be extremely busy supporting the onboarding requirements of new/additional staff in support of the COVID-19 response while also supporting the new IT infrastructure requirements of 1300 Paris Street. IT was also busy with 1300 Paris preparation for staff to return to work in the new building. Paris Street introduced centralized copiers/printers reducing the number of copiers/printers from 39 to 5. The boardroom was re-installed with the previous AV equipment and work commenced for the Ramsey Room. The display wall at Intake was also installed.

Smartway2 was purchased as a meeting room/space/desk booking application and that project is underway and Teams Room System has been selected to support hybrid work environment.

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. Significant system upgrades including SharePoint and Exchange and the records management system are in the planning stages.

5. Volunteer Resources

For the reporting period of May 2022 to October 2022, there was a total of 67 active clinical volunteers supporting the COVID-19 vaccination clinics. On average, 11 of these 67 volunteers are actively taking shifts.

Clinical volunteers support the COVID-19 vaccination clinics with client service, directional flow through the clinics, and screening at the entrance.

Due to the COVID-19 response and physical 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 and feedback is reviewed regularly to inform the tailoring of and improvements to programs and services.

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

Lean

Lean reviews continue to be part of the organization's continuous quality improvement work. Lean continues to be a key driver throughout the COVID-19 response and Hybrid 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 Hybrid Work project uses Lean methodology to inform future state of our new way of working, including updates to and development of new policies and procedures.

Risk Management

Our risk management framework monitors and responds 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 an annual review process was conducted in October 2022. This annual review exercise provided

an update on the risks identified in our agency risk management plan. An update on all risks were summarized and submitted to the Ministry as part of Q3 reporting requirements.

7. Infrastructure Modernization

1300 Paris Street

Levels 2 and 3 were completed in August 2022 with occupancy and service delivery starting on August 22. Work on the ground level began following the relocation of staff and services from the ground level to the new spaces and it is estimated to be completed by mid-November 2022.

The building signage project is complete. The elevator upgrade project is underway. Completion timelines have been extended to February 2023 due to TSSA labour issues. This project has received capital funding from the province.

The agency has signed a contract with Luciw Boudreau Architects for the patio refurbishment project. The project is in the design phase with construction being planned for spring 2023. This project has received capital funding from the province.

Elm Place

The list of remaining deficiencies is diminishing and continues to be addressed slowly. 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.

8. Working Remotely/Hybrid Working Environment

During this reporting cycle, much work went into the planning and operationalizing of welcoming programs, services, and staff back to 1300 Paris. Prior to the move in late August, managers were invited to tour the space with their team. Staff expressed that the renovated spaces are bright, welcoming, modern, and support valuable face-to-face interactions and collaborations. The work continues related to the hybrid work project, including a review of existing policies and procedures, training for managers, mapping future state processes, and finalizing new ways of working in our new environment.

Health Promotion

1. Chronic Disease Prevention and Well-Being

Healthy eating behaviours

Members, including Public Health staff, and friends of the Greater Sudbury Food Policy Council had the opportunity to reconnect and reset priorities on October 18. An action packed half day session was facilitated by food systems expert Lauren Baker. In 2017, the Greater Sudbury Food Policy Council released a Food Strategy. The strategy sets out goals and actions to build a more

sustainable, accessible, and healthy food system. The Food Policy Council has not met regularly since March of 2020. It was important for the group to come together to reflect on the strategy and the current food system. This session provided the Council the opportunity to identify next steps in moving towards the goals of the food strategy.

2. Healthy Growth and Development

Breastfeeding

Staff provided 119 in-person and virtual breastfeeding clinic appointments to clients at both the main office, Val Caron as well as in Espanola and Manitoulin.

Growth and development

The Healthy Families team met with community partners from Wikwemikong Health Centre, M'Chigeeng Health Centre, and Noojmowin Teg to discuss the need for the *Introduction to Solids* workshops in their communities. Further discussion regarding potential partnerships to provide future sessions also occurred.

The team responded to community requests from Our Children Our Future and Better Beginnings Better Futures. Three presentations were provided regarding healthy growth and development of children between the ages of 0-6.

Sixty-eight reminder postcards were sent to families encouraging them to make appointments for their child's 18-month screening. The goal of this reminder is to have more infants screened for milestones with their health care providers.

Health Information Line

The Health Information Line received 93 calls requesting information on the following topics: breastfeeding, formula feeding, difficulties with family dynamics, lack of primary health care provider as well as some requests for mental health services and general resources regarding healthy growth and development.

Healthy Babies Healthy Children

The team continued to provide support to 186 client families. A total of 778 interactions (in-home/virtual visits as well as phone calls) were completed. Public health dietitians continue to provide nutrition support to clients who are identified as high nutritional risk.

Healthy pregnancies

A total of 53 people registered for the Healthy Families team's online prenatal course. This course provides information on life with a new baby, infant feeding as well as the importance of self-care and the changes a new baby can bring to relationships.

Positive parenting

Members of the Healthy Families team attended a luncheon hosted by Better Beginnings Better Futures (BBBF). The event was held for partners and parents to celebrate the extension of the Positive Discipline in Everyday Parenting (PDEP) program that BBBF provides to parents of children ages 0-18. Public Health Sudbury & Districts was invited as a gesture of gratitude and in recognition of the close partnership between Public Health and BBBF have through the Parenting Services Advisory Committee, which works to amplify positive parenting messaging, and refers parents to the PDEP program where appropriate.

3. School Health

Staff presented at two local school board's professional development day on October 24, 2022. Topics included Character Strengths, Growth and Development (puberty), Healthy Sexuality, Substance Use, and Curriculum Resources. Approximately 130 educators participated. Educator training supports our goal of comprehensive school health by promoting the development of health knowledge, health-related skills, and positive attitudes toward health, well-being, and educational outcomes for students K-12.

The team continues to respond to requests for information and resources from both internal and external partners for all topics related to school health, including mental health promotion, substance use, vaccine preventable diseases and clinic services as well as healthy sexuality.

Concussions and injury prevention

In follow-up to an Advisory Alert issued to area health care providers on Rowan's Law (concussion safety) that came into effect in 2022, the team sent out an email communication to the Directors of Education from all school boards in the catchment area to highlight the importance of concussion safety at school as well as raise awareness regarding the legislation. Rowan's Law details the requirements that sports teams, school boards, coaches and athletes must adhere to regarding concussion awareness and continued care planning for concussion incidents.

Healthy eating behaviours

Staff facilitated an engaging educational session about best-practices for integrating nutrition, eating, and cooking in the classroom for a local school board's professional development day. Interactive group activities enabled all 38 educators in attendance to self-reflect on the complex food environment and of everyone's relationship with food and the body. Curriculum resources and guidance documents were also shared with attendees to support their roles in promoting life-long healthy eating behaviours among students.

Healthy sexuality

Staff delivered a presentation on the topic of healthy growth and development with a focus on puberty for elementary educators and a healthy sexuality presentation for secondary

educators. There were approximately 20 educators in attendance at each presentation during this professional development day

Twenty-seven birth control demonstration kits were distributed to all secondary schools in our catchment area. Birth control kits, which contain samples of various birth control methods, are for educator use in Grades 7 to 12 and invite educators to provide feedback following their use via an online survey. Data collected from the survey will be used to inform improvements.

Puberty kits have been created for use in classroom education for Grades 4 to 12 and are available by request for educators to have the tools and resources needed to teach the curriculum.

Mental Health Promotion

Staff delivered a workshop on character strengths for educators of a local school board. Approximately 95 participants were in attendance during this professional development day.

Substance use and harm reduction

The team provided French-language resources to educators in a local school board on the topics of vaping and tobacco use. Staff also presented on the topic of substance use to a group of 21 secondary educators at a local school board's professional development day.

A staff member participated in a media interview with Radio Canada on the topics of vaping and cannabis in schools.

4. Substance Use and Injury Prevention

Comprehensive tobacco control

The Quit Smoking Clinic (QSC) services are currently on hold, and individuals seeking support are being referred to other programs throughout Ontario. The QSC telephone line remains open, and in September the QSC has received ten calls via the Tobacco Information Line and no calls from the Sudbury East area.

Mental health promotion

The "Honouring Voices Initiative" has recently received approval. This empowerment initiative will seek out and support individuals with lived experience with sharing their experiences with partners for program planning purposes. Public Health Sudbury & Districts supported and funded the Suicide Safer Network's Suicide Prevention Day Event on September 10, 2022, at Bell Park.

Road safety

Teens and young adults are at higher risk of injuries related to traffic incidents. As part of the National Teen Driver Safety Week, Public Health Sudbury & District, in partnership with the

Greater Sudbury Police Service and Ontario Provincial Police, distributed “positive tickets” and provided brief education sessions to students who drove to school to reinforce safe driving behaviours. The goal of the campaign was to connect with teens and build awareness of teen driver safety issues in the community to reduce the prevalence of risky driving behaviours such as distracted driving.

Substance Use

Currently, Public Health Sudbury & Districts has the highest number of drug-related deaths when compared to the seven northern Ontario health Units. Staff are conducting an environmental scan across Ontario health units to assess the root causes of drug overdoses and overdose-related deaths in the Public Health Sudbury & District catchment area and/or northern Ontario more broadly. This review aims to identify the differences between northern and southern regions in Ontario to help inform future directions of interventions/mitigation strategies in the Public Health Sudbury & District catchment area and/or northern Ontario. To date staff have met with and received information from 21 health units.

Harm reduction – Naloxone

Agencies continue to adopt and be onboarded to the Ontario Naloxone program. In September, staff onboarded one Indigenous organization—Kina Gbezhgomi Child & Family Services.

In October, Public Health Sudbury & Districts and community partners in our region distributed a total of 1, 212 doses. For the month of October, there were 732 doses distributed.

Smoke Free Ontario Strategy

The North East continues to collaborate with the Tobacco Control Area Networks (TCANs) and support our health units through 2022 and planning for 2023. “Youth (18 years and younger) Smoking and Vaping” and “Adult (30 years and older) Nicotine Use” situational assessments are now complete and have been shared and the TCANs will host a webinar for health units on November 15. We currently have messaging throughout the community for Stop on the Net smoking cessation supports and will have youth vaping prevention and cessation (NotAnExperiment.ca), Smoke-Free Homes, and a second run of Stop On the Net smoking cessation support before year’s end.

School Health, Vaccine Preventable Diseases and COVID Prevention Division

1. Vaccine Preventable Diseases

Vaccine Preventable Diseases staff have begun implementing this season’s Universal Influenza Immunization Program (UIIP). Staff prepared and dispensed influenza vaccine orders to Health Care Providers, Long-Term Care and Retirement Homes the week of October 17, 2022. In-house

immunization clinics began that week for individuals who met the high-risk criteria, and appointments were opened to the general population for booking the week of November 1. Select community COVID-19 clinics were identified to include the offering of the influenza vaccine beginning in November.

Vaccine Preventable Diseases staff began implementing Grade 7 school vaccination clinics on October 11, 2022. To date, we have provided vaccine clinics to 16 schools.

Our in-house COVID-19 clinics have been well attended and are fully booked. To support additional appointments, an evening clinic was planned for October 26, 2022. Planning is occurring to be able to expand the in-house COVID-19 clinic in our districts.

The backlog of data (immunization records and bulk reporting from health care practitioners) as well as immunization records requests are now up to date.

2. COVID and Schools

On September 29, public health units across Ontario received a memo from the Honourable Sylvia Jones, Deputy Premier and Minister of Health, confirming that funding for the School Focused Nurse Initiative has been extended through the end of the 2022–23 school year. This staff will continue to play a critical role in assisting in our recovery efforts and getting us back on track. The School Focused Nurse team has been primarily supporting the school health immunization program, as per the Immunization for Children in Schools and Licensed Child Care Settings Protocol. School Focused Nurse staff have been reviewing and updating immunization records as well as administering routine and COVID-19 immunizations within our clinics.

3. COVID-19 Vaccination Opportunities

Throughout September and early fall, Public Health Sudbury & Districts continued to offer many COVID-19 vaccination opportunities across Sudbury and districts. Opportunities for COVID-19 vaccinations continued for Indigenous communities in partnership with First Nation communities or Indigenous service providers. The vaccine-to-vehicle and homebound vaccination programs also took place for clients who were unable to attend regular clinics. Pop-up clinics were additionally scheduled in outlying areas such as Killarney to ensure communities not regularly visited, had an opportunity to access this service. In addition to regular clinic plans, Public Health worked in partnership with Health Sciences North to host four mobile bus clinics on-site at Health Sciences North. These clinics were promoted to Health Sciences North and Public Health Sudbury & Districts staff to offer a convenient opportunity for staff to receive their bivalent booster dose. Over the four clinic days, 306 booster doses were administered.

On October 15, the mobile vaccine bus concluded its season. However, all ongoing clinic offerings continued to ensure enough appointments for the newly available bivalent booster doses and other vaccine products for eligible groups. Clinic sizes and offerings are regularly monitored and adjusted as feasible to meet community demands.

As of October 19, 2022, a total of 89.5% of residents ages 5 and up received their first dose of the COVID-19 vaccine, while 85.9% received their second dose. First booster doses have been administered to 57.9% of residents aged 12 and older, while second booster doses have been administered to 23.6% of residents aged 18 and older. Since the bivalent boosters have been available, over 12, 600 doses have been administered to those who are eligible. Additionally, since the launch of the under five COVID-19 vaccination program at the end of July, a total of 6.1% of local children in this age group have received their first dose, and 0.7% of children under 5 have received their second dose.

Public Health was pleased to host a provincial team from the Canadian Red Cross, who staffed vaccination clinics in the Manitoulin and L'Acloche areas in early November. Four days of clinics were held for those aged 5 and older. Having the support of the provincial team increased clinic opportunities in the districts, while allowing Public Health staff to focus on recovery priorities.

Health Protection

1. Control of Infectious Diseases (CID)

In October, staff followed-up with 721 new local cases of COVID-19 as well as eight sporadic cases of other diseases of public health significance. Fifteen respiratory outbreaks were declared in the month of October. The causative organism for all 15 outbreaks was identified as COVID-19. Staff continue to monitor all reports of enteric and respiratory illness in institutions, as well as sporadic communicable diseases.

During the month of October, one infection control complaint was received and investigated. Two infection control requests for service were addressed.

Infection Prevention and Control Hub

In October, four IPAC follow-up calls were completed as well as 12 IPAC assessments and audits at congregate living settings (CLS). IPAC Practitioners also participated in 23 outbreak management team meetings and delivered four education sessions in CLS.

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

Sexual health promotion

The sexual health promotion work is ongoing. Work is focused on presentations, campaigns and reconnecting, post-deployment of staff to COVID-19, with all our community partners. Our physician-supported clinic was advertised on Facebook and Twitter to promote awareness of our services.

Sexual health clinic

In October, there were 31 drop-in visits to the Elm Place site related to sexually transmitted infections, blood-borne infections and/or pregnancy counselling.

The Elm Place site completed a total of 60 telephone assessments related to STIs, blood-borne infections, and/or pregnancy counselling in October, resulting in 155 onsite visits.

Needle exchange program

In September, harm reduction supplies were distributed, and services received through 2,446 client visits across the Public Health Sudbury & Districts' region.

Growing Family Health Clinic

In October, the Growing Family Health Clinic saw a total of 53 patients at the Elm Place location and had 12 new referrals to the program.

3. Food Safety

In October, one food product recall prompted an email notification from Public Health to supermarkets and butcher shops informing them of the recall and advising to remove the recalled product from sale. The recalled food products included: certain Nature's Best brand and Zavat Chalav brand Mozzarella Cheese products due to possible contamination with *Listeria monocytogenes*.

Staff issued 11 special event food service permits and 12 farmers market vendor permits to various individuals and organizations.

4. Health Hazard

In October, 19 health hazard complaints were received and investigated. Ten of these complaints involved marginalized populations.

5. Ontario Building Code

In October 26 sewage system permits, and six renovation applications, were received.

6. Rabies Prevention and Control

Eighteen rabies-related investigations were carried out during the month of October. Two cats and one dog were submitted to the Canadian Food Inspection Agency Rabies Laboratory for analysis and were subsequently reported as negative.

One individual received rabies post-exposure prophylaxis following a bite from a stray dog.

7. Safe Water

During October, 37 residents were contacted regarding adverse private drinking water samples. Public health inspectors investigated three regulated adverse water sample results, as well as drinking water lead exceedances at two local schools. Three boil water orders were rescinded.

8. Smoke Free Ontario Act, 2017 Enforcement

In October 2022, two individuals were charged for smoking on school property.

Knowledge and Strategic Services

1. Health Equity

As part of agency efforts to advance racial equity, the team has begun engagement with key associations, organizations, and community leaders with a goal to engage with Black communities across the service area to build relationships, understand priorities, and identify opportunities to support and collaborate for improved health.

Materials from the 2SLGBTQ+ research study, including digital stories and a full research report are now available on the agency website at: www.phsd.ca/2SLGBTQ. Following the public event in October, plans are in development to hold a meeting with community partners in the late fall to share results and identify opportunities to advance efforts to better support 2SLGBTQ+ members with agencies and across communities broadly. The study findings were also presented on October 20, 2022, as part of a panel discussion at the national conference of the Community Based Research Centre called Summit 2022. A mandatory staff development initiative has also been launched within the agency to increase capacity among all staff through online education program materials provided by Rainbow Health Ontario.

2. Indigenous Engagement

Internal check-ins and consultations with multiple teams across the agency have occurred to continue to strengthen relationships and opportunities to support Indigenous Engagement. This included engagement with Healthy Babies Healthy Children team members, COVID-19 vaccine Logistic Leads, the Mental Health & Substance Use team, and the Nutrition Physical Activity Action team.

The team provides continued support for COVID-19 vaccine clinic planning in Indigenous communities. Staff also organized and chaired a meeting of the Public Health Indigenous Engagement Network (PHIEN), a group of individuals from local public health units across the province working on Indigenous Engagement portfolios.

3. Research and Evaluation

As part of the agency's overall COVID-19 pandemic response debrief process, staff from the Effective Public Health Practice team are currently conducting internal debrief sessions with Public Health staff that were involved with the local COVID-19 pandemic response. Debrief sessions, which are scheduled throughout November, are organized according to the COVID-19 response function (e.g., case, contact, and outbreak management; vaccine planning, operations, and logistics). These internal debrief sessions collected feedback on lessons learned, strengths, and strategies to move forward and respond to future public health emergencies. A final report of this internal engagement activity is anticipated by early January 2023.

4. Presentations

Staff from the Effective Public Health Practice team presented the agency's Program Planning Framework to members of the Ontario Public Health Evaluation Network which is comprised of public health professionals throughout the province.

The Indigenous Engagement team gave a presentation to a second year Public Health class at the University of Waterloo about the work of Public Health's Indigenous Engagement Strategy.

5. Strategic Engagement Unit and Communications

Supporting strategic communication efforts related to Public Health programming and services is ongoing and includes raising awareness on routine immunizations including influenza and COVID19, 2SLGBTQ+ community health, community drug strategies and supervised consumption services, and promoting the importance of public health matters in the municipal election. As the agency focuses efforts on getting children back on track, levelling up opportunities for health, fostering mental health gains, and supporting safe services and

environments, much attention also remains on responding to COVID-19—supporting vaccination efforts as well as supporting protective behaviours. Ensuring that information about public health programs and services is accessible, timely, and relevant is the primary focus of strategic communication efforts.

Respectfully submitted,

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

^[1] National Center for Truth and Reconciliation. (2015). *What we Have Learned: Principles of Truth and Reconciliation*. (pg. 4) https://publications.gc.ca/collections/collection_2015/trc/IR4-6-2015-eng.pdf

Public Health Sudbury & Districts
STATEMENT OF REVENUE & EXPENDITURES
For The 9 Periods Ending September 30, 2022
Cost Shared Programs

	Annual Budget	Budget YTD	Current Expenditures YTD	Variance YTD (over)/under	Balance Available
Revenue:					
MOH - General Program	16,836,800	12,627,600	12,711,800	(84,200)	4,125,000
MOH - One Time Mitigation Grant	1,179,500	860,051	869,879	(9,828)	309,621
MOH - Unorganized Territory	826,000	619,500	619,504	(4)	206,496
Municipal Levies	9,078,082	6,808,562	6,808,576	(14)	2,269,506
Interest Earned	100,000	71,362	113,435	(42,073)	(13,435)
Total Revenues:	\$28,020,382	\$20,987,075	\$21,123,194	\$(136,119)	\$6,897,188
Expenditures:					
Corporate Services:					
Corporate Services	4,844,013	3,742,036	3,897,479	(155,443)	946,534
Office Admin.	115,350	44,916	43,181	1,735	72,169
Espanola	117,766	88,235	85,060	3,175	32,706
Manitoulin	131,604	98,790	91,414	7,376	40,190
Chapleau	126,876	96,560	87,804	8,756	39,071
Sudbury East	18,104	13,578	14,124	(547)	3,979
Intake	344,251	261,808	261,846	(37)	82,406
Facilities Management	602,893	324,047	320,021	4,026	282,872
Volunteer Resources	3,850	0	0	0	3,850
Total Corporate Services:	\$6,304,706	\$4,669,971	\$4,800,929	\$(130,958)	\$1,503,777
Health Protection:					
Environmental Health - General	1,408,067	1,047,227	976,517	70,710	431,551
Environmental	2,611,582	1,918,006	1,536,225	381,782	1,075,357
Vector Borne Disease (VBD)	88,828	61,509	52,931	8,579	35,897
Small Drinking Water Systems	177,834	136,795	125,203	11,593	52,632
CID	748,538	666,933	483,522	183,411	265,016
Districts - Clinical	231,803	175,871	176,394	(523)	55,409
Risk Reduction	273,042	27,823	(19,678)	47,501	292,720
Sexual Health	1,335,482	1,027,808	1,067,270	(39,462)	268,211
MOHLTC - Influenza	0	0	1	(1)	(1)
MOHLTC - Meningitis	0	0	1	(1)	(1)
SFO: E-Cigarettes, Protection and Enforcement	257,999	172,107	158,241	13,866	99,758
Total Health Protection:	\$7,133,176	\$5,234,081	\$4,556,625	\$677,456	\$2,576,551
Health Promotion:					
Health Promotion - General	1,148,657	826,305	801,802	24,503	346,855
School Health and Behavior Change	1,527,418	1,174,787	776,388	398,398	751,030
Districts - Espanola / Manitoulin	453,997	345,358	258,896	86,461	195,101
Nutrition & Physical Activity	1,829,249	1,337,591	975,617	361,974	853,632
Districts - Chapleau / Sudbury East	409,065	310,502	220,554	89,948	188,511
Tobacco, Vaping, Cannabis & Alcohol	686,203	497,632	220,136	277,496	466,067
Family Health	1,272,873	957,962	929,737	28,225	343,136
Mental Health and Addictions	933,756	703,553	739,345	(35,792)	194,410
Dental	469,446	349,118	293,295	55,823	176,151
Healthy Smiles Ontario	629,020	466,021	460,246	5,775	168,774
Vision Health	39,511	0	0	0	39,511
SFO: TCAN Coordination and Prevention	544,806	362,264	236,882	125,381	307,924
Harm Reduction Program Enhancement	159,201	120,706	54,560	66,146	104,641
Total Health Promotion:	\$10,103,203	\$7,451,799	\$5,967,460	\$1,484,339	\$4,135,743
Vaccine Preventable Diseases and COVID Preventio					
VPD and COVID CCM - General	285,405	219,235	151,700	67,535	133,704
VPD and COVID CCM	906,843	697,572	1,202,558	(504,986)	(295,715)
Total SVC:	\$1,192,248	\$916,807	\$1,354,259	\$(437,451)	\$(162,011)
Knowledge and Strategic Services:					
Knowledge and Strategic Services	2,761,602	2,072,850	1,965,510	107,340	796,092
Workplace Capacity Development	23,507	14,014	16,740	(2,726)	6,767
Health Equity Office	14,440	3,123	2,977	146	11,463
Nursing Initiatives: CNO, ICPHN, SDoH PHN	477,269	366,665	357,863	8,802	119,406
Strategic Engagement	10,232	2,287	2,258	30	7,974
Total Knowledge and Strategic Services:	\$3,287,050	\$2,458,939	\$2,345,348	\$113,591	\$941,702
Total Expenditures:	\$28,020,382	\$20,731,596	\$19,024,619	\$1,706,976	\$8,995,762
Net Surplus/(Deficit)	\$0	\$255,479	\$2,098,575	\$1,843,096	

Public Health Sudbury & Districts

Cost Shared Programs

STATEMENT OF REVENUE & EXPENDITURES
 Summary By Expenditure Category
 For The 9 Periods Ending September 30, 2022

	BOH Annual Budget	Budget YTD	Current Expenditures YTD	COVID-19 Expenditures YTD	Total Expenditures YTD	Cost Shared Variance YTD (over) /under	Total Variance YTD (over)/under
Revenues & Expenditure Recoveries:							
MOH Funding	28,020,382	20,987,075	21,183,378	0	21,183,378	(196,303)	(196,303)
Other Revenue/Transfers	722,717	394,384	539,843		539,843	(145,459)	(145,459)
Total Revenues & Expenditure Recoveries:	28,743,099	21,381,459	21,723,220	0	21,723,220	(341,762)	(341,762)
Expenditures:							
Salaries	18,578,665	14,314,508	12,922,195	4,469,617	17,391,812	1,392,313	(3,077,304)
Benefits	5,820,779	4,465,444	3,920,738	491,330	4,412,068	544,706	53,376
Travel	297,058	127,152	146,909	125,215	272,123	(19,757)	(144,972)
Program Expenses	1,089,217	272,717	236,072	65,736	301,808	36,645	(29,091)
Office Supplies	85,584	31,269	39,067	5,408	44,474	(7,797)	(13,205)
Postage & Courier Services	64,972	36,471	37,324	51	37,375	(852)	(903)
Photocopy Expenses	33,228	15,290	18,801	3,452	22,253	(3,510)	(6,963)
Telephone Expenses	65,266	48,549	49,037	84,255	133,292	(488)	(84,743)
Building Maintenance	349,650	222,316	244,884	58,166	303,050	(22,568)	(80,734)
Utilities	236,567	148,398	120,582		120,582	27,816	27,816
Rent	312,365	234,274	335,695	75,314	411,009	(101,421)	(176,735)
Insurance	145,514	140,514	162,253		162,253	(21,739)	(21,739)
Employee Assistance Program (EAP)	35,000	26,250	27,888		27,888	(1,639)	(1,639)
Memberships	29,889	24,381	32,366		32,366	(7,986)	(7,986)
Staff Development	126,205	63,337	50,133	20	50,153	13,204	13,183
Books & Subscriptions	9,345	3,095	2,519		2,519	576	576
Media & Advertising	130,365	54,688	51,388	30,755	82,142	3,301	(27,454)
Professional Fees	491,765	252,022	352,801	446,920	799,721	(100,779)	(547,699)
Translation	48,890	23,440	26,290	43,625	69,916	(2,851)	(46,476)
Furniture & Equipment	18,020	7,528	13,371		13,371	(5,843)	(5,843)
Information Technology	774,755	614,335	834,334	75,763	910,097	(219,999)	(295,762)
Total Expenditures	28,743,099	21,125,980	19,624,646	5,975,628	25,600,273	1,501,334	(4,474,294)
Net Surplus (Deficit)	0	255,479	2,098,575			1,843,096	(4,132,532)

Sudbury & District Health Unit o/a Public Health Sudbury & Districts
SUMMARY OF REVENUE & EXPENDITURES
For the Period Ended September 30, 2022

Program	FTE	Annual Budget	Current YTD	Balance Available	% YTD	Program Year End	Expected % YTD
100% Funded Programs							
COVID and Schools	355	896,000	345,539	550,461	38.6%	<i>Mar 31/2023</i>	33.3%
Indigenous Communities	703	90,400	74,866	15,534	82.8%	<i>Dec 31</i>	75.0%
Pre/Postnatal Nurse Practitioner	704	139,000	75,230	63,770	54.1%	<i>Mar 31/2023</i>	33.3%
LHIN - Falls Prevention Project & LHIN Screen	736	100,000	6,853	93,147	6.9%	<i>Mar 31/2023</i>	33.3%
Northern Fruit and Vegetable Program	743	176,100	138,429	37,671	78.6%	<i>Dec 31</i>	75.0%
Triple P Co-Ordination	766	46,506	34,963	11,543	75.2%	<i>Dec 31</i>	75.0%
Supervised Consumption Site	767	1,094,021	601,162	492,859	54.9%	<i>Dec 31</i>	75.0%
Healthy Babies Healthy Children	778	1,476,897	735,239	741,658	49.8%	<i>Mar 31/2023</i>	33.3%
IPAC Congregate CCM	780	1,680,000	354,260	1,325,740	21.1%	<i>Mar 31/2023</i>	33.3%
Ontario Senior Dental Care Program	786	1,012,400	584,399	428,001	57.7%	<i>Dec 31</i>	75.0%
Anonymous Testing	788	61,193	30,600	30,593	50.0%	<i>Mar 31/2023</i>	33.3%
One-Time Nursing Initiative	794	515,096	562,043	(46,947)	109.1%	<i>Mar 31/2023</i>	33.3%
Total		7,287,613	3,543,583	3,744,030			

October 28, 2022

The Honorable Sylvia Jones
Minister of Health and Deputy Premier
777 Bay Street, 5th Floor
Toronto, ON M7A 1E9

Dear Minister Jones:

On October 20, 2022, the Windsor-Essex County Board of Health passed the following Resolution regarding the **Inclusion of Language Interpretation and Translation Services to the Healthy Smiles Ontario (HSO) Fee Guide**. **WECHU's resolution as outlined below recognizes that oral health is important to overall health and well-being. Access to prevention and treatment-based dental care is recognized as a basic human right for children and youth. Given the emergence of remote/virtual translation supports in recent years, this mechanism serves as an effective way to reduce barriers for children and youth access to oral health treatment. The Windsor-Essex County Board of Health therefore recommends the province of Ontario include billing options for translation and interpretation services in the Health Smiles Ontario Fee Guide.**

Windsor-Essex County Health Unit Board of Health
RECOMMENDATION/RESOLUTION REPORT
Inclusion of Language Interpretation and Translation Services to the
Healthy Smiles Ontario Fee Guide
October 20, 2022

ISSUE/PURPOSE

The *Healthy Smiles Ontario* (HSO) program is a publically-funded dental care program for children and youth 17 years old and under which provides free preventive, routine, and emergency dental services to those who can not otherwise afford it. The *Healthy Smiles Ontario Schedule of Dental Services and Fees for Dentist Providers (HSO Fee Guide)* is an administrative tool distributed to dentists, so that they can provide services to clients in the HSO program and bill for these services.

Although limited English language skills have been identified as a key barrier to preventive dental health care utilization (Mehra, Costanian, Khanna, et al, 2019), language interpretation and translation services are not included in the HSO Fee Guide. Almost a quarter (22%) of Windsor and Essex County's population is comprised of immigrants or refugees ("newcomers") (Statistics Canada, 2016), with 14% of residents most often speaking a language outside of English at home (Statistics Canada, 2021).

The impact of language as a barrier to accessing dental care may be reduced by having access to language interpretation and translation services (Reza, Amin, Srgo et al., 2016). As community dentists are not required to accept HSO as a form of payment, this can already be a significant barrier to accessing services. In Windsor and Essex County, patients have been turned away due to an inability to access translation services. This is understandable, as a patient or guardian needs to be able to provide consent and understand what is involved in treatment. Changes to the funding for HSO, by covering the costs associated with remote interpretation services

(i.e., interpretation services that are accessible from a phone, mobile device, or computer) would remove one more of the existing barriers to service.

BACKGROUND

Oral health is important to overall health and well-being for children and youth. Poor dental health can lead to negative health and social outcomes for young people, and is important to many aspects of a child's development (Rowan-Legg, 2013). One significant oral health concern in children is early childhood caries (ECC) which is decay involving the primary teeth in children younger than 6 years of age. Ethnicity and newcomer status are considered risk factors for ECC with evidence demonstrating that children of recent immigrants and refugees have higher rates of caries and lower rates of preventative dental visits, compared to Canadian-born children (Reza, Amin, Srgo et al., 2016). Newcomer families may lack knowledge about publicly funded dental programs, lack dental health insurance, and have poor oral hygiene, which together can increase the risk and prevalence of oral health issues (Salami, Olukotun, Vastani, et al. 2022). Newcomers may also frequently face other social, cultural, economic, and language barriers to preventive dental health care utilization (Mehra, Costanian, Khanna, et al, 2019). Specifically, limited English skills have been associated with less use of dental care services, as well as challenges with communication with healthcare providers. Language issues may also interact with other known barriers to dental care for newcomers, such as household income and parental education (Reza, Amin, Srgo et al., 2016).

The impact of language, as a barrier to dental health care may be reduced by having access to language interpretation and translation services (Reza, Amin, Srgo et al., 2016). It has been suggested that both dental visits and other oral health promotion efforts for newcomer families would be more impactful if public health organizations and private dental offices, could have access to interpreting services (Amin, Elyasi, Schroth, et al., 2014). Given the important role that parents and caregivers can play in a child's oral health, any efforts to improve the oral health literacy of newcomer families, could be considered an important support for those seeking access to services through the HSO program. .

Expansion of public dental programs such as Healthy Smiles Ontario to priority populations has been identified as a key goal of the Windsor-Essex County Health Unit (WECHU). Given the growing urgent need and increase in dental decay among vulnerable children in Windsor-Essex (WECHU, 2018) and recognizing the existing barriers to access to care, the WECHU recommends that fees associated with language interpretation and translation services be included in publicly funded dental programs, such as the Healthy Smiles Ontario program.

PROPOSED MOTION

Whereas, oral health is important to overall health and well-being. Access to preventive and treatment-based dental care is recognized as a basic human right for children and youth; and

Whereas, in Ontario, while many groups of children continue to have elevated rates of early childhood caries, specific groups of children are disproportionately affected, including those that are newcomers; and

Whereas, the publically funded *Healthy Smiles Ontario* dental program is intended to reduce overall inequity in access to preventative and affordable dental care for all young people under the age of 18, who do not have access to dental insurance or any other government programs; and

Whereas, the Windsor Essex County Health Unit recognizes the diversity of its residents, in that newcomers make up almost a quarter of the population in its jurisdiction and the important role that the HSO program plays in helping vulnerable children access preventative and emergency dental care; and

Whereas, numerous studies and research reports have indicated the urgent need to transform the current oral care health system, including providing equitable access to newcomers by addressing language obstacles;

Now therefore be it resolved that the Windsor-Essex County Board of Health recommends the province of Ontario include billing options for translation and interpretation services in the *Healthy Smiles Ontario Fee Guide*; and

FURTHER THAT, while there is a variety of modalities of interpretation, it is *remote interpretation services*, accessible 24/7 from a phone, mobile device, or computer, that should be considered as a useful and affordable option; and

FURTHER THAT this resolution be shared with the Ontario Minister of Health, the Chief Medical Officer of Health, the Association of Public Health Agencies, Ontario Boards of Health, the Essex County Dental Society, the Ontario Association of Public Health Dentistry, the Ontario Dental Association and local municipalities and stakeholders.

References

- Amin, M., Elyasi, M., Schroth, R., Azarpazhooh, A., Compton, S., Keenan, L., et al. (2014). Improving the oral health of young children of newcomer families: a forum for community members, researchers, and policy-makers. *Journal of the Canadian Dental Association*. Retrieved from <https://jcda.ca/article/e64>
- Mehra, V.M., Costanian, C., Khanna, S. & Tamin, H. (2019). Dental care use by immigrant Canadians in Ontario: a cross-sectional analysis of the 2014 Canadian Community Health Survey (CCHS). *BMC Oral Health* **19**, 78. Retrieved from <https://doi.org/10.1186/s12903-019-0773-x>
- Reza, M., Amin, M. S., Sgro, A., Abdelaziz, A., Ito, D., Main, P., & Azarpazhooh, A. (2016). Oral health status of immigrant and refugee children in North America: A scoping review. *Journal of the Canadian Dental Association*, *82*(g3), 1488-2159. Retrieved from <https://jcda.ca/g3>
- Rowan-Legg, A. (2013, January 11). Oral health care for children - a call for action. *Paediatric Child Health*, 37-43.
- Salami, B., Olukotun, M., Vastani, M., Amodu, O., Tetreault, B., Obegu, P. O., Plaquin, J., & Sanni, O. (2022). Immigrant child health in Canada: a scoping review. *BMJ global health*, *7*(4), e008189. Retrieved from <https://doi.org/10.1136/bmjgh-2021-008189>
- Statistics Canada. (2017). Focus on Geography Series, 2016 Census. Retrieved from <https://www12.statcan.gc.ca/census-recensement/2016/as-sa/fogs-spg/Facts-cma-eng.cfm?LANG=Eng&GK=CMA&GC=559&TOPIC=7>
- Statistics Canada. (2021). Census Profile, 2021 Census of Population. Retrieved from <https://www12.statcan.gc.ca/census-recensement/2021/dp-pd/prof/details/page.cfm?Lang=E&SearchText=Essex&DGUIDlist=2021A00033537&GENDERlist=1,2,3&STATISTIClist=1&HEADERlist=0>
- Windsor Essex County Health Unit. (2018). Oral Health Report 2018 Update. Retrieved from <https://www.wechu.org/resources/oral-health-report-2018>

We would be pleased to discuss this resolution with you and thank you for your consideration.

Sincerely,



Gary McNamara
Chair, Board of Health



Dr. Kenneth Blanchette
Chief Executive Officer

- c: Sylvia Jones, Minister of Health, Ministry of Health
Dr. Kieran Moore, Chief Medical Officer of Health, Ministry of Health
Association of Local Public Health Agencies – Loretta Ryan
Association of Municipalities of Ontario
Ontario Association of Public Health Dentistry
Ontario Boards of Health
WECHU Board of Health
Corporation of the City of Windsor – Clerk’s office
Corporation of the County of Essex – Clerk’s office

APPROVAL OF CONSENT AGENDA

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

SUDBURY & DISTRICT MEDICAL OFFICER OF HEALTH

MOTION:

WHEREAS by motion 18-22, the Board of Health for Public Health Sudbury & Districts appointed Dr. Imran Khan as Associate Medical Officer of Health; and

WHEREAS effective October 24, 2022, Dr. Khan has been employed as a Public Health Physician until such time as the Minister of Health approves the Associate Medical Officer of Health appointment; and

WHEREAS motion 05-14 (as amended by motions 41-14 and 19-20) provides for the appointment of individuals as Acting Medical Officers of Health for Public Health Sudbury & Districts;

THEREFORE BE IT RESOLVED that the following paragraph amends motion 05-14 (as amended) by replacing paragraph five with the following paragraph:

BE IT THEREFORE FURTHER RESOLVED THAT for the duration of an absence or inability to act of the Medical Officer of Health and Associate Medical Officer of Health, the following individuals be eligible for appointment as Acting Medical Officers of Health for the Sudbury & District Health Unit (operating as Public Health Sudbury & Districts):

- Medical Officer of Health, Public Health Sudbury & Districts**
- Public Health Physician, Public Health Sudbury & Districts**
- Medical Officer of Health, Associate Medical Officer of Health, or Acting Medical Officer of Health for North Bay Parry Sound District Health Unit, Porcupine Health Unit, Timiskaming Health Unit, Algoma Public Health, Thunder Bay District Health Unit, or Northwestern Health Unit**
- Dr. Marlene Spruyt, Medical Officer of Health (retired)**

STAFF APPRECIATION DAY

MOTION:

THAT this Board of Health approve a Staff Appreciation Day for the staff of Public Health Sudbury & Districts during an extended period encompassing the upcoming holiday season. The Staff Appreciation Day may be taken between the dates of December 1, 2022, to February 28, 2023. Essential services will be available and provided at all times except for statutory holidays when on-call staff will be available.

To: Chair, Board of Health, Public Health Sudbury & Districts

From: Rachel Quesnel, Secretary to the Board
Dr. Penny Sutcliffe, Medical Officer of Health and Chief Executive Officer

Date: 2022 Board of Health Self-Evaluation of Performance – Annual Survey Results

Re: November 3, 2022

For Information

For Discussion

For a Decision

Issue

The annual self-evaluation is part of the Board of Health's ongoing commitment to good governance and continuous quality improvement and is consistent with C-I-12 and C-I-14 of the Board of Health Manual.

The annual Board of Health self-evaluation was deferred in 2021 due to the focus on COVID-19 and altered Board of Health meeting schedule.

In the September 2022 Board of Health report, Board of Health members were asked to complete the Board of Health self-evaluation survey available in BoardEffect by October 21, 2022.

Board members were informed that the results would be confidentially compiled by the Board Secretary and reported at the regularly scheduled meeting in November 2022. This briefing note constitutes the evaluation report.

Recommended Action

That Board of Health members receive this report for information and discussion to ensure continued reflection and improvement.

Board Member Self-Evaluation of Performance

Methods

- The Board of Health Member Self-Evaluation of Performance survey consists of 23 questions on performance and processes, and open-ended questions after each section inviting additional comments or suggestions.

2018–2022 Strategic Priorities:

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

O: October 19, 2001
R: January 2017

- Board of Health members were asked to rate each of the items as either “Strongly Agree”, “Agree”, “Disagree”, “Strongly Disagree” or “Not Applicable”.
- Board of Health members were advised in the September 2022, Board of Health report that the online self-evaluation questionnaire was available for completion in BoardEffect under the Board of Health workroom – Collaborate – Surveys.
- Email reminders were sent to Board members on September 19 and October 13, 2022.
- The October 2022 MOH/CEO report to the Board also included a reminder to complete the survey.
- At the October 20, 2022, Board of Health meeting, the Board Chair invited those who did not have a chance to complete the evaluation to do so by October 21, 2022.

Results

- All Board members (11) were invited to complete the 2022 Board of Health self-evaluation survey. A total of 9 out of 11 Board members completed the survey, for a response rate of 81.8%. Of note, 1 of the 9 participants did not complete/submit the survey.
- Previous response rates

Year	Response Rate
2021	Survey deferred
2020	58.3%
2019	78.6%
2018	85.7%

- The following tables summarize the responses to each of the rated questions.

Part 1: Individual Performance Compliance with Individual Roles and Responsibilities as a Board of Health member	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Applicable	Total Responses
1. As a BOH member, I am satisfied with my attendance at meetings.	4 (44%)	4 (44%)	1 (11%)	0 (0.0%)	0 (0.0%)	9
2. As a BOH member, I am satisfied with my preparation for meetings.	4 (44%)	5 (56%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	9
3. As a BOH member, I am satisfied with my participation in meetings.	5 (56%)	4 (44%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	9
4. As a BOH member, I understand my roles and responsibilities.	7 (78%)	1 (11%)	0 (0.0%)	0 (0.0%)	1 (11%)	9
5. As a BOH member, I understand current public health issues.	5 (56%)	4 (44%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	9

2018–2022 Strategic Priorities:

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

O: October 19, 2001
R: January 2017

Part 1: Individual Performance Compliance with Individual Roles and Responsibilities as a Board of Health member	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Applicable	Total Responses
6. As a BOH member, I have input into the vision, mission and strategic direction of the organization.	3 (33%)	5 (56%)	0 (0%)	0 (0.0%)	1 (11%)	9
7. As a BOH member, I am aware and represent community perspective during board meetings.	6 (67%)	3 (33%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	9
8. As a BOH member, I provide input into policy development and decision-making.	3 (33%)	5 (56%)	0 (0%)	0 (0%)	1 (11%)	9
9. As a BOH member, I represent the interests of the organization at all times.	8 (89%)	1 (11%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	9

Part 2: Board of Health Processes	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Applicable	Total Responses
1. The BOH is compliant with all applicable legislation and regulations.	6 (67%)	3 (33%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	9
2. The BOH ensures members are aware of their roles and responsibilities through orientation of new members	5 (56%)	3 (33%)	1 (11%)	0 (0.0%)	0 (0.0%)	9
3. The BOH is appropriately informed about financial management, procurement policies and practice, risk management and human resources issues.	5 (56%)	2 (22%)	1 (11%)	0 (0.0%)	1 (11%)	9
4. The BOH holds meetings frequently enough to ensure timely decision-making.	4 (44%)	4 (44%)	1 (11%)	0 (0.0%)	0 (0.0%)	9

2018–2022 Strategic Priorities:

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

O: October 19, 2001
R: January 2017

Part 2: Board of Health Processes	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Applicable	Total Responses
5. The BOH bases decision making on access to appropriate information with sufficient time for deliberations.	4 (44%)	4 (44%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	8
6. The BOH is kept apprised of public health issues in a timely and effective manner.	5 (56%)	1 (11%)	2 (22%)	0 (0.0%)	0 (0.0%)	8
7. The BOH sets bylaws and governance policies.	3 (33%)	4 (44%)	0 (0.0%)	0 (0.0%)	1 (11%)	8
8. The BOH remains informed with issues pertaining to organizational effectiveness through performance monitoring and strategic planning.	3 (33%)	4 (44%)	0 (0%)	0 (0.0%)	1 (11%)	8
9. The consent agenda is helpful in enabling the Board to engage in detailed discussion of important items.	6 (67%)	2 (22%)	0 (0%)	0 (0.0%)	0 (0.0%)	8

Part 3: Overall Performance of the Board of Health	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Applicable	Total Responses
1. The BOH contributes to high governance and leadership performance.	5 (56%)	1 (11%)	1 (11%)	0 (0.0%)	1 (11%)	8
2. The BOH oversees the development of the strategic plan.	2 (22%)	6 (67%)	0 (0%)	0 (0.0%)	0 (0.0%)	8
3. The BOH ensures planning processes consider stakeholder and community needs.	4 (44%)	4 (44%)	1 (14%)	0 (0.0%)	0 (0.0%)	8
4. The BOH ensures a climate of mutual trust and respect between themselves and the	5 (56%)	3 (33%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	8

2018–2022 Strategic Priorities:

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

O: October 19, 2001
R: January 2017

Part 3: Overall Performance of the Board of Health	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Applicable	Total Responses
Medical Officer of Health (MOH).						
5. The BOH as a governing body is achieving its strategic outcomes.	5 (56%)	1 (11%)	1 (11%)	0 (0.0%)	1 (11%)	8

Other comments or suggestions

Respondents were provided the opportunity to offer additional comments or suggestions throughout the survey. Respondents shared positive comments and ideas for improvements. Positive comments included that there is the ability to ask questions at any time and that there are many opportunities to provide feedback. Ideas for improvements included: strengthening engagement and interaction between Board of Health members, including via in person meetings, since virtual meetings make it more challenging for effective participation, strengthening orientation of newer board members, and use of email communication and updates in between meetings to share timely issues affecting the health of our communities.

Summary

The 2022 Board of Health member self-evaluation of performance questionnaire gives Board members a chance to reflect on their individual performance, the effectiveness of Board policy and processes, and the Board’s overall performance as a governing body. Board of Health self-evaluation of performance is an internal tool to ensure compliance with the Ontario Public Health Organizational Standards.

Overall results from the self-evaluation questionnaire indicate that most Board of Health members have a positive perception of their governance process and effectiveness.

As we move further into addressing recovery priorities and as we plan for engagement for the development of the next iteration of the strategic plan (motion 22-22) as well as with the anticipation that there will be new Board of Health members, additional opportunities for orientation and engagement are anticipated in the coming year.

2018–2022 Strategic Priorities:

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

O: October 19, 2001
R: January 2017

Briefing Note

To: René Lapierre, Chair, Board of Health
From: Dr. Penny Sutcliffe, Medical Officer of Health and Chief Executive Officer
Date: November 10, 2022
Re: 2023 Recommended Cost-Shared Operating Budget

For Information

For Discussion

For a Decision

Issue:

Approval is being sought for the recommended 2023 cost-shared operating budget for Public Health Sudbury & Districts. The draft budget was reviewed at the October 31, 2022, meeting of the Board's Finance Standing Committee. The Finance Standing Committee recommends the budget to the Board of Health for approval.

Recommended Action:

THAT the Board of Health approve the 2023 cost-shared operating budget for Public Health Sudbury & Districts in the amount of \$28,549,210.

1. Budget Summary:

The recommended 2023 cost-shared operating budget for programs and services is **\$28,549,210**, representing an increase of **\$402,528** (1.43%) over the 2022 restated BOH 2022 approved budget. The proposed 2023 cost-shared operating budget for the Board of Health for Public Health Sudbury & Districts is the result of responsible planning in the context of significant service pressures and ongoing programmatic and financial uncertainties.

There are significant and growing unmet community public health needs caused by the pandemic and by the over 30-month reduction or suspension of public health programs and services. COVID-19 programming will need to continue, however, the Ministry has communicated that there will continue to be opportunities to request reimbursement of COVID-19 extraordinary costs not covered by the Board's cost-shared operating budget. As the Board of Health is aware, Public Health is working diligently on identified [pandemic recovery priorities](#) and on the resumption of public health programs and services as required under the [Health Protection and Promotion Act, R.S.O. 1990, c. H.7 \(ontario.ca\)](#), and the [Ontario Public Health Standards - Programs and Services - Health Care Professionals - MOHLTC \(gov.on.ca\)](#).

2018–2022 Strategic Priorities:

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The recommended 2023 operating budget continues to include the mitigation funding of up to \$1,179,500 from the Ministry of Health and includes a municipal increase of \$340,428 (increase of 3.75% or \$3.17 per capita over 2022). Adjustments to interest revenue are also made to reflect current market returns on investments.

The significant increases in the inflation rate are driving fixed and operational cost increases. Based on reasonable assumptions, projected cost increases are estimated to be \$402,528 for 2023. Going into 2024, this means a projected shortfall of over \$2.5M, assuming no continuation of the \$1,179,500 provincial mitigation grant.

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

The following sections provide details on key 2023 budget factors.

2. Budget Background

Context:

Environment:

The 2022-year saw continued local public health efforts in response to the pandemic while also planning the reinstatement of recovery priority programs and services. PHSD recovery priorities were approved by the Board of Health in February 2022 and are being actioned. This involves the ongoing and careful repatriation of staff and resources from COVID-19 back to Ontario Public Health Standards (OPHS) programming while recruiting and filling needed positions in COVID-19 to ensure continued response capacity.

We have a commitment to a more sustainable balance (i.e., increased recruitment and reduced overtime burden) for staff with a focus on staff wellness as a critical component of our recovery strategy.

It is expected that Public Health will be required to maintain a fulsome pandemic response well into 2023. The release of bivalent vaccines this fall is intensifying the need for vaccine clinics. The continued rise of COVID-19 cases and outbreaks, combined with the fall/winter respiratory season, mean that PHSD needs to be flexible and able to quickly adapt to respond to the evolving needs caused by the pandemic and infectious diseases.

The provincial election reinstated the Conservative government—with a renewed agenda and significant support. It is unknown at this time when the work to transform the public health system will resume and we need to remain engaged in all opportunities for dialogue and influence.

Financial:

2018–2022 Strategic Priorities:

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2022: The Board of Health was advised on May 2, 2022, of the 2022 Ministry of Health funding, including base funds for cost-shared and 100% funded programs and one time funding for projects and initiatives. A 1% increase to base funding was received which amounted to an additional \$126,300 added to base funding in 2022 (pro-rated from April 1 to December 31, 2022). The Board of Health received up to \$1,199,400 in one-time funding for the 2022–2023 funding year. One-time funds from 2021-2022 in the amount of \$1,034,500 were carried forward to the 2022-2023 year. Also included was up to \$1,179,500 in “mitigation funding” for 2022, which, as was the case for 2020 and 2021, is intended to offset costs to municipalities that result from the change in provincial funding policy (i.e., change to 70:30 funding ratio for cost-shared programs and application of this formula to most previously 100%-funded programs). Funding was also received (total of \$896,000 for April 1, 2022, to December 31, 2022) for the School Focused Nurses initiative to support COVID-19 prevention and management in schools. Finally, \$8,344,000 in COVID-19 extraordinary funding was also announced: \$2,354,500 for COVID General/Case and Contact Management (CCM) programming and \$5,989,500 for the Vaccine Program (representing 48% and 80% of the requested amounts, respectively). Further funding for COVID-19 extraordinary expenses over and above this initial funding announcement will be based on actual costs incurred and submitted through the quarterly reports in 2022.

2023: The Ministry of Health announced on September 29 (see attached) that the “mitigation grant” (\$1,179,500 annually since 2020) would be available again in 2023 as well as continued opportunities to request reimbursement of COVID-19 extraordinary costs, including vaccine related expenses for the 2023 funding year. It was further announced that continued funding for the School Focused Nurses program will be provided to the end of the 2022–23 school year at the same level of FTEs as prior years. There are no increases to provincial base funding as yet announced although this has been the subject of much advocacy of many Boards and of ALPHA in recognition of the resultant erosion to public health capacity.

Assumptions for 2023:

- a) The mitigation grants will be available in 2023, providing PHSD with \$1,179,500 in funding to offset costs to municipalities as a result of the funding policy changes announced in 2019. This funding effectively provides an average change in base Ministry of Health funding of .29% over a 9-year period.¹
- b) The Ministry will continue to fund Northern Fruit and Vegetable and Indigenous Communities programs, Unorganized Territories, MOH/AMOH Compensation Initiative and the Ontario Senior Dental Care Program (OSDCP) at 100% (as per the 2022 Public Health Funding and Accountability Agreement). With capital projects completed across the province, the ministry has indicated an opportunity for health units to request additional funding to support the growing costs of the OSDCP.
- c) Fixed costs, including steps on salary grids, negotiated settlements, utilities, insurance, etc., will continue to increase. Canada’s inflation rate year over year was 6.9% in September. The Bank of

2018–2022 Strategic Priorities:

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Canada is taking an aggressive position by increasing interest rates with the goal of stopping the upward curve.

- d) The provincial base cost-shared funding is assumed to remain status quo for 2023. The base funding from the provincial government is found in endnote 1. The municipal levy percent increases in the last five years were 1.75%, 3%, 10%, 5% and 7%.
- e) The Ministry will continue to provide Boards with opportunities to request reimbursement of COVID-19 extraordinary costs. Details regarding program structure and eligible expenditures are unknown at this time. To support the COVID-19 program, a full review of current and projected expenditures to end of 2022 was completed as well as a full review of the resources needed to deliver the programs with the goal of integrating the vaccine and case and contact management into our core operations. The 2023 COVID-19 budget schedule has been included in the budget package for information purposes.
- f) The Provincial Workforce that supports COVID-19 case, outbreak and contact management response will be sunsetted by March 31, 2023. It is assumed that with this, additional resources to support COVID-19 case and contact management would be required and eligible for reimbursement through the Ministry's COVID-19 extraordinary fund.
- g) The toll of the intense COVID-19 response on our workforce which has led to elevated numbers of leaves, resignations, and retirements, will continue to pose health human resources challenges. Health human resource issues are intense across the health system and recruitment will continue to be difficult, requiring innovative strategies to complete critical public health programming.
- h) Notwithstanding the need to prioritize programming in the context of a pandemic, the legislative requirements of boards of health remain the same, as articulated in the *Health Protection and Promotion Act* and related regulations, and the Ontario Public Health Standards and related protocols and guidelines.

3. Reserve Funds

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

Of the \$11M of reserve funds that were committed to the Infrastructure Modernization Capital project, just over \$3.5M was used in 2021. With a December 31, 2021, reserve fund balance of \$18,839,568, reduced by the remaining \$7.46M to fund the outstanding capital project, there remains a balance in 2022 of \$11.4M. Of this amount, just over \$4.8M could support emergency needs of the organization. For context, this represents a 6.4-week cash flow.

- 1. Equitable Opportunities
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4. Recommended 2023 Budget

Management began budget deliberations with a projected shortfall of approximately \$639,755 which included the Ministry’s mitigation grant of \$1.179M and the full impact of the 1% increase in MOH based funded received in 2022 netted against increased fixed and operating costs of \$681,855. The 2023 recommended budget incorporates cost reduction initiatives totaling \$276K, increases to projected interest income, a municipal funding increase of \$340,428 and budget pressures of approximately \$3K.

4.1 Operating Revenues

The 2023 operating revenues include Ministry of Health funding for mandatory cost-shared programs, the Ministry of Health mitigation grant to offset the reduction in provincial funding due to the provincial funding policy change, the Ministry of Health Unorganized Territories funding, municipal funding, and interest. The municipal funding is increased by \$340,428. Interest revenue is projected to increase by \$20k over the 2022 budgeted levels. There is no change in Unorganized Territories funding.

4.2 Expenditures

4.2.1 Overall

The 1.43% *overall* budget increase is comprised of the following:

Salary cost decrease	-0.09%
Benefit cost increase	0.16%
Operating cost increase	1.36%
Overall Increase	1.43%

4.2.2 Salary and Benefit Changes

Comparisons of 2023 expenditures with 2022 are outlined below.

As compared with 2022, the salary and benefit budget lines reflect a decrease of 0.14% and an increase of 0.78%, respectively:

- **Salary:** As compared with 2022, salaries show a decrease of \$25,262. This is a result of annual increase and staff movement along salary grid steps, offset by staffing changes.
- **Benefits:** As compared with 2022, benefits show an increase of \$45,538. Historical utilization is factored heavily in the projection of the rate increases in addition to the significant market increases expected next year. A 28-month guarantee was provided for life, AD&D and long-term disability, resulting in a rate freeze until April 1, 2024. Extended health premiums, short-term disability, and dental are projected to increase by, 8.5%, 13%, and 12%, respectively, effective April 1, 2023. The budget has been prepared based on these expected increases.

4.2.3 Operating Expenditure Changes

2018–2022 Strategic Priorities:

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As compared with the 2022 budget, the 2023 recommended budget reflects an overall increase in operating expenditures of \$382,252 or 10.59%. Increases were applied to fixed costs such as insurance, rent and building maintenance to reflect the increased costs associated with these items. With higher than usual inflation rates it is expected that PHSD will continue to face significant increases to fixed costs going forward.

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

- **Office Supplies:** The decrease is due to streamlining and centralizing the purchase of office supplies through Corporate Services.
- **Program Expenses:** The decrease is due to adjusting the expense amount to reflect the reduction in previously 100% funded program that is now part of mandatory cost-shared budget.
- **Photocopy Expenses:** This budget line has been eliminated as a result of centralizing under Corporate Services. This expense is now included in Information Technology.
- **Insurance:** The increase in expense is related to general market rates increasing across the insurance industry. A 15% increase over 2022 actual costs is reflected in the 2023 budget.
- **Information Technology:** The increase is due to the addition of photocopy expenses which have been centralized and removed for program budgets, as well as the rising costs of software subscription and licensing and the renewal of end-of-life hardware and software systems.
- **Expense Recoveries:** The decrease in expense recoveries is due to further elimination of inter-divisional charges relating to previously 100% funded programs that are now included in the mandatory cost shared budget, as well as an adjustment to reflect actual recoveries more accurately.
- **Rent:** The increase is due to increases in contractual rates for rent at PHSD offices, including district offices and satellite offices.
- **Building Maintenance:** While the utilities costs for Paris and Elm place have been flatlined, items such as snow removal continue to rise. The increase is due to increased contractual costs with facilities management.
- **Staff Development:** The decrease of the staff development line is reflective of the current environment and the heightened virtual presence of all development opportunities.

4.2.4 Schedules

Appendix B provides the detailed schedules for the recommended 2023 operating budget by divisions, expenditure categories, and municipal levies.

5. Conclusion

2018–2022 Strategic Priorities:

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4. Organizational Commitment

The recommended 2023 budget for public health programs and services is **\$28,549,210** representing an increase of **\$402,528** (1.43%). At only a 1.43% increase over last year’s budget, the recommended budget was the result of difficult cost reduction initiatives requiring realignment of programs and services. This budget is the minimum required to maintain public health services, including responding to community needs in the context of no provincial funding increases and increased fixed costs.

Ontario Public Health Standard:

Organizational Requirements – Fiduciary Requirements Domain

Strategic Priority:

Organizational Commitment

¹ History of grants from Ministry of Health for cost-shared budget.

MOH Cost Shared Funding History		
Year	Amount	% Change over previous year
2014	14,892,975	0.0%
2015	14,893,000	0.0%
2016	14,893,000	0.0%
2017*	14,687,000	-1.38%
2018	15,127,700	3.0%
2019**	15,298,700	0.0%
2020***	18,016,300 (includes cost shared and 100% funded programs in the amount of 16,836,800 and mitigation grant of 1,179,500) For accurate comparison, 2019 funding including 100% funded programs was 18,016,300.	0%
2021	16,836,800	0.0%
2022****	17,005,200	1.00%

*Integration of Dental cost shared program to 100% funded Healthy Smiles Ontario program

**Cost-shared funding for Vector Borne Disease (VBD) and Small Drinking Water Systems (SDWS) was moved into base line. This does not change overall cost-shared funding levels.

***Funding formula change to 70:30 and integration of most 100% funded programs into cost-shared budget

****1% increase to base funding in 2022, pro-rated at \$16,963,100 for 2022 funding year

2018–2022 Strategic Priorities:

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Public Health Sudbury & Districts
 Cost Shared Programs & Services

2023 Recommended Budget

6_iv_a
 PAGE 1

	BOH 2022 Approved	in year adjs	Restated BOH 2022 Approved	2023 Budget	Increase (Decrease)
Revenue					
MOH					
MOHLTC - General Programs	16,836,800	126,300	16,963,100	17,005,200	42,100
MOH One Time Mitigation Grant	1,179,500		1,179,500	1,179,500	-
MOHLTC - Unorganized Territory	826,000		826,000	826,000	-
Total MOH	18,842,300	126,300	18,968,600	19,010,700	42,100
Municipal					
Municipal Levies	9,078,082		9,078,082	9,418,510	340,428
Total Municipal	9,078,082	-	9,078,082	9,418,510	340,428
Other					
Interest Earned	100,000		100,000	120,000	20,000
Total Other	100,000	-	100,000	120,000	20,000
Total Revenue	28,020,382	126,300	28,146,682	28,549,210	402,528
Expenditures					
Total Expenditures	28,020,382	126,300	28,146,682	28,549,210	402,528
Net Surplus (Deficit)	-	-	-	0	0

Public Health Sudbury & Districts
 Cost Shared Programs & Services

2023 Recommended Budget

6_iv_a
 PAGE 2

	BOH 2022 Approved	in year adjs	Restated BOH 2022 Approved	2023 Budget	Increase (Decrease)
Revenue					
MOH					
MOHLTC - General Programs	16,836,800	126,300	16,963,100	17,005,200	42,100
MOH One Time Mitigation Grant	1,179,500		1,179,500	1,179,500	-
MOHLTC - Unorganized Territory	826,000		826,000	826,000	-
Total MOH	18,842,300	126,300	18,968,600	19,010,700	42,100
Municipal					
Municipal Levies	9,078,082		9,078,082	9,418,510	340,428
Total Municipal	9,078,082	-	9,078,082	9,418,510	340,428
Other					
Interest Earned	100,000		100,000	120,000	20,000
Total Other	100,000	-	100,000	120,000	20,000
Total Revenue	28,020,382	126,300	28,146,682	28,549,210	402,528
Expenditures					
Corporate Services					
100 Corporate Services	4,844,012	126,300	4,970,312	5,572,941	602,629
101 Office Admin	115,350		115,350	111,350	(4,000)
102 Espanola	117,766		117,766	120,721	2,955
103 Manitoulin Island	131,604		131,604	131,888	284
104 Chapleau	126,876		126,876	130,602	3,726
105 Sudbury East	18,104		18,104	18,970	866
107 Intake	344,251		344,251	343,287	(964)
110 Facilities Management	602,893		602,893	677,485	74,592
111 Volunteer Resources	3,850		3,850	3,850	-
Total Corporate Services	6,304,705	126,300	6,431,005	7,111,094	680,089
Health Protection					
500 Health Protection - General	1,326,023		1,326,023	1,374,929	48,906
501 Environmental	2,642,778		2,642,778	2,668,155	25,376
505 Vector Borne Disease	88,828		88,828	89,308	480
506 Small Drinking Water Systems	177,834		177,834	198,210	20,375
202 Clinic	1,687,795		1,687,795	785,461	(902,333)
203 Clinical Services - Branches	231,803		231,803	214,329	(17,474)
206 Risk Reduction	273,042		273,042	178,042	(95,000)
209 Sexual Health	1,079,262		1,079,262	1,353,228	273,967
210 MOHLTC - Influenza	-		-	0	0
211 MOHLTC - Meningittis	-		-	(0)	(0)
212 MOHLTC - HPV	-		-	(0)	(0)
726 Smoke-Free Ontario Strategy: Protection and Enforceme	257,999		257,999	265,559	7,560
Total Health Protection	7,765,365	-	7,765,365	7,127,222	(638,143)
Health Promotion					
300 Promotion - General	997,565		997,565	1,130,088	132,523
301 School Health Promotion	1,985,343		1,985,343	1,271,132	(714,211)
303 District Offices (Espanola/Manitoulin)	351,716		351,716	457,390	105,673
304 Nutrition & Physical Activity Team	1,508,873		1,508,873	1,847,236	338,363
305 District Offices (Sudbury East/Chapleau)	223,514		223,514	421,764	198,250
312 Tobacco, Alcohol and Cannabis	350,309		350,309	675,857	325,549
314 Family Team	854,447		854,447	1,433,863	579,416
318 Mental Health and Addictions	375,039		375,039	697,131	322,092
213 Dental	546,067		546,067	464,591	(81,475)
787 Healthy Smiles Ontario Program	616,967		616,967	634,445	17,478
218 Vision Health	39,511		39,511	11,770	(27,741)
725 Smoke-Free Ontario Strategy: TCAN Coordination	544,806		544,806	473,208	(71,598)
771 Harm Reduction Program Enhancement	159,201		159,201	161,321	2,120
Total Health Promotion	8,553,357	-	8,553,357	9,679,796	1,126,439
School Health, Vaccine Preventable Diseases and COVID Prevention					
350 School Health, VPD, COVID Prevention - General	192,058		192,058	262,567	70,508
352 VPD and COVID CCM	1,994,158		1,994,158	816,887	(1,177,271)
Total School Health, Vaccine Preventable Diseases	2,186,217	-	2,186,217	1,079,454	(1,106,763)
Knowledge and Strategic Services					
404 Knowledge and Strategic Services	2,685,290		2,685,290	3,021,373	336,083
404 Workplace Capacity Development	23,507		23,507	23,507	-
405 Health Equity Office	14,440		14,440	14,440	-
415 Strategic Engagement Unit	10,232		10,232	10,230	(2)
738 Social Determinants of Health Nurses Initiative	477,269		477,269	482,094	4,825
Total Knowledge and Strategic Services	3,210,738	-	3,210,738	3,551,644	340,906
Total Expenditures	28,020,382	126,300	28,146,682	28,549,210	402,528
Net Surplus (Deficit)	-	-	-	0	0

Public Health Sudbury & Districts
Expenditures By Category

2023 Recommended Budget

6_iv_a

PAGE 3

Description	2022 BOH Restated Budget	2023 Recommended Budget	Change (\$) Inc/(Dec)
Salaries	18,674,837	18,649,575	(25,262)
Benefits	5,863,047	5,908,586	45,538
Total Salaries & Benefits	24,537,884	24,558,160	20,276
Office Supplies	97,816	87,031	(10,785)
Media & Advertising	130,365	131,265	900
Health Services / Purchased Services	263,733	132,433	(131,300)
Professional Fees	63,910	74,770	10,860
Travel	291,607	287,607	(4,000)
Program Expenses	988,431	915,378	(73,053)
Photocopy Expenses	28,255	-	(28,255)
Telephone Expenses	63,266	65,810	2,544
Postage & Courier Services	64,972	74,100	9,128
Vector Borne Disease - Education and Surveillance	44,825	44,825	-
Books & Subscriptions	9,345	9,695	350
Furniture & Equipment	18,020	22,120	4,100
Rent Revenue	(69,076)	(69,076)	-
Insurance	145,514	191,590	46,076
Information Technology	771,002	1,132,815	361,813
Rent Surplus Transferred to Reserve	56,642	56,642	(0)
Translation	48,690	48,890	200
Memberships	29,889	31,689	1,800
Expense Recoveries	(732,941)	(620,271)	112,670
Rent	312,365	323,548	11,183
Building Maintenance	613,246	687,838	74,592
Utilities	236,567	236,920	353
Staff Development	132,355	125,431	(6,924)
Total Operational Expenses	3,608,798	3,991,050	382,252
Total Expenditures	28,146,682	28,549,210	402,528

Municipal Levy

		2022					
Total Budget		28,020,382					
percent increase						3.75%	
Municipal Levy		9,078,082				9,418,510	
Municipal Levy	2018 Population*	% Population	2021 Levy	2021 Population**	% Population	Levy	Difference
Assignack (Township of)	754	0.459%	41,668	784	0.486%	45,811	4,142
Baldwin (Township of)	505	0.307%	27,908	498	0.309%	29,099	1,191
Billings (Township of)	501	0.305%	27,687	525	0.326%	30,677	2,990
Burpee and Mills (Township of)	273	0.166%	15,087	245	0.152%	14,316	-771
Central Manitoulin (Township of)	1,711	1.042%	94,555	1,680	1.042%	98,165	3,611
Cockburn Island Township	-	0.000%	0	5	0.003%	292	292
St. Charles	1,156	0.704%	63,884	1,235	0.766%	72,163	8,279
Chapleau (Township of)	1,915	1.166%	105,828	1,954	1.212%	114,176	8,347
French River	2,374	1.445%	131,194	2,400	1.489%	140,236	9,042
Espanola Town	4,362	2.655%	241,057	4,293	2.663%	250,848	9,791
Gordon/ Barrie Island	449	0.273%	24,813	461	0.286%	26,937	2,124
Gore Bay Town	739	0.450%	40,839	756	0.469%	44,174	3,335
Markstay-Warren	2,328	1.417%	128,652	2,433	1.509%	142,165	13,513
Northeastern Manitoulin & the Islands (Town)	2,129	1.296%	117,655	2,097	1.301%	122,532	4,877
Nairn & Hyman (Township)	396	0.241%	21,884	408	0.253%	23,840	1,956
Killarney	346	0.211%	19,121	365	0.226%	21,328	2,207
Sables-Spanish River (Township of)	2,680	1.631%	148,104	2,803	1.739%	163,784	15,680
City of Greater Sudbury	141,290	86.010%	7,808,087	137,868	85.532%	8,055,880	247,793
Tehkummah (Township of)	363	0.221%	20,060	378	0.235%	22,087	2,027
TOTAL	164,271	100%	9,078,082	161,188	100%	9,418,510	340,428
Per Capita Rate			55.26			58.43	3.17

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

** Population data per MPAC Sept 9, 2022 Ontario Population Report

Ministry of Health

Office of the Deputy Premier
and Minister of Health

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September 29, 2022

MEMORANDUM

TO: Chairpersons, Boards of Health
Medical Officers of Health/Chief Executive Officers, Public Health Units

RE: Provincial Supports for COVID-19 Response and Recovery

Ontario recognizes the considerable time and resources necessary for public health units to continue to effectively respond to COVID-19 and support pandemic recovery, including leading the roll-out of the COVID-19 vaccine program in our communities.

In recognition of these unique circumstances, public health units will have continued opportunities to request reimbursement of COVID-19 extraordinary costs, including vaccine related expenses, for the 2023 funding year.

We are also providing further stability to public health units by investing approximately \$31 million in additional funding to extend the School-Focused Nurses Initiative for the remainder of the 2022-2023 school year. This extended funding enables the continuing support of safe in-person learning for students for the remainder of the school year.

This funding is in addition to the recently announced investment of approximately \$47 million to extend the cost-sharing mitigation funding through 2023.

Ontario will continue to work with public health and municipal sector partners to monitor capacity and funding requirements for the COVID-19 response and ensure critical public health services are maintained and delivered for the benefit of all Ontarians.

Sincerely,

A handwritten signature in black ink, appearing to read 'Sylvia Jones'.

Sylvia Jones
Deputy Premier and Minister of Health

c: Dr. Kieran Moore, Chief Medical Officer of Health
Associate Medical Officers of Health, Public Health Units
Business Administrators, Public Health Units

IN CAMERA

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

RISE AND REPORT

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

2023 OPERATING BUDGET

MOTION:

THAT the Board of Health approve the 2023 cost-shared operating budget for Public Health Sudbury & Districts in the amount of \$28,549,210.

ADDENDUM

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

ADJOURNMENT

MOTION: THAT we do now adjourn. Time: _____