



Board of Health Meeting # 01-23

Public Health Sudbury & Districts

Thursday, February 16, 2023

1:30 p.m.

Virtual

Resolution Number NC2023-09

Title: Appointment of Citizens to Advisory Panels, Statutory Boards, Committees and Legislatively Required Groups

Date: Monday, January 30, 2023

Moved By Councillor Lapierre

Seconded By Mayor Lefebvre

THAT the City of Greater Sudbury appoints Abdullah Masood and Ayoub Moussa to the Board of Health for Public Health Sudbury and Districts for the term ending November 14, 2026, as outlined in the report entitled “Appointment of Citizens to Advisory Panels, Statutory Boards, Committees and Legislatively Required Groups”, from the General Manager of Corporate Services, presented at the Nominating Committee meeting on January 30, 2023.

CARRIED

LOST

DEFEATED

**REFERRED /
DEFERRED**

RESOLUTION 02-30:

P. BERNIER – C. ANSARA

That Council consider the appointment of a Board Member to:

Board of Health for Public Health Sudbury and Districts Appointee

Nominated – Nathalie Tessier

Recorded Vote		
	For	Against
R. Bignucolo	X	
L. Bernier	X	
P. Bernier	X	
C. Ansara	X	
A. Lambruschini	X	



Denis Duguay, CMRP

Chief Administrative Officer

Township of Chapleau | 20 Pine Street West | PO Box 129 | Chapleau, Ontario | P0M 1K0

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Friday, January 27, 2023

2023-09

Moved by: Rachelle Poirier

Seconded by: Steven Olsen

THAT Council receive the CAO Report for the Board of Health Council appointment.

FURTHER THAT Council approved the Municipality of French River request to allow them to continue on the Public Health Sudbury and District board for the 2022-2026 term of Council.

CARRIED

Ned Whynott, Presiding Officer

I, Rheel Forgette, Chief Administrative Officer/Clerk of the Municipality of Markstay-Warren, do hereby certify this to be a true copy of Resolution # 2023-09 passed in open council on January 16th, 2023.

Rheel Forgette, CAO/Clerk



Dated at Markstay this 27th day of January, 2023

Resolution Number CC2022-276

Title: Appointment of Members of Council to Local Boards, Corporations and Business Improvement Areas

Date: Tuesday, November 29, 2022

Moved By Councillor Leduc

Seconded By Councillor Lapierre

THAT the City of Greater Sudbury appoints Councillors: Lapierre, Parent, Signoretti, Sizer and Leduc to the Board of Health for Public Health Sudbury & Districts for the term ending November 14, 2026, as outlined in the report entitled "Appointment of Members of Council to Local Boards, Corporations and Business Improvement Areas", from the General Manager of Corporate Services, presented at the City Council meeting on November 29, 2022. **(Note: While there are to be a total of seven (7) members of the Board appointed by Council, at least one (1) Council Member must be appointed. If additional Council Members wish to sit on the Board the remaining memberships will be allotted to citizens.)**

CARRIED

AGENDA – FIRST MEETING
BOARD OF HEALTH
PUBLIC HEALTH SUDBURY & DISTRICTS
VIRTUAL MEETING
THURSDAY, FEBRUARY 16, 2023 – 1:30 P.M.

1. CALL TO ORDER AND TERRITORIAL ACKNOWLEDGMENT

- Resolution from the Corporation of the Municipality of French River dated February 1, 2023, Re: appointment of Renée Carrier to the Board of Health
- Resolution from the City of Greater Sudbury dated January 30, 2023, Re: appointment of Ayoub Moussa and Abdullah Masood to the Board of Health
- Resolution from the Township of Chapleau dated January 30, 2023, Re: appointment of Natalie Tessier to the Board of Health
- Resolution from the Municipality of Markstay-Warren dated January 27, 2023, Re: approving the request to allow the Municipality of French River to continue on the Public Health Sudbury & District Board
- Resolution from the City of Greater Sudbury dated November 29, 2022, Re: appointment of René Lapierre, Bill Leduc, Michel Parent, Mark Signoretti, and Al Sizer to the Board of Health

2. ROLL CALL

3. REVIEW OF AGENDA/DECLARATIONS OF CONFLICTS OF INTEREST

4. ELECTION OF OFFICERS

APPOINTMENT OF CHAIR OF THE BOARD

(2022 Chair: René Lapierre – 8 terms)

**THAT the Board of Health appoints _____
as Chair for the year 2023.**

APPOINTMENT OF VICE-CHAIR OF THE BOARD

(2022 Vice-Chair: Jeffery Huska – 7 terms)

**THAT the Board of Health appoints _____
as Vice-Chair for the year 2023.**

APPOINTMENT TO BOARD EXECUTIVE COMMITTEE

(2022 Board Executive: Jeffery Huska – 8 terms; René Lapierre – 8 terms; Ken Noland – 6 terms; Claire Gignac – 2 terms; Randy Hazlett - 2 terms; Robert Kirwan – 1 term)

THAT the Board of Health appoints the following individuals to the Board Executive Committee for the year 2023:

1. _____, Board Member at Large
2. _____, Board Member at Large
3. _____, Board Member at Large
4. _____, Chair
5. _____, Vice-chair
6. Medical Officer of Health/Chief Executive Officer
7. Director, Corporate Services
8. Secretary Board of Health

APPOINTMENT TO FINANCE STANDING COMMITTEE OF THE BOARD

(2022 Finance Committee: Carolyn Thain – 8 terms; René Lapierre – 8 terms; Mark Signoretti – 6 terms; Randy Hazlett - 3 terms; Ken Noland – 1 term)

THAT the Board of Health appoints the following individuals to the Finance Standing Committee of the Board of Health for the year 2023:

1. _____, Board Member at Large
2. _____, Board Member at Large
3. _____, Board Member at Large
4. _____, Chair
5. Medical Officer of Health/Chief Executive Officer
6. Director, Corporate Services
7. Secretary Board of Health

5. DELEGATION/PRESENTATION

i) COVID-19 by the Numbers and Recovery Progress Report

- Renée St Onge, Director, Knowledge and Strategic Services (KSS) Division and Dr. Imran Khan, Director, Sexual Health, Vaccine Preventable Diseases and COVID-19 Vaccination (SVC) Division and Public Health Physician

6. CONSENT AGENDA

i) Minutes of Previous Meeting

- a. Board of Health Meeting – November 10, 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, February 2023

v) Correspondence

- a. Alcohol Health Warning Labels
 - Letter from the Board of Health Chair, Timiskaming Health Unit, to the Prime Minister, dated February 8, 2023
 - b. Public Health Matters - Public Health Fall Vaccine Success
 - Letter and infographic from the President, Association of Local Public Health Agencies (ALPHA) to Ontario local Public Health agencies, dated January 12, 2023
 - c. Canadian Public Health Association’s Campaign to Strengthen Public Health Systems in Canada
 - Letter from Dr. Sutcliffe, Public Health Sudbury & Districts, to the Minister of Health, Health Canada, dated January 9, 2023
 - d. Healthy Babies Healthy Children (HBHC) and Infant Toddler Development Program (ITDP) Funding
 - Letter from the Board of Health Chair, Peterborough Public Health, to the Minister of Children, Community and Social Services, dated November 24, 2022
- vi) Items of Information**
- a. Annual Survey Results from 2022 Regular Board of Health Meeting Evaluations
 - b. Annual Meeting Attendance Summary Board of Health for Public Health Sudbury & Districts 2022
 - c. ALPHA Information Break December 16, 2022
January 18, 2023
 - d. [ALPHA's Virtual 2023 Winter Symposium and Section Meetings](#) February 24, 2023
 - e. Council of Canadian Academies Fault Lines main findings (one pager) The Expert Panel on the Socioeconomic Impacts of Science and Health Misinformation January 2023
 - f. Memo from the Ministry of Health re Executive Lead, Public Health & Pandemic Response and Recovery Wind-down November 30, 2022

APPROVAL OF CONSENT AGENDA

MOTION:

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

7. NEW BUSINESS

- i) **Public Health Sudbury & Districts 2022 COVID-19 Response by the Numbers and Recovery Progress Report**

- Briefing note from the Medical Officer of Health and Chief Executive Officer to the Board of Health Chair dated February 9, 2023.
- Public Health Sudbury & Districts 2022 COVID-19 Response by the Numbers and Recovery Progress Report

COVID-19 RESPONSE – REPORTING AND ACCOUNTABILITY MONITORING

MOTION:

WHEREAS Public Health Sudbury & Districts builds and maintains trust, and demonstrates accountability to all stakeholders through its ongoing monitoring and reporting of its COVID-19 response and recovery priorities; and

WHEREAS Public Health Sudbury & Districts continues to balance the COVID-19 response activities with the need to respond to intensified and emerging public health needs;

THEREFORE BE IT RESOLVED that the Board of Health for Public Health Sudbury & Districts receive the report entitled Public Health Sudbury & Districts COVID-19 Response by the Numbers and Recovery Progress Report and support its broad dissemination to the public and to local and provincial partners.

ii) 2022 District Area Snapshots Reports

- Briefing note from the Medical Officer of Health and Chief Executive Officer to the Board of Health Chair dated February 9, 2023
- 2022 District Area Snapshot Reports

SUPPORT AND DISSEMINATION OF THE 2022 DISTRICT AREA SNAPSHOTS OF PUBLIC HEALTH FOR THE CHAPLEAU, MANITOULIN ISLAND, LACLOCHE FOOTHILLS, AND SUDBURY EAST AREAS

MOTION:

WHEREAS public health programs and services are a joint effort, in collaboration with the public, community agencies, and municipalities, and local municipalities have a keen interest and play a pivotal role in the health and well-being of the residents and communities they serve; and

WHEREAS Public Health Sudbury & Districts (Public Health) has a long history of collaborating with municipalities and community partners to prevent disease and protect and promote health and well-being for the residents and communities we collectively serve; and

WHEREAS Public Health has identified re-engaging with municipalities as a priority in its pandemic Recovery Plan, and as a first step has produced the 2022 District Area Snapshots of Public Health for the Chapleau, Manitoulin Island, LaCloche Foothills, and Sudbury East areas highlighting recovery activities undertaken in 2022; and

WHEREAS Public Health intends to use these snapshot reports to re-invigorate collaborations with municipal partners and associations in areas of shared public health issues to promote health for all;

THEREFORE BE IT RESOLVED THAT the Board of Health for Public Health Sudbury & Districts receive the 2022 District Area Snapshots of Public Health for the Chapleau, Manitoulin Island, LaCloche Foothills, and Sudbury East areas; and

FURTHER THAT the Board support the broad public and stakeholder dissemination of these reports, including the role of members of the Board in promoting the reports with their respective district area municipalities and community partners.

iii) Community Engagement to Address Food Insecurity

- Briefing note from the Medical Officer of Health and Chief Executive Officer to the Board of Health Chair dated February 9, 2023

COMMUNITY ENGAGEMENT TO ADDRESS FOOD INSECURITY

MOTION:

BE IT RESOLVED THAT the Board of Health for Public Health Sudbury & Districts, in recognition of the root causes of food insecurity, call on the provincial government to incorporate local food affordability findings in determining adequacy of social assistance levels; and

THAT the Board of Health reaffirm its support for the Association of Local Public Health Agencies (aLPHa) resolutions [A18-02](#) (Minimum Wage that is a Living Wage) and [A15-04](#) (Basic Income Guarantee); and

THAT the Board of Health intensify its work with relevant area agencies and community groups, and municipalities to shift the focus of food insecurity initiatives from food charity to income-based solutions, including but not limited to the sharing of data and evidence-based income solutions; and

FURTHER THAT the Board of Health for Public Health Sudbury & Districts Board share this motion with area partners, Ontario boards of health, and the relevant provincial government ministers.

iv) Organizational Risk Management Plan 2023-2025

- Briefing note from the Medical Officer of Health and Chief Executive Officer to the Board of Health Chair dated February 9, 2023
- Organizational Risk Management Plan: 2020-2022
- Annual Organizational Risk Assessment Progress Report, 2022

PUBLIC HEALTH SUDBURY & DISTRICTS RISK MANAGEMENT PLAN – APPROVAL OF ENGAGEMENT TIMELINES

MOTION:

BE IT RESOLVED THAT the Board of Health for Public Health Sudbury & Districts approve the Risk Management Engagement Timelines which outline the next steps for engagement, development, approval, and launch of the 2023-2025 risk management plan.

v) Strategic Plan

- Briefing note from the Medical Officer of Health and Chief Executive Officer to the Board of Health Chair dated February 9, 2023

STRATEGIC PLAN

MOTION:

WHEREAS the [Executive Committee of the Board of Health](#) functions as an advisory committee of the Board to develop, review, and oversee Board policies and procedures; and

WHEREAS the Board of Health may assign specific responsibilities to the Board of Health Executive Committee by majority vote of the Board;

THEREFORE, be it resolved that the Board of Health assign responsibility to the Board Executive Committee for the oversight of the Strategic Plan development process for the planning cycle beginning in 2023.

vi) Support for Consumption and Treatment Services

- Briefing note from the Medical Officer of Health and Chief Executive Officer to the Board of Health Chair dated February 9, 2023

SUPPORT FOR CONSUMPTION AND TREATMENT SERVICES APPROVAL AND FUNDING

MOTION:

WHEREAS as recognized by motion [14-21](#) Sudbury and districts continue to experience an opioid crisis with the second highest opioid-related death rate in Ontario; and

WHEREAS the Ontario Public Health Standards require boards of health to collaborate with health and social service partners to develop programs and services to reduce the burdens associated with substance use; and

WHEREAS evidence shows that supervised consumption sites, as a harm reduction strategy, reduce overdose deaths, increase access to treatment and other health and social services, reduce transmission of infectious diseases, including HIV and Hepatitis C, reduce public injection of drugs, and reduce publicly discarded hazardous syringes; and

WHEREAS the provincial application for approval and funding for Sudbury's Consumption and Treatment Services was submitted in August 2021 and the application remains under review; and

WHEREAS Réseau Access Network received the required federal exemption and has been operating Sudbury's supervised consumption services site since September 2022 with temporary operating funds provided by the City of Greater Sudbury; and

WHEREAS there is uncertainty about the future of supervised consumption services in Sudbury given the temporary nature of current municipal funding and the outstanding provincial application;

THEREFORE BE IT RESOLVED THAT the Board of Health reaffirm motion [14-21](#), sounding the alarm on the local and regional opioid crisis – a crisis that has continued to intensify since 2021; and

THAT the Board of Health urge the provincial government to immediately approve funding for the Sudbury supervised consumption services site, operating as a Consumption and Treatment Services site under the Ontario model; and

FURTHER THAT this resolution be shared with relevant federal and provincial government ministers, area members of parliament and provincial parliament, local municipal leadership, the Chief Medical Officer of Health, and boards of health.

8. IN CAMERA

IN CAMERA

MOTION:

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

9. RISE AND REPORT

RISE AND REPORT

MOTION:

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

10. ADDENDUM

ADDENDUM

MOTION:

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

11. ANNOUNCEMENTS

- Please complete the February Board of Health meeting evaluation as well as the Code of Conduct and Conflict of Interest declaration forms in BoardEffect following the Board meeting.

12. ADJOURNMENT

ADJOURNMENT

MOTION:

THAT we do now adjourn. Time: _____

APPOINTMENT OF CHAIR OF THE BOARD

(2022 Chair: René Lapierre – 8 terms)

**THAT the Board of Health appoints _____
as Chair for the year 2023.**

APPOINTMENT OF VICE-CHAIR OF THE BOARD

(2022 Vice-Chair: Jeffery Huska - 7 terms)

**THAT the Board of Health appoints _____
as Vice-Chair for the year 2023.**

APPOINTMENT TO BOARD EXECUTIVE COMMITTEE

(2022 Board Executive: Jeffery Huska – 8 terms; René Lapierre – 8 terms; Ken Noland – 6 terms; Claire Gignac – 2 terms; Robert Kirwan – 1 term)

THAT the Board of Health appoints the following individuals to the Board Executive Committee for the year 2023:

- 1. _____, Board Member at Large
- 2. _____, Board Member at Large
- 3. _____, Board Member at Large
- 4. _____, Chair
- 5. _____, Vice-chair
- 6. Medical Officer of Health/Chief Executive Officer
- 7. Director, Corporate Services
- 8. Secretary Board of Health

APPOINTMENT TO FINANCE STANDING COMMITTEE OF THE BOARD

(2022 Finance Committee: Carolyn Thain - 8 terms; René Lapierre – 8 terms; Mark Signoretti – 6 terms; Ken Noland - 1 term)

THAT the Board of Health appoints the following individuals to the Finance Standing Committee of the Board of Health for the year 2023:

- 1. _____, **Board Member at Large**
- 2. _____, **Board Member at Large**
- 3. _____, **Board Member at Large**
- 4. _____, **Chair**
- 5. **Medical Officer of Health/Chief Executive Officer**
- 6. **Director, Corporate Services**
- 8. **Secretary Board of Health**



MINUTES – SIXTH MEETING
BOARD OF HEALTH FOR PUBLIC HEALTH SUDBURY & DISTRICTS
VIRTUAL
THURSDAY, NOVEMBER 10, 2022 – 1:30 P.M.

BOARD MEMBERS PRESENT

Claire Gignac
René Lapierre
Paul Myre

Ken Noland
Mark Signoretti
Natalie Tessier

Carolyn Thain
Dean Wenborne (till 2:15 pm)

BOARD MEMBERS REGRET

Jeffery Huska
Robert Kirwan

BOARD MEMBERS ABSENT

Bill Leduc

STAFF MEMBERS PRESENT

Dr. Imran Khan
Stacey Gilbeau
Sandra Laclé

Stacey Laforest
Rachel Quesnel
France Quirion

Dr. Penny Sutcliffe

R. LAPIERRE PRESIDING

1. CALL TO ORDER AND TERRITORIAL ACKNOWLEDGMENT

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

With the pending inauguration of municipal council members post-municipal elections, the Board of Health will be receiving notifications of Board of Health membership by the municipalities/associations.

The Board of Health Chair provided reflections for this week's Treaties Recognition Week, noting it is a time to learn and reflect on our collective responsibilities under the treaties. Partnerships with First Nations and urban Indigenous organizations are vitally important to Public Health and demonstrating commitment to understanding truth and moving toward reconciliation helps us to realize our vision of working together towards

healthy and vibrant Indigenous communities in their pursuit of self-determined health and well-being.

2. ROLL CALL

3. REVIEW OF AGENDA/DECLARATIONS OF CONFLICTS OF INTEREST

There were no declarations of conflict of interest. Consensus was reached that agenda item 6 iv) 2023 Cost Shared Budget be addressed as the first agenda item, prior to the delegation.

4. DELEGATION/PRESENTATION

i) Private Onsite Sewage System (Part VIII) Program

– Stacey Laforest, Director, Health Protection Division

S. Laforest was invited to provide an overview of the private onsite sewage system (Part VIII) Program.

Public Health Sudbury & Districts has a long history of inspecting private on-site sewage systems that dates back to 1969 in the City of Sudbury and 1974 across our entire service area. In 1998, the private on-site sewage regulations were transferred from the Ministry of the Environment’s Environmental Protection Act to the Ministry of Municipal Affairs and Housing Building Code Act. When the private on-site sewage system regulation was transferred to the Ontario Building Code, it was captured under Part 8 of the regulation, and as such is commonly known as the “Part VIII” program.

The Board of Health was informed regarding the purpose of sewage systems, the volume of routine work in the Part VIII program between 2017 and 2022, the application processes and requirements for building and renovation permits as well as severances and processes for file search and copy of record requests.

In the PHSD area, the City of Greater Sudbury is the only municipality in our service area required to have a Source Water Protection Plan. The Source Water Protection Plan outlines many initiatives that prevent contamination of municipal drinking water sources, including Mandatory Maintenance Inspections (MMIs) of sewage systems located within vulnerable municipal drinking water intake areas. An overview of sewage complaints was provided to the Board of Health.

Questions and comments were entertained and S. Laforest was thanked for her presentation.

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**

No discussion.

34-22 APPROVAL OF CONSENT AGENDA

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

CARRIED

6. NEW BUSINESS

i) Public Health Sudbury & Districts Medical Officer of Health

Dr. Imran Adrian Khan was introduced and welcomed. Dr. Khan was recruited to Public Health Sudbury & Districts as Associate Medical Officer of Health. Pending Ministerial approval of his appointment, Dr. Khan started his employment at PHSD as Public Health Physician effective October 24, 2022. Dr. Khan is a graduate of the NOSM University Public Health Preventive Medicine (PHPM) program who completed his residency in the North. This demonstrates the benefits of the NOSM University PHPM residency program for which PHSD was an early initiator and ongoing supporter.

Because Dr. Khan is not yet Associate Medical Officer of Health, the following motion adds him to list of physicians eligible to be Acting Medical Officer of Health when the Medical Officer of Health is on leave or unable to act. Board of Health Executive Committee motion 05-14, as amended, is proposed to be amended by this motion which includes Dr. Khan on the list of Acting MOHs.

35-22 SUDBURY & DISTRICT MEDICAL OFFICER OF HEALTH

MOVED BY NOLAND – MYRE: 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 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)***

CARRIED

ii) Staff Appreciation Day

Dr. Sutcliffe noted that the motion proposes providing a day off with pay in recognition and appreciation for PHSD staff's work and dedication. The motion has been entertained annually by the Board of Health for decades and staff do not take the day off with pay for granted.

36-22 STAFF APPRECIATION DAY

MOVED BY THAIN – TESSIER: 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.

UNANIMOUSLY CARRIED

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

The briefing note outlines the annual process that is undertaken for the Board of Health member's individual self-evaluation. It also outlined the outcomes of the 2022 annual survey for the Board of Health's deliberation as part of its ongoing commitment to good governance and continuous quality improvement. The response rate of this year's survey was 81.8%. The Board of Health Chair thanked the Board members for completing the survey and providing feedback.

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

C. Thain, Board of Health Finance Standing Committee Chair, indicated that the Finance Standing Committee met on October 31, 2022, to carefully review the recommended 2023 cost-shared operating budget.

This year's budget development has been done within the context of refocusing its resources on recovery priorities and the resumptions of public health programs and services while continuing its efforts to address COVID-19.

Budget deliberations began with a projected shortfall of approximately \$640K and Dr. Sutcliffe and team brought forward a responsible and transparent budget to the Finance Standing Committee that requires management to implement budget reductions while ensuring the organization continues to meet the requirements of the Ontario Public Health Standards.

The 2023 budget, recommended by the Board Finance Standing Committee to the Board of Health today, totals \$28,549,210, and represents an increase of 1.43% over the 2022 restated Board of Health approved budget. The recommended 2023 operating budget continues to include the mitigation funding of up to \$1,179,500 from the Ministry of Health as well as includes a municipal increase of \$340,428. This is a 3.75% municipal

increase or \$3.17 per capita increase over 2022. Adjustments to interest revenue are also made to reflect current market returns on investments.

The recommended budget was the result of deliberations requiring reductions and 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. Following a careful review of the details of the 2023 budget and deliberation, the Finance Standing Committee recommends that the Board of Health adopt the 2023 cost shared operating budget, per today's motion.

Dr. Sutcliffe provided further highlights, including the important assumptions that underpin the recommended 2023 budget.

The Ministry of Health has confirmed that 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. The provincial base cost-shared funding is assumed to remain status quo for 2023. Of interest, the history of Ministry of Health cost-shared funding from 2014 to 2022 shows an average change in base Ministry of Health funding of .29% over a 9-year period.

There are numerous resource implications including the Provincial Workforce support for COVID-19 being sunsetted by March 31, 2023, the toll of the intense COVID-19 response on our workforce and recruitment challenges that will require innovative strategies to complete critical public health programming.

Netting out Board approved funds for the capital project, the 2022 reserve balance is \$11.4M and of this amount, just over \$4.8M could support emergency needs of the organization.

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.

A funding letter from the Ministry of Health is included in today's agenda package announcing that the mitigation grant will be available again in 2023 as well as continued opportunities to request reimbursement of COVID-19 extraordinary costs. The Ministry

also confirmed that funding would continue for the School Focused Nurses program to the end of the 2022–23 school year at the same level of FTEs as prior years. The Ministry has not communicated any increases to provincial base funding and there has been advocacy of many Boards of Health and of alPHa in recognition of the resultant erosion to public health capacity.

Dr. Sutcliffe recognized the Director of Corporate Services and her team as well as the senior managers and managers for their work and contributions with the development of a reasonable and accountable budget.

Questions and comments entertained related to lobbying efforts that have taken place by the alPHa Board of Directors, increases for specific expenditures in 2023 such as IT and insurance, and ongoing recruitment effort. The team was congratulated for their work that has resulted in bringing forward a reasonable budget in the context of current fiscal and service deficit climates.

IN CAMERA

37-22 IN CAMERA

MOVED BY WENBORNE – GIGNAC: THAT this Board of Health goes in camera for personal matters involving one or more identifiable individuals, including employees or prospective employees. Time: 1:59 p.m.

CARRIED

RISE AND REPORT

38-22 RISE AND REPORT

MOVED BY NOLAND – KIRWAN: THAT this Board of Health rises and reports. Time: 2:23 p.m.

CARRIED

It was reported that one personal matter involving one or more identifiable individuals, including employees or prospective employees was discussed and the following motions emanated:

39-22 APPROVAL OF BOH INCAMERA MEETING NOTES

MOVED BY KIRWAN – GIGNAC: THAT this Board of Health approve the meeting notes of the February 17, 2022, Board 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

iv) 2023 Cost-Shared Operating Budget (Cont'd)

40-22 2023 OPERATING BUDGET

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

CARRIED

7. ADDENDUM

No addendum.

8. ANNOUNCEMENTS

- There are no regular Board of Health meetings in December.
- The next regular Board of Health meeting is scheduled for January 19, 2023, at 1:30 p.m.
 - o If municipal council/association appointments are not all received for the Board of Health membership, there is a possibility that the January 19 Board of Health meeting be deferred to a later date.
- Although an in-person celebration is not possible due to COVID-19, Board of Health members were thanked for their commitment and contributions. Collectively, amongst the 11 Board of Health members, there is a remarkable 78 years of combined years on the Board of Health for Public Health Sudbury & Districts.

9. ADJOURNMENT

41-22 ADJOURNMENT

MOVED BY THAIN – KIRWAN: THAT we do now adjourn. Time: 2:53 p.m.

CARRIED

(Chair)

(Secretary)

Medical Officer of Health/Chief Executive Officer Board of Health Report, February 2023


Words for thought

The costs of misinformation

Misinformation threatens the individual and collective well-being of people in Canada and around the world, and now proliferates at previously unseen rates. Its consequences can range from the benign to the deadly. **Fault Lines** details the socioeconomic impacts of science and health misinformation in Canada, and the practices most critical to disrupting it.



misinformation
mis-in-fər-mā-shən · noun
false or misleading information, shared deliberately or inadvertently



IMPACTS OF MISINFORMATION

SOCIETAL:

- Political polarization
- Diminished public trust
- Inaction on climate change

COMMUNITY:

- Lower compliance with public health advice
- Outbreaks of vaccine-preventable diseases
- Increased healthcare-system use and costs

INDIVIDUAL:

- Illness and death from harmful products and preventable diseases
- Wasted money on disproven products and services

Source: [Fault Lines: Expert Panel on the Socioeconomic Impacts of Science and Health Misinformation](#). CCA.

Date: January 2023

A warm welcome (back) to Board of Health Members from across our catchment area! I very much look forward to working with the Board in 2023 and beyond, ensuring Public Health Sudbury & Districts enhances and maintains its reputation as a trusted and relevant public institution – always working in the best interests of the public’s health!

Highlighted above and included in the consent agenda is the recent Council of Canadian Academies report on the impacts of science and health misinformation on the public and public policy in Canada. The authors note that in times of crisis, our vulnerability to misinformation is

heightened, as are the consequences. They highlight the costs of COVID-19 misinformation, estimating that in 2021, misinformation contributed to vaccine hesitancy for approximately 2.35 million people in Canada, and was associated with 198 000 more COVID-19 cases, 13 000 more hospitalizations and, sadly, 2 800 more deaths.

Local public health is a trusted source of credible health information and advice for individuals, partners and governments. Maintaining this reputation in times of increasing misinformation is an ongoing responsibility. Leading practices in responding to the impacts of misinformation include ensuring accessible and accurate public reporting, improving media and science literacy, and labeling and debunking inaccurate information with evidence. Public Health Sudbury & Districts is committed to ongoing efforts in all of these areas. As evidenced in today's Board of Health package, our commitment to publicly report on our work, our investments and their impacts is abundantly obvious. We are transparent and accountable, and we continue to merit the trust that is placed in us.

General Report

1. Board of Health Updates

Membership

I am very pleased to warmly welcome new and returning appointees to the Board:

- René Carrier, appointed by the Sudbury East Municipal Association
- Claire Gignac, provincial appointee
- René Lapierre, appointed by the City of Greater Sudbury
- Bill Leduc, appointed by the City of Greater Sudbury
- Abdullah Masood, appointed by the City of Greater Sudbury
- Ayoub Moussa, appointed by the City of Greater Sudbury
- Ken Noland, appointed by the Manitoulin Municipal Association
- Michel Parent, appointed by the City of Greater Sudbury
- Mark Signoretti, appointed by the City of Greater Sudbury
- Al Sizer, appointed by the City of Greater Sudbury
- Natalie Tessier, appointed by the Township of Chapleau

Thank you letters on behalf of the Board of Health were forwarded to outgoing Board of Health members, Jeff Huska, Robert Kirwan, Paul Myre, Carolyn Thain, and Dean Wenborne, thanking them for their valued contributions to Public Health Sudbury & Districts.

Further to Board Motion [36-22](#), several notes have been received from Public Health Sudbury & Districts staff in recognition of the staff appreciation day. These messages from staff have been posted to the BoardEffect landing page of the Board of Health workroom.

Conferences

The Association of Local Public Health Agencies (ALPHA) [Winter Symposium](#), Boards of Health Section, and Council of Ontario Medical Officers of Health (COMOH) virtual meetings will take place on February 24, 2023. There will be an orientation session during the afternoon Board of Health Section meeting. Further program and registration details are shared in the Board meeting package. If you are interested in attending, please contact Rachel Quesnel, Board Secretary. Proceedings are typically available on the ALPHA website following the symposium.

The Association of Local Public Health Agencies Annual Conference and General Meeting will be held from June 11 to June 13, 2023 in person. A motion will be included in our April Board agenda concerning Board attendance and voting delegation for the ALPHA AGM.

Board of Health Code of Conduct

Board of Health members are responsible for conducting themselves in compliance with the Code of Conduct Policy C-I-15 (Code); in a manner that is professional, and with the highest regard for the rights of the public in accordance with the principles outlined in the Human Rights Code and the Charter of Rights and Freedoms. The standard obligations, values, and expected behaviours outlined in the Code serve to enhance public confidence that members operate from a foundation of trust, humility, and respect.

All members are required to sign an annual declaration attesting to their understanding and acknowledgement of this Code. The Code of Conduct Policy is included in the February 16, 2023, Board of Health *Event* in BoardEffect. The declaration form, which must be signed and submitted annually, can be completed electronically in BoardEffect under Board of Health – Collaborate – Surveys. Deadline to submit is Friday, March 3, 2023.

Board of Health Conflict of Interest

As stipulated in the Board of Health Manual Conflict of Interest Policy and Procedure C-I-16, members bring a perspective based on their skills and experiences in order to act in the best interest of Public Health Sudbury & Districts and in compliance with their duties and obligations under the *Health Protection and Promotion Act*. Members cannot act in their own personal interest or as a representative of any professional, political, socio-economic, cultural, geographic, or other organization or group.

Each individual member of the Board of Health ensures that they are in compliance at all times with the *Municipal Conflict of Interest Act* and follows the Conflict of Interest Policy C-I-16.

At the beginning of each calendar year, Board of Health members are required to complete the Declaration of Conflict of Interest form. The Conflict of Interest Policy and Procedure is included in the February 16, 2023, Board of Health *Event* in BoardEffect. The Conflict of Interest declaration form, which must be signed and submitted annually, can be completed

electronically in BoardEffect under Board of Health – Collaborate – Surveys. Deadline to submit is Friday, March 3, 2023.

2. Local and Provincial Meetings

As the Medical Officer of Health (MOH), I participate in a number of provincial committees representing Public Health Sudbury & Districts and/or the northern region. These include the Council of Ontario Medical Officers of Health (COMOH) Workgroup: Ontario Health Teams (December 21, 2022); COMOH Drug/Opioid Poisoning Crisis Working Group (every two weeks); COMOH Public Health Priorities Forum (monthly), COMOH Executive (monthly) and alpha Board (every two months).

3. Chief Nursing Officer and Professional Practice Report

The Chief Nursing Officer (CNO) for Public Health Sudbury & Districts is Stacey Gilbeau. The CNO leads the Professional Practice Committee, an interdisciplinary group of professional staff members whose mandate it is to foster an environment that supports evidence-based professional practice and to promote excellence in public health practice across all disciplines. The Professional Practice Committee also supports the maintenance of competency and creates systems and processes to enhance inter-professional practice and development within Public Health Sudbury & Districts. Over the past year, this group discussed issues related to privacy and digital recording of client visits, documentation and auditing, interpretation services for clients as well as interprofessional practice. The Professional Practice Committee also provides a venue for regulated health professional staff to share public health relevant updates from their respective regulatory colleges. During the COVID-19 pandemic, the CNO and Professional Practice Lead reviewed numerous medical directives and were consulted on clinic staffing and clinical matters related to vaccine administration.

4. Financial Report

The financial statements ending November 2022, show a positive variance of \$2,641,857 in the cost shared programs before considering COVID-19 extraordinary expenses. The statements account for \$8,031,283 in COVID-19 extraordinary expenses incurred to the end of November. Cost shared funding must be fully used prior to utilizing COVID-19 extraordinary funding, and so the actual variance in cost shared programs at November 30 is nil with \$5,389,426 in COVID-19 extraordinary expenses. The Ministry has approved funding for COVID-19 extraordinary programming of up to \$10,110,000 for 2022, of which we have received \$7,648,674 up to November 30, 2022.

5. Accountability Monitoring Plan

As per the 2018-2022 Strategic Plan, we were guided by our Accountability Monitoring Framework. Since the COVID-19 response, our agency's focus shifted from the traditional accountability of organizational and locally developed indicators, to accountability concerning our agency's response to COVID-19 and our recovery priorities. As such, a COVID-19 response by the numbers report and the recovery priorities progress reports have been shared with the Board of Health for review and approval. This shift in accountability reporting ensures that we continue to 'tell the story' of our performance and demonstrate quality public health practice and programs, while meeting the needs of our local communities and responding to a public health emergency.

6. Quarterly Compliance Report

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

Public Health Sudbury & Districts has disbursed with all payable remittances for employee income tax deductions and Canada Pension Plan and Employment Insurance premiums, as required by law to December 31, 2022, on December 23, 2022. The Employer Health Tax has been paid, as required by law, to December 31, 2022, with an online payment date of January 15, 2023. Workplace Safety and Insurance Board premiums have also been paid, as required by law, to December 31, 2022, with an online payment date of January 31, 2023. There are no outstanding issues regarding compliance with the Occupational Health & Safety Act, Ontario Human Rights Code, or Employment Standards Act.

7. United Way Campaign

Public Health Sudbury & Districts annual workplace United Way Campaign was launched on October 17, 2022 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 surpassed our campaign goal this year and raised \$34,647.

I am very pleased to share that on February 16, 2023 the United Way is awarding Public Health employee, Krista Galic, with an Employee Champion Award. This award is presented to a workplace champion that continuously goes above and beyond, and is always looking for ways to strengthen the campaign through employee engagement. Krista is a leading force within our agency and within our community!

8. Infrastructure Modernization

1300 Paris Street

Although there remain some deficiencies to be addressed, all work space at 1300 Paris Street is occupied. An internal signage project for Level 2 and 3 is underway which incorporates legislative requirements, wayfinding signs and area identifiers, branding, inspirational and inclusivity signs, and art work.

The Elevator Modernization Project is progressing well. It is anticipated that preliminary testing will commence very soon followed by an inspection by the Technical Standards and Safety Authority (TSSA).

Tender documents are being prepared for the patio refurbishment project and the tender phase will commence shortly. The anticipated construction phase for this project remains Spring 2023.

Elm Place

The list of deficiencies continues to be addressed. The scheduling of contractors remains a challenge in this final mile of the project.

Following are the divisional program highlights. These narratives are not a comprehensive summary of our Ontario Public Health Standards (OPHS) work, as they are intended to provide the Board with informative OPHS program highlights since the most recent Board of Health meeting.

Health Promotion

1. Chronic Disease Prevention and Well-Being

Healthy eating behaviours

Staff hosted *Hungry for Income - Food Insecurity* inservice training in November 2022. Seventeen staff from across the agency participated in the training. The training recognizes that the root of the problem of food insecurity is income insecurity, and therefore, the most effective solutions are income-based. The training provided participants with the opportunity to learn about the realities of poverty. The most recent data available was shared in an interactive and compelling format. Participants learned about strategies to address food insecurity and how, regardless of their Public Health role, they can have an impact on addressing the root cause of food insecurity.

Staff attended and presented at a one-day conference hosted by Cambrian College. The event *Empowering Local Food Initiatives - Reflections on Current Projects and Visions for the Future* was held on November 24, 2022. The aim of the conference was to highlight community-based food programming being carried out in the region. Programs highlighted included the Urban Flour Mill Community Farm, the Agricultural program at College Boreal, and Indigenous food sovereignty projects. Public Health staff presented on behalf of the Greater Sudbury Food Policy and provided background on the purpose and power of food policy councils in creating more resilient food systems.

Mental health promotion

In partnership with Eating Disorders Ontario - Prevention, staff facilitated virtual day-long weight-bias foundational training sessions to health unit staff. Ninety staff participated in interactive learning activities and group discussions that guided critical thinking and reflection about topics relating to food, weight, and shape. Participants increased their understanding about weight science and the negative influence of weight bias on well-being, and their competence in the holistic approach to promoting well-being in the communities. Staff would apply newly-gained knowledge and self-awareness in implementing equitable public health programs and services, and utilizing trauma-informed key messages that supports health equity, mental health promotion and body diversity.

Physical activity and sedentary behaviour

In partnership with the City of Greater Sudbury, staff hosted a skate exchange event at Ryan Heights Playground. During the event approximately 50 pairs of skates and helmets were provided to children who lived in the community. The skate exchange events help increase access to recreation opportunities and increase physical activity levels in our communities.

Staff coordinated the training of 18 students in the physical fitness management program at College Boreal in High Five's *Principles of Healthy Aging*. The training helps future recreation professionals competent in providing quality programming for older adults. This training session represents one of the steps necessary to become certified Physical Literacy Instructors in our communities.

Seniors Dental Care

Our temporary locum dentist continued to provide restorative and other dental services to clients of the Seniors Dental Care Clinic at Elm Place on a part-time basis until November 18. The Seniors Dental Program also successfully recruited a second dentist for the clinic, who began providing part-time services at Elm Place on November 17. The team will continue to recruit dentists to support the delivery of dental treatment services through employment opportunities in the clinic or through a service contract with private practices. In addition, staff continued to provide preventive dental services at the clinic four days per week, enrollment assistance to low-income seniors, and client referrals to our contracted providers for emergency, restorative and/or prosthodontic services.

2. Healthy Growth and Development

Breastfeeding

From November 2022 to January 2023, staff provided 342 in-person and virtual breastfeeding clinic appointments to clients at the main office, as well as the Val Caron, Espanola and Manitoulin office locations.

Growth and development

In partnership with M'Chigeeng First Nation and Noojmowin Teg Health Centre, a series of three infant feeding workshops were offered to residents on Manitoulin Island and the surrounding areas during the month of November. Participants gained knowledge on the importance of establishing a healthy feeding relationship with their baby, and how to prepare budget friendly and nutritious meals for their baby and the entire family. They also had the chance to ask nutrition related questions about infant and toddler feeding to a registered dietitian.

Staff participated in the “Winter clothes closet” event at Rumball Terrace in collaboration with Our Children Our Future. The community was invited to get winter clothes at no cost and a bag of fresh produce was also provided. The event was well attended with 120 people participating. A Public Health nurse was on-site to greet attendees and provided a total of 200 resources including Health Information line cards, vaccination cards, dental care kits and incentive items.

Staff collaborated with the Health Equity team to promote World Children’s Day on November 22, 2022. A social media post was created to encourage togetherness, and build supportive communities so all children have the resources to thrive and grow.

A virtual presentation was provided to six clients at Our Children Our Future. Topics related to growth and development, the importance of the 18 months well baby visit, injury prevention information were covered.

One hundred and seventy-five 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.

Seven social media posts were created to highlight injury prevention. Topics included the Period of Purple Crying for infants, falls prevention, promotion of car seat inspections, and ways for kids can play outside safely.

Health Information Line

The Health Information Line received 320 calls from November 2022 through to January 2023. Most inquiries were related to information on breastfeeding, infant feeding, the lack of primary health care provider, as well as some requests for mental health services and general resources

regarding healthy growth and development. A radio ad outlining the services provided by the Health Information Line was created and ran throughout the first two weeks of December.

Healthy Babies Healthy Children

Through November 2022 to January 2023, the team continued to provide support to approximately 202 active client families in the Greater Sudbury, Espanola and Manitoulin areas. 2 584 interactions (in-home and virtual visits as well as phone calls) were completed and 34 new families accepted the program. Public health dietitians continue to provide nutrition support to clients who are identified as high nutritional risk.

Healthy pregnancies

On hundred and fifty-three people registered for the Healthy Families team's online prenatal course for the months of November 2022 through to January 2023. 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

A Triple P positive parenting group was held in the Lacloche Foothills area in partnership with Our Children Our Future. The purpose of this group is to provide parents with effective parenting strategies, promote child development, and learn to manage common child behaviour problems. Ten parents completed the sessions, and two parents registered for the online Triple P parenting program for primary ages.

3. School Health

Healthy eating behaviours

The roll-out for the Northern Fruit and Vegetable Program began in January 2023. Various local planning, partnership collaboration, and administrative activities during the Fall 2022 helped to prepare for this program's roll-out, with partners such as school boards, schools, and the Ontario Fruit and Vegetable Grower's Association. The goal of the school-based program is to increase likeability, acceptance, and consumption of fresh fruit and vegetables. Ninety-five schools in the Public Health's catchment area are enrolled into this weekly program between January 2023 and June 2023.

Healthy sexuality

Using an innovative and interactive game-based platform, the School Health team delivered three presentations to grade nine and ten students from one school board, relating to sexual health, substance use, road safety and injury prevention. Presentations are part of a comprehensive strategy to address risky behaviours, and include professional development opportunities and ongoing curriculum support for educators. The student presentations were well attended, with a cumulative audience of 191 students.

Mental health promotion

A Caring Adults Matter social marketing campaign was launched and implemented across the catchment area in December 2022 emphasizing the importance of strong relationships between children and adult influencers to help bolster child and youth resiliency and the skills needed to flourish. The campaign included radio, newspaper, digital billboard, bus, print posters and flyers and social media ads.

Oral Health

Staff continued to deliver school-based dental screening and assessment, and conduct case management follow-ups for all children identified with urgent and/or unmet dental needs. Staff also continued to provide preventive dental care at the Paris Street office for children enrolled in the Healthy Smiles Ontario (HSO) program. Enrollment support was also provided to families interested in applying for HSO, as well as navigation support to families seeking a local dentist.

4. Substance Use and Injury Prevention

Alcohol and cannabis

In November 2022, Public Health Sudbury & Districts submitted a letter supporting Bill S-254 on Alcohol Warning Labels to Senator Gwen Boniface and Members of Parliament, Carol Hughes, Viviane Lapointe and Marc G. Serré.

A Plan Ahead for a Safe Ride Home radio ad ran from November 21 to December 31, 2022, with nine radio stations within the Public Health Sudbury & Districts catchment area.

Staff participated in a media interview with CTV regarding Canada's Guidance on Alcohol and Health, which was released on January 17.

In November 2022, Public Health Sudbury & Districts submitted a survey response to both the Ministry of Health's Addiction and Substances Policy and Programs Unit as well as the online survey response to the federal government regarding the federal *Cannabis Act* legislative review.

Staff supported the Festive RIDE program on November 25 and December 9, 2022 where staff provided resources related to alcohol and cannabis to those who were stopped.

Comprehensive tobacco control

Community members seeking cessation support are being referred to throughout Ontario (i.e., Smoker's Helpline, Telehealth Ontario, Non-Insured Health Benefits for Inuit and First Nations people, Ontario Drug Benefits, Ottawa Model for Smoking Cessation Community Program, and Stop on the NET).

The Quit Smoking Clinic telephone line received 38 calls between November 2022 and January 2023.

Harm reduction

For the months of October to December 2022, Public Health Sudbury & Districts and community partners distributed a total of 191 920 syringes for injection, and 189 068 foils, 12 354 straight stems, and 24 046 bowl pipes for inhalation of substances through both fixed-site and outreach harm reduction distribution programs (*Note: some data from December is missing/not yet reported*).

Cumulatively for 2022, Public Health Sudbury & Districts and community partners distributed a total of 765 025 syringes, 604 281 foils, 50 326 straight stems, and 50 878 bowl pipes through both fixed-site and outreach harm reduction distribution programs, (*Note: some data missing/not yet reported*). This represents a significant decrease in syringe and increase in inhalation product distribution.

From November 2022 to January 2023, staff renewed harm reduction memorandum of agreements with partners for 2023. These agreements outline the working partnership between Public Health and partners who offer harm reduction outreach services. They cover guidelines for program operations, services offered to clients, proper inventory and storage, the quantity of supplies provided monthly, and how these supplies will be distributed. There are continuing efforts to onboard Family Health Teams and hospitals to distribute harm reduction supplies and provide essential education and resources to clients. A program evaluation of Espanola's Harm Reduction Distribution Program is underway to identify gaps in service for members in outlying communities and ways to enhance the program. Lastly, staff continue to work on anti-stigma and harm reduction training for staff cross-divisionally.

Public Health Sudbury & Districts and community partners in our region distributed a total of 1 246 doses in November and 1 340 doses in December.

Agencies continue to adopt naloxone and be onboarded to the program.

Off-road safety

In partnership with the Sudbury Road Safety Committee, Public Health Sudbury & Districts staff participated in a Night Light Blitz. During the Blitz, 54 bike lights were installed on community members bikes and a brief education session on the importance of being visible when out cycling was provided. The blitz event engaged community partners and increased their understanding of the importance of being visible when out cycling. This engagement and understanding of the risk can contribute to the decrease in injuries to vulnerable road users such as cyclists.

Substance use

In November, Algoma Public Health and Public Health met for the first time with the Evidence Exchange Network (EENet) Knowledge Broker to guide initial introductions to the Northern Public Health Unit Opioid Community of Practice. This is a provincewide knowledge exchange network through the Centre for Addiction and Mental Health that connects mental health and addiction stakeholders with the evidence they require to make decisions. The Supervised Consumption Site (SCS) Stakeholder Committee was held on December 13, 2022, where the progress of the SCS, challenges and an evaluation plan were discussed. In January, The City of Greater Sudbury Community Drug Strategy Steering Committee and Executive Committee meeting reconvened with a focus on reinvigorating the Community Drug Strategy.

Staff participated in two media interviews in November 2022, three in December 2022, and one in January 2023. These interviews were to discuss SCS utilization, the distribution of naloxone in the workplace, and as a follow up to a drug warning.

The latest drug warnings were released December 9, 2022 and January 16, 2023. The Community Drug Strategy issued warnings to advise community members of increases in overdoses and reports of unexpected reactions from the use of substances in Sudbury and on Manitoulin Island.

Violence

In response to reports of drink spiking cases in the Sudbury area, the Mental Health and Substance Use team developed an education and awareness campaign. This campaign included a series of four social media posts shared weekly from November 10 to December 9, 2022. Printed posters were disseminated across the downtown core and district venues (e.g., arenas, restaurants, bars) as well as school boards in the area, and an infographic was uploaded to our website.

Additionally, on December 6, 2022, social media posts were made to raise awareness to the prevalence of gender-based violence and the availability of services in Sudbury to support survivors.

Smoke-Free Ontario Strategy

The North East continues to collaborate with the Tobacco Control Area Networks, our partners including Public Health Ontario, the Ontario Tobacco Research Unit and our health units. Year-end 2022 included initiatives focusing on adult tobacco (Stop on the Net) and youth nicotine cessation and prevention (Quash and Not An Experiment). January initiatives included a province-wide Quash initiative supported by the Lung Health Foundation and media supporting National Non-Smoking Week from January 15 to January 21, 2023.

School Health, Vaccine Preventable Diseases and COVID Prevention Division

1. Vaccine Preventable Diseases and COVID Case and Contact Management

The Vaccine Preventable Diseases (VPD) team is engaged in continuous quality improvement to improve processes and increase efficiencies. This aligns with the vision to integrate the COVID-19 Vaccine Program into regular Public Health, Vaccine Preventable Diseases programming.

Efforts to promote flu vaccine uptake continued over the months of December and January. In addition to those offered at the Southridge Mall, the VPD team supported flu and COVID-19 co-administration efforts at N'Swakamok Native Friendship Centre, the Sudbury Action Centre for Youth, and the Sudbury Jail. A series of four social media posts were developed and shared by Public Health to promote flu vaccine uptake over the course of the month. On November 29 2022, an Advisory Alert was issued to encourage Public Health partners to order and administer flu vaccine. For the 2022-2023 influenza season as of January 25, 2023, Public Health had distributed 35 027 doses of the flu vaccine to community partners. Flu vaccine continues to be offered through our routine publicly funded immunization clinics.

Over the past three years, related to the COVID-19 pandemic response, The VPD Team did not have the capacity to collect immunization information from students in schools. A plan to progressively support, implement and enforce the Immunization of School Pupils Act (ISPA) was developed and is being actioned. Current ISPA efforts are being supported in partnership with the School Focused Nurses (SFN) initiative which is 100% funded by the Ministry of Health, but is time limited. Both the VPD and SFN teams will be supporting vaccination efforts for ISPA with the offering of weekend and evening clinics, providing all publicly funded vaccines, including those required for compliance with ISPA.

2. COVID and Schools

The School Focused Nurses (SFN) team is a time-limited, additional resource that is 100% funded by the province to support schools and the COVID-19 response. The SFN Team plays a pivotal role in supporting schools and Licenced Child Care Centres (LCCC) with managing illness related absenteeism, the school health program of Immunization, and case, contact and outbreak management, among other activities.

The SFN team continued to play an important role in providing communication and ongoing support to all schools and Licenced Child Care Centres (LCCC) located in our catchment area in

November and December, related to managing the increased illness activity in our community, which contributed to an increase of illness related absenteeism rates in schools and LCCCs.

The SFN team continue to monitor monthly COVID, gastrointestinal, and respiratory illness reporting in schools and LCCCs, providing appropriate follow up. They responded to 53 reports of illness related absenteeism in LCCC and schools in November and December of 2022. They continue to support case and contact management efforts related to communicable diseases on a rotating on-call schedule. As part of this assignment, SFN staff respond to outbreaks in highest-risk settings and provide education and resources to these additional priority settings and populations.

The SFN team's continued focus remains supporting the school health program of immunization, as per the *Immunization for Children in Schools and Licensed Child Care Settings Protocol*. They review and update immunization records, as well as contact individuals who are due/overdue for routine immunizations and offer clinic appointments. The SFN team have been administering routine and COVID-19 immunizations within our districts, and have also been administering influenza vaccines as per the agency's universal influenza immunization program.

The SFN team continue to collaborate internally with public health inspectors, and externally with LCCC representatives and school boards across the region to provide support to the LCCC and schools in our districts. They supported schools and LCCC with requests related to bullying, healthy eating, parent communication, and illness tracking and reporting. Finally, SFN staff continue to raise awareness about Public Health Sudbury & Districts' COVID-19 index and respiratory activity in our service area to support the decisions and behaviours of members within the school community.

3. COVID-19 Vaccination

Public Health Sudbury & Districts continued to offer COVID-19 vaccination opportunities across its entire service area. Opportunities for COVID-19 vaccinations continued to be prioritized for Indigenous communities with offerings in Gogama on November 24, 2022, and in Noëlville in January 2023. A Novavax specific vaccination clinic was also held in January 2023, for those clients not willing or unable to receive an mRNA vaccine.

For our priority populations, the vaccine-to-vehicle and homebound vaccination programs also took place for clients who were unable to attend regular clinics. In January 2023, Public Health liaised with Health Sciences North to offer a medically supervised vaccination clinic for clients that cannot safely be vaccinated within its community clinics. Priority populations were also serviced through pop-up clinics that took place at the Samaritan Centre and Sudbury Action Centre for Youth in November and December of 2022 respectively.

Additionally, the COVID-19 planning team worked in collaboration with the Vaccine Preventable Diseases team to offer nine influenza and COVID-19 co-administration clinics at mass immunization sites during the month of November 2022. These opportunities were well received by the community and provided the public with the chance to receive both their influenza and COVID-19 vaccines at the same time.

As of January 25, a total of 89.4% of residents ages five and up received their first dose of the COVID-19 vaccine, while 86.1% received their second dose. First booster doses have been administered to 58.4% of residents aged 12 and older while second booster doses have been administered to 30.3% of residents aged 18 and older. Since the bivalent boosters have been available, over 40 045 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 8.0% of local children in this age group have received their first dose, and 3.8% of children under 5 have received their second dose.

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

Sexual health promotion

At the beginning of November, the team worked with the Sudbury East community to provide free condoms accessible within their communities. A poster was created to advertise the free condom supply available at some of the local libraries.

December 1, 2022 was both World AIDS Day and the beginning of Indigenous AIDS Awareness Week. An HIV campaign took place to encourage testing. With the campaign, two social media posts and a poster to promote testing at the sexual health clinic was created.

Over the past few months, the Sexual Health Promotion team has adapted/created three PowerPoint presentations to utilize in the community. The presentations highlighted birth control methods, sexually transmitted infections and safe sex, as well as sexual assault.

In early December 2022, the team attended Baby's Breath and completed a community presentation on different birth control methods with the parents. The event was well attended.

In January 2023, the team attended the Sudbury Secondary School for an event hosted as a part of the Mental Health Commission of Canada's HEADSTRONG initiative. This was a great opportunity to promote the Elm Place Sexual Health Clinic.

Sexual health clinic

From November 2022 to January 2023, there were 112 drop-in visits to the Elm Place site related to sexually transmitted infections, blood-borne infections and/or pregnancy counselling. Consisting of 41 drop-in visits in November, 32 drop-in visits in December and 39 drop-in visits in January.

The Elm Place site completed a total of 498 telephone assessments related to sexually transmitted infections, blood-borne infections, and/or pregnancy counselling between November to January, resulting in 627 onsite visits.

This translates into 188 telephone assessments and 241 on-site visits in November, 135 telephone assessments and 214 on-site visits in December, and 175 telephone assessments and 172 on-site visits in January.

Growing Family Health clinic

From November 2022 to January 2023, the Growing Family Health Clinic saw a total of 210 patients and had 48 new referrals.

The Growing Family Health Clinic provides free health care to pregnant women, mothers, and children under the age of six who do not have a family doctor. Funding for this program is part of our cost-shared budget.

Services may include but is not limited to pregnancy care, preventative care such as immunizations and physical examinations, and referrals to specialists and other agencies and support services as needed.

Health Protection

1. OPHS Required Routine Inspections

Public Health Sudbury & Districts Health Protection Division continues to experience a significant number of public health inspector (PHI) vacancies. Despite on-going active efforts to recruit to fill these vacancies, several temporary and permanent vacancies remain.

With our current PHI compliment, we are unable to meet OPHS requirements for routine inspections. In response, PHSD has applied a risk-based approach to prioritize specific routine inspections in 2023. As a result, moderate-risk food premises, and *Healthy Menu Choices Act* inspections will not be completed per OPHS requirements this year. Public Health Inspectors continue to respond to all complaints and demand-related work under the OPHS and provincial legislation. We will continue to carefully monitor capacity over time and resume routine programming as soon as possible.

2. Control of Infectious Diseases (CID)

In November and December 2022, and in January 2023, staff followed-up with 1,498 new local cases of COVID-19, and investigated 483 sporadic reports of other communicable diseases.

Further, 50 respiratory outbreaks were declared. The causative organisms for these outbreaks were identified to be COVID-19 (29 outbreaks), influenza A (eight outbreaks), respiratory syncytial virus (six outbreaks), metapneumovirus (two outbreaks), and rhinovirus (one outbreak). Further, three enteric outbreaks were declared in institutions. The causative organism for one of these outbreaks was confirmed to be *Clostridium difficile*. The causative organism for the remaining six outbreaks could not be identified. Staff continue to monitor all reports of enteric and respiratory illness in institutions, as well as sporadic communicable diseases.

During the months of November and December 2022, and January 2023, eight infection control complaints were received and investigated.

On January 13, 2023, staff were notified of a potential Infection Prevention and Control (IPAC) Lapse involving the potential accidental distribution of used syringes by a harm reduction service provider. An investigation was immediately initiated per the Infection Prevention and Control (IPAC) Complaint Protocol, under the OPHS. The investigation found that an IPAC Lapse occurred. Immediate corrective action was taken to eliminate the risk, and Public Health continues to work with the service provider and other local partners to notify affected individuals, recommend testing as appropriate, and provide teaching.

Infection Prevention and Control Hub

Public Health Sudbury & Districts continues to await an announcement regarding a provincial decision related to future structure and funding for the IPAC Hubs beyond the end of March 2023. Since the launch of the IPAC Hub program in late 2020, staff have worked closely with local congregate living settings to build and strengthen IPAC capacity. Staff actively participated in the Ministry of Health evaluation of the IPAC Hub program that resulted in key recommendations that IPAC Hubs continue under current models and be funded via annualized funding, so that they can further the critical work of building a sustainable provincial IPAC infrastructure to support vulnerable populations in congregate living settings.

In November and December 2022, and January 2023, 11 IPAC follow-up calls were completed as well as 44 IPAC assessments and audits at congregate settings.

In November, the IPAC Hub hosted a training series comprised of 10 virtual education sessions for administrators and managers in congregate living settings. The IPAC Hub also offered five on-site education sessions as part of the training series. A total of 380 attendees from across

Northern Ontario participated in the training series with presentations provided by Public Health Sudbury & Districts, Public Health Ontario, Algoma Public Health, and Timiskaming Health Unit.

3. Food Safety

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

Through Food Handler Training and Certification Program sessions offered in November and December 2022, and January 2023, 49 individuals were certified as food handlers.

4. Health Hazard and Heathy Environments

In November and December 2022, and January 2023, 85 health hazard complaints were received and investigated. Two of these complaints involved marginalized populations.

In January, staff investigated rodent infestations in two local primary schools. Staff have been working with the schools and School Boards to address the infestations. A proactive letter to all local School Boards will be issued regarding pest prevention and management.

In December, the PHSD resource [*Climate Change in Sudbury and Districts: Assessing Health Risks and Planning Adaptations Together*](#) was released. This resource is intended to help municipalities, Indigenous communities, and other interested parties to assess health risks of climate change and make decisions that will further protect the health of residents in local communities. Staff will reach out to municipal and Indigenous community leadership early in 2023 to explore opportunities for dialogue about ways to utilize this knowledge to inform action and to learn about local climate change initiatives.

5. Ontario Building Code

In November and December 2022, and January 2023, 30 sewage system permits, 14 renovation applications, and 13 consent applications were received.

6. Rabies Prevention and Control

Fifty-five rabies-related investigations were carried out during the months of November and December 2022, and January 2023. Two specimens were submitted to the Canadian Food Inspection Agency Rabies Laboratory for analysis. One of these specimens was subsequently reported as negative; the results of the second specimen are pending.

Four individuals received rabies post-exposure prophylaxis following exposures to wild or stray animals.

7. Safe Water

During November and December 2022, and January 2023, 85 residents were contacted regarding adverse private drinking water samples. Public health inspectors investigated six regulated adverse water sample results.

Three boil water orders were issued and two boil water orders were rescinded.

A press release was issued November 10, 2022, upon receipt of results of samples collected on October 31, 2022, of a blue green algae bloom from Long Lake, Sudbury.

On January 14, 2023, the Ministry of the Environment, Conservation and Parks notified Public Health Sudbury & Districts of a fuel oil spill in Ramsey Lake. Notification was issued directly to affected residents, and a media release was issued.

8. *Smoke Free Ontario Act, 2017* Enforcement

In November and December 2022, and January 2023, *Smoke Free Ontario Act* Inspectors charged seven individuals for vaping on school property, one individual for smoking tobacco in a prohibited place, and one individual for selling vapour product on school property. Further, four retail employees were charged for selling tobacco to a person who is less than 19 years of age, one business owner was charged with selling improperly packaged vapour product, and one business owner was charged for selling vapour product in a prohibited place.

Knowledge and Strategic Services

1. Health Equity

During the Living Wage Week in November 2022, social media messaging was shared and information added to the website explaining that Public Health is a Living Wage Employer. The living wage calculated by the [Ontario Living Wage Network](#) for Sudbury is currently \$19.70 an hour. A living wage is beneficial to employees and employers and is one strategy to help reduce poverty.

Over the last few months, the Health Equity Team participated in two working groups to support the application for the Sudbury-Espanola-Manitoulin-Elliot Lake Ontario Health Team. Participation in the working groups helped to ensure that health equity content and information about local priority populations were embedded within the application.

In order to help Public Health better understand priorities, concerns, and how we can better engage with and support and serve Black communities, the Health Equity team began holding informal meetings with Black communities' association leaders and business owners and with

services that work closely with Black communities in Sudbury. The insights gained and feedback received through these valuable interactions will also inform a formal engagement strategy in 2023 for Public Health.

The team hosted a meeting with community partners on December 15 to share results and digital stories from the [Invisible No More 2SLGBTQ+ community health study](#) and to identify opportunities for agencies to individually and collectively advance efforts to better support 2SLGBTQ+ community members. One action identified was to continue to amplify the voices and experiences of 2SLGBTQ+ community members across all sectors of the community to combat stigma and promote inclusion and safety.

Public Health has committed to mandatory staff development to increase capacity among all staff about 2SLGBTQ+ inclusion in equitable health services. All staff were required to complete a foundational training course provided by Rainbow Health Ontario by the end of 2022. A second more applied interactive training initiative provided by Rainbow Health Ontario has also been approved as mandatory for a large portion of staff to increase capacity at actively removing barriers and fostering inclusion among 2SLGBTQ+ clients, staff, and partners. Interactive training sessions will be facilitated with staff in February and March of 2023.

A team member participated in the [Hungry for Income Training](#) in November 2022. The training provided participants with additional insights into the realities of poverty and how poverty can be addressed through a focus on the root cause of food insecurity.

2. Indigenous Engagement

Public Health hosted a planning meeting with leadership from area First Nations and Indigenous organizations to guide and support the continued implementation of Public Health's Indigenous Engagement Strategy. The meeting purpose was to share perspectives and insights with the goal of determining effective structures for Public Health to continue engagement with First Nations and Indigenous partners. Future meetings will ideally be structured in ways that address timely issues and specific topics identified by communities or as they arise.

3. Population Health Assessment and Surveillance

Members of the Population Health Assessment and Surveillance team continue to provide ongoing support with internal, external (public, media, ministry), and operational planning data requests essential for the management and decision support of COVID-19, public health priorities and recovery workplans. Efforts include analytical supports to teams across the agency to support data tracking, management and reporting, including recent efforts to facilitate the agency's reporting update of *COVID by the Numbers* and *Recovery Process* documents.

4. Research and Evaluation

As part of Public Health’s overall COVID-19 pandemic response evaluation process, virtual debrief sessions were conducted with staff in November 2022. A total of 16 internal staff sessions were held, with 210 staff members participating. Attendees represented seven COVID-19 response functions (i.e., case, contact, and outbreak management; vaccine programming; enforcement; ongoing programs; behaviour change and public health measures; communications; and data and reporting). A follow up survey was sent to all Public Health staff and a total of 55 staff members responded. Findings from the debrief highlight lessons learned, silver linings of the COVID-19 response efforts, and strategies to move forward and respond to future public health emergencies.

5. Staff Development

Since September, the Psychological Health and Wellness Committee and Staff Development have coordinated the delivery of two key programs to “address staff recovery including staff mental health, corporate culture, and change management”: the *Mindfulness on the Rocks: Fearless at Work* program and the *Solution-Focused Approach to Mental Health and Well-being’s* workshops and reflective circles. Over 75 staff registered for the mindfulness program and 55 and 74 staff attended the first and second solution-focused workshop, respectively.

In December 2022, Public Health coordinated the offering of additional training opportunities for select staff: Workplace Violence Prevention & De-escalation Training delivered by ARETE and OnCore program that reviews the Public Health Agency Canada’s Public Health Core Competencies.

6. Student Placement

There are currently 14 confirmed placements for the winter term from a variety of disciplines including nursing, nurse practitioner, dietetics, Master in Public Health, midwifery and medicine. Start dates range between January 9 and March 4, 2023.

7. Presentations

In November 2022, a staff member from the Effective Public Health Practice team provided a keynote presentation at Cambrian College’s Nursing Scholarship Day; the theme was *Utilizing Research to Become Confident, Competent and Current in Nursing Practice*. The presentation provided an overview of how research is embedded into Public Health practice, and how research was used to inform our COVID-19 response.

On January 26, 2023, a staff member from the Effective Public Health Practice team, along with a staff from Health Protection, co-presented a workshop for 3rd year nursing students at

Cambrian College. The presentation provided an overview of program planning in Public Health and supported students in the completion of their assignment related to developing a community health promotion program.

8. Strategic Engagement Unit and Communications

Working to strategically support all of Public Health's programs and services is the ongoing focus of the Communications team. In recent months, the agency's communications on social media, as well as in traditional media and other resources (digital and print), have focused on a wide range of topics, including drug warnings and overdose prevention, drink spiking and injury prevention, postpartum depression and cannabis use during pregnancy, human rights and violence prevention, positive parenting and caring adults, and routine immunizations. As the agency focuses increased attention on Public Health's pandemic recovery priorities, ongoing efforts to promote COVID-19 vaccination and safer behaviours continue. This includes the launch and weekly promotion of the updated COVID-19 Risk Index and Respiratory Activity Report, which provides local disease surveillance information to help people make informed decisions to protect themselves. In these and other programming areas, strategic communication continues to ensure that information about Public Health programs and services is accessible, timely, and relevant. efforts.

Respectfully submitted,

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

Public Health Sudbury & Districts
STATEMENT OF REVENUE & EXPENDITURES
For The 11 Periods Ending November 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	15,433,733	15,546,000	(112,267)	1,290,800
MOH - One Time Mitigation Grant	1,179,500	1,056,634	1,076,291	(19,657)	103,209
MOH - Unorganized Territory	826,000	757,167	757,172	(5)	68,828
Municipal Levies	9,078,082	8,321,575	8,321,593	(17)	756,489
Interest Earned	100,000	88,029	187,951	(99,922)	(87,951)
Total Revenues:	\$28,020,382	\$25,657,138	\$25,889,007	\$(231,868)	\$2,131,375
Expenditures:					
Corporate Services:					
Corporate Services	4,844,013	4,520,342	4,554,210	(33,869)	289,802
Office Admin.	115,350	86,083	59,697	26,386	55,653
Espanola	117,766	107,377	102,522	4,856	15,244
Manitoulin	131,604	120,643	107,406	13,237	24,197
Chapleau	126,876	116,776	106,846	9,930	20,029
Sudbury East	18,104	16,595	17,269	(674)	835
Intake	344,251	315,770	314,417	1,353	29,834
Facilities Management	602,893	480,088	403,656	76,432	199,237
Volunteer Resources	3,850	2,300	0	2,300	3,850
Total Corporate Services:	\$6,304,706	\$5,765,974	\$5,666,024	\$99,950	\$638,682
Health Protection:					
Environmental Health - General	1,408,067	1,282,427	1,194,350	88,077	213,717
Environmental	2,611,582	2,379,228	1,833,332	545,897	778,250
Vector Borne Disease (VBD)	88,828	81,013	53,859	27,154	34,969
Small Drinking Water Systems	177,834	164,154	150,182	13,973	27,653
CID	748,538	793,970	610,866	183,104	137,672
SFO: E-Cigarettes, Protection and Enforcement	257,999	224,526	194,390	30,136	63,609
Total Health Protection:	\$5,292,849	\$4,925,320	\$4,036,979	\$888,341	\$1,255,870
Health Promotion:					
Health Promotion - General	1,148,657	1,028,341	969,876	58,465	178,781
School Health and Behavior Change	1,532,418	1,415,492	977,759	437,733	554,660
Districts - Espanola / Manitoulin	453,997	417,554	317,701	99,853	136,296
Nutrition & Physical Activity	1,824,249	1,652,633	1,220,446	432,187	603,803
Districts - Chapleau / Sudbury East	409,065	375,404	285,065	90,340	124,001
Tobacco, Vaping, Cannabis & Alcohol	686,203	619,699	236,466	383,233	449,736
Family Health	1,272,873	1,166,749	1,189,917	(23,167)	82,956
Mental Health and Addictions	933,756	856,202	891,978	(35,776)	41,778
Risk Reduction	263,835	166,919	(27,299)	194,218	291,134
Dental	469,446	425,383	373,436	51,947	96,010
Healthy Smiles Ontario	629,020	570,863	553,121	17,742	75,899
Vision Health	39,511	15,804	0	15,804	39,511
SFO: TCAN Coordination and Prevention	544,806	476,881	340,733	136,148	204,073
Harm Reduction Program Enhancement	159,201	146,239	60,729	85,510	98,472
Total Health Promotion:	\$10,367,037	\$9,334,164	\$7,389,928	\$1,944,236	\$2,977,109
Vaccine Preventable Diseases and COVID Preventio					
VPD and COVID CCM - General	285,405	263,348	198,765	64,583	86,640
VPD and COVID CCM	906,843	837,086	1,432,157	(595,071)	(525,314)
Districts - Clinical	231,803	212,707	201,558	11,148	30,245
Sexual Health	1,344,689	1,242,931	1,273,991	(31,060)	70,699
MOHLTC - Influenza	0	0	16	(16)	(16)
MOHLTC - Meningitis	0	0	944	(944)	(944)
MOHLTC - HPV	0	0	1,505	(1,505)	(1,505)
Total SVC:	\$2,768,741	\$2,556,072	\$3,108,935	\$(552,863)	\$(340,195)
Knowledge and Strategic Services:					
Knowledge and Strategic Services	2,761,602	2,517,976	2,482,615	35,361	278,987
Workplace Capacity Development	23,507	21,174	43,510	(22,336)	(20,003)
Health Equity Office	14,440	8,920	6,724	2,195	7,716
Nursing Initiatives: CNO, ICPHN, SDoH PHN	477,269	440,091	427,619	12,471	49,650
Strategic Engagement	10,232	5,130	2,498	2,633	7,734
Total Knowledge and Strategic Services:	\$3,287,050	\$2,993,290	\$2,962,966	\$30,324	\$324,084
Total Expenditures:	\$28,020,382	\$25,574,820	\$23,164,832	\$2,409,988	\$4,855,550
Net Surplus/(Deficit)	\$0	\$82,318	\$2,724,175	\$2,641,857	

Public Health Sudbury & Districts

Cost Shared Programs

STATEMENT OF REVENUE & EXPENDITURES

Summary By Expenditure Category

For The 11 Periods Ending November 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	28,115,382	25,752,138	25,967,854		25,967,854	(215,716)	(215,716)
Other Revenue/Transfers	722,717	432,401	661,498		661,498	(229,097)	(229,097)
Total Revenues & Expenditure Recoveries:	28,838,099	26,184,540	26,629,353	0	26,629,353	(444,813)	(444,813)
Expenditures:							
Salaries	18,586,985	17,180,024	15,812,183	5,099,612	20,911,795	1,367,841	(3,731,771)
Benefits	5,821,667	5,366,143	4,673,658	543,527	5,217,184	692,485	148,959
Travel	297,058	219,439	181,583	146,376	327,959	37,856	(108,521)
Program Expenses	1,175,010	758,603	457,793	69,011	526,805	300,809	231,798
Office Supplies	85,584	57,652	77,490	5,486	82,977	(19,838)	(25,325)
Postage & Courier Services	64,972	55,571	45,468	51	45,519	10,103	10,052
Photocopy Expenses	33,228	24,274	23,751	3,819	27,569	523	(3,295)
Telephone Expenses	65,266	59,627	58,907	86,083	144,991	719	(85,364)
Building Maintenance	349,650	294,508	304,776	60,527	365,304	(10,268)	(70,796)
Utilities	236,567	206,653	128,346		128,346	78,307	78,307
Rent	312,365	286,335	392,149	97,389	489,538	(105,815)	(203,203)
Insurance	145,514	140,514	163,059		163,059	(22,545)	(22,545)
Employee Assistance Program (EAP)	35,000	32,083	35,820		35,820	(3,737)	(3,737)
Memberships	29,889	27,917	34,609		34,609	(6,692)	(6,692)
Staff Development	126,205	106,599	97,265	274	97,539	9,333	9,060
Books & Subscriptions	9,345	6,696	3,896		3,896	2,800	2,800
Media & Advertising	130,365	100,758	56,875	33,220	90,095	43,883	10,663
Professional Fees	491,765	387,024	414,741	1,662,872	2,077,613	(27,717)	(1,690,590)
Translation	48,890	39,231	39,340	48,637	87,977	(109)	(48,746)
Furniture & Equipment	18,020	12,037	18,866		18,866	(6,830)	(6,830)
Information Technology	774,755	740,536	884,601	174,399	1,059,000	(144,065)	(318,463)
Total Expenditures	28,838,099	26,102,221	23,905,178	8,031,283	31,936,461	2,197,044	(5,834,240)
Net Surplus (Deficit)	(0)	82,318	2,724,175			2,641,857	(5,389,427)

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

SUMMARY OF REVENUE & EXPENDITURES

For the Period Ended November 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	512,179	383,821	57.2%	Mar 31/2023	50.0%
Indigenous Communities	703	90,400	89,943	457	99.5%	Dec 31	91.7%
Pre/Postnatal Nurse Practitioner	704	139,000	96,229	42,771	69.2%	Mar 31/2023	50.0%
LHIN - Falls Prevention Project & LHIN Screen	736	100,000	11,139	88,861	11.1%	Mar 31/2023	50.0%
Northern Fruit and Vegetable Program	743	176,100	154,128	21,972	87.5%	Dec 31	91.7%
Triple P Co-Ordination	766	48,506	41,531	6,975	85.6%	Dec 31	91.7%
Supervised Consumption Site	767	1,094,021	783,499	310,522	71.6%	Dec 31	91.7%
Healthy Babies Healthy Children	778	1,476,897	895,800	581,097	60.7%	Mar 31/2023	50.0%
IPAC Congregate CCM	780	1,680,000	525,418	1,154,582	31.3%	Mar 31/2023	50.0%
Ontario Senior Dental Care Program	786	1,012,400	749,442	262,958	74.0%	Dec 31	91.7%
Anonymous Testing	788	61,193	35,700	25,493	58.3%	Mar 31/2023	50.0%
One-Time Nursing Initiative	794	543,712	567,157	(23,445)	104.3%	Mar 31/2023	50.0%
Total		7,318,229	4,462,165	2,856,064			



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www.timiskaminghu.com

February 8, 2023

Right Honourable Justin Trudeau
Prime Minister of Canada
House of Commons
Ottawa, ON K1A 0A6

Dear Prime Minister Trudeau:

Re: Letter re: Alcohol Health Warning Labels

On January 25, 2023, at a regular meeting of the Board for the Timiskaming Health Unit, the Board received a [Briefing Note 'Mandatory Labels on Alcohol Containers'](#) and passed the following motion:

Motion (#6R-2023) was passed which included the following:

BE IT RESOLVED that the Board of Health resolve to Call on the Government of Canada to amend the Food and Drug Act to make mandatory that all alcohol beverage containers have enhanced alcohol labels affixed:

1. Indicating what constitutes a standard drink;
2. Illustrating the number of standard drinks in the beverage container; and
3. Displaying health messages regarding adverse health outcomes, including the cancer risks associated with the consumption of alcohol.

AND FURTHER THAT, the THU Board of Health endorse, in principle, Bill S254 – An Act to Amend the Food and Drug Act (Warning Labels on Alcoholic Beverages) and Motion M-61 A National Warning Label Strategy for Alcoholic Products.

The Timiskaming Health Unit fully supports the above recommendation, and thanks you for your consideration.

Sincerely,

Stacy Wight, Board of Health Chair

Copy to:

- Hon. Jean-Yves Duclos, Minister of Health
- Dr. Theresa Tam, Chief Public Health Officer of Canada
- Dr. Kieran Moore, CMOH

- Chair of the *Council of Chief Medical Officers of Health*
- Hon. Anthony Rota, MP Nipissing Timiskaming
- Hon. Charlie Angus, MP Timmins-James Bay
- Hon. Patrick Brazeau, Senator, Independent
- Hon. Lisa Marie Barron, MP Nanaimo-Ladysmith
- Loretta Ryan, Executive Director, Association of Local Public Health Agencies
- Ontario Boards of Health
- Canadian Public Health Association
- Timiskaming Drug and Alcohol Strategy

alPHa's members are
the public health
units in Ontario.

alPHa Sections:

Boards of Health
Section

Council of Ontario
Medical Officers of
Health (COMOH)

**Affiliate
Organizations:**

Association of Ontario
Public Health Business
Administrators

Association of
Public Health
Epidemiologists
in Ontario

Association of
Supervisors of Public
Health Inspectors of
Ontario

Health Promotion
Ontario

Ontario Association of
Public Health Dentistry

Ontario Association of
Public Health Nursing
Leaders

Ontario Dietitians in
Public Health

January 12, 2023

Dear Partners in Public Health,

Re. Public Health Matters – Public Health Fall Vaccine Success

The Association of Local Public Health Agencies (alPHa) is pleased to provide you with our new [Public Health Matters infographic](#), that highlights important public health programs and services that promote well-being, prevent disease, and protect population health throughout the Province of Ontario. This edition focuses on the success of local public health campaigns in the past year to increase coverage against a range of vaccine preventable diseases, including COVID-19, mPox, influenza, and those included in routine childhood immunizations.

These campaigns to increase vaccine protection among all Ontarians entailed extraordinary efforts by the public health leadership in all 34 of our local public health units throughout the year, from continuing the massive operation to get COVID-19 shots into arms to this fall's Universal Influenza Immunization Program (UIIP) and student immunization and catch-up programs.

Through data-driven activities, amplified messaging, integrated services and community outreach, local public health played a key role in promoting, increasing access to, and delivering these critical protections against disease throughout the province.

We hope you find this resource useful, and we look forward to continuing to work with decision makers and community partners alike to foster a strong, sustainable, resilient, and locally based public health system in Ontario. As Ontario's front-line and pre-eminent public health experts, our members look forward to opportunities to share this expertise and we look forward to an invitation to discuss this with you further. To schedule a meeting, please have your staff contact Loretta Ryan, Executive Director, alPHa, at loretta@alphaweb.org or 416-595-0006 x 222.

Respectfully,



Trudy Sachowski
President

The Association of Local Public Health Agencies (ALPHA) is a not-for-profit organization that provides leadership to the boards of health and public health units in Ontario. ALPHA advises and lends expertise to members on the governance, administration, and management of health units. The Association also collaborates with governments and other health organizations, advocating for a strong, effective, and efficient public health system in the province. Through policy analysis, discussion, collaboration, and advocacy, ALPHA's members and staff act to promote public health policies that form a strong foundation for the improvement of health promotion and protection, disease prevention and surveillance services in all of Ontario's communities.

PUBLIC HEALTH MATTERS

alPHa

Association of Local
PUBLIC HEALTH
Agencies

www.alphaweb.org

PUBLIC HEALTH FALL VACCINE SUCCESS

WINTER 2023

Local public health units increased vaccine coverage and provided vital protection against disease for residents across Ontario. The leadership provided by Ontario's local public health agencies on an unprecedented number of vaccine campaigns aimed at increasing vaccine uptake. This fall, dedicated staff in Ontario's 34 local public health units intensified vaccine activities to combat the fall respiratory virus surge and other emerging public health issues.

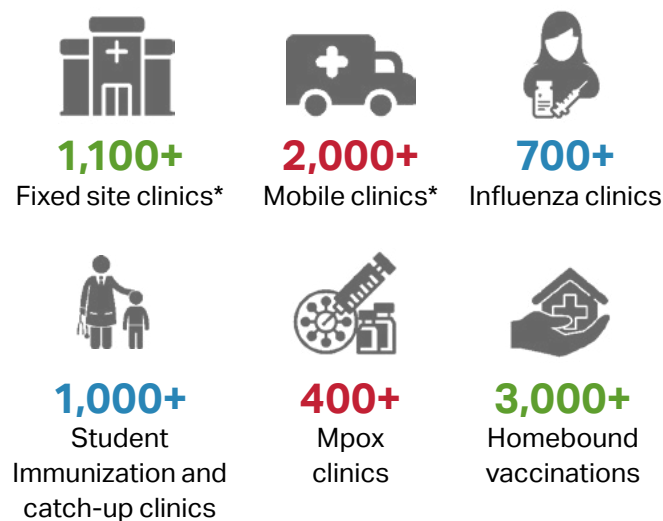
LOCAL PUBLIC HEALTH PREPARED FOR, COORDINATED, AND DELIVERED 7 VACCINE CAMPAIGNS

- COVID-19: pediatric, 5-17 booster, and bivalent
- Routine: influenza and student immunization and catch-up program
- Outbreak response: mpox & meningococcal C
- Promoted routine vaccines

MORE CLINICS, INCREASED CAPACITY, BROADER OUTREACH, EXTRAORDINARY RESULTS

Ontario's 34 public health units led Ontario's vaccination campaigns with a focus on increased access, data-driven action, integrated services, and amplified messages.

FALL 2022 VACCINATION BY THE NUMBERS



* co-administration of multiple vaccines

COMMUNICATION AND PUBLIC EDUCATION ABOUT VACCINE CAMPAIGNS



3,300+
Social media posts



4,500,000+
Social media engagement and impressions



700+
Media releases, responses, and interviews



Population Health Assessment



Health Equity



Effective Public Health Practice



Emergency Management



Chronic Disease Prevention and Well-Being



Food Safety



Healthy Environments

PUBLIC HEALTH MATTERS

PUBLIC HEALTH FALL VACCINE SUCCESS

WINTER 2023

ACCESS INCREASED



- Local public health unit leaders partnered with municipalities to run mobile vaccination buses. The buses aimed to decrease barriers to vaccination, and services were offered at locations where people attend regularly (such as malls, grocery stores, local events, and parks), in remote locations, to at-risk communities, and in other underserved areas.
- Local public health unit leaders worked closely with Indigenous communities. For example, a local public health unit created and shared biweekly communication packages with local First Nations, urban Indigenous community groups and Métis partners to foster open communication, prompt sharing of public health guidance, and updates on vaccines.

DATA-DRIVEN ACTIVITIES



- Staff in Ontario's 34 local public health units used data to optimize vaccine coverage. This is exemplified through a local public health unit who used equity indicators to identify their highest priority neighbourhoods to target outreach and support. This geographically mapped information was posted publicly on a COVID-19 dashboard and used internally for health system planning. Vaccine strategies were employed, using mobile clinics, fixed sites, and organization partnerships (such as Ontario Health Teams and community clinics) in order to increase vaccination.

INTEGRATED SERVICES AND COMMUNITY OUTREACH



- Local public health integrated services to have the greatest impact. For example, a local public health unit established 15 hubs throughout their community, offering services like dental screenings, mental health, addictions and substance use supports, and COVID-19, flu and routine immunizations.
- Local public health partnered with community agencies to enhance vaccine outreach and worked to help get residents vaccinated against COVID-19. In one local public health unit, this included the operation of Vaccine Engagement Teams comprised of over 150 health, community, and faith-based organizations and more than 700 community ambassadors reflecting the community's diversity.

AMPLIFIED MESSAGES



- Local public health employed traditional media tactics (such as news releases, media events, and social media) in addition to unique targeted local tactics. One example of this work is demonstrated by a local public health unit who worked with hospital partners to create a commercial that highlighted actions needed to reduce strain on hospital systems resulting from respiratory illnesses. The commercial plays before every movie at the local cinema, at hockey home games, and on local television.



Population
Health
Assessment



Health
Equity



Effective Public
Health Practice



Emergency
Management



Chronic Disease
Prevention and
Well-Being



Food
Safety



Healthy
Environments

PUBLIC HEALTH MATTERS

alPHa

Association of Local
PUBLIC HEALTH
Agencies

www.alphaweb.org

PUBLIC HEALTH FALL VACCINE SUCCESS

WINTER 2023

Local public health units increased vaccine coverage and provided vital protection against disease for residents across Ontario. The leadership provided by Ontario's local public health agencies on an unprecedented number of vaccine campaigns aimed at increasing vaccine uptake. This fall, dedicated staff in Ontario's 34 local public health units intensified vaccine activities to combat the fall respiratory virus surge and other emerging public health issues.

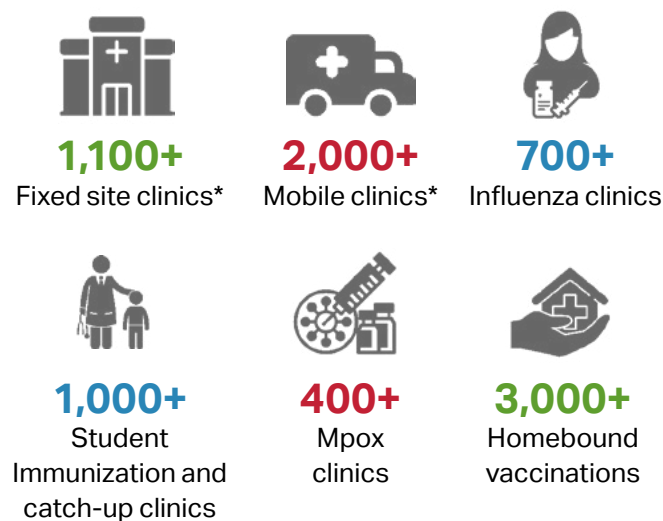
LOCAL PUBLIC HEALTH PREPARED FOR, COORDINATED, AND DELIVERED 7 VACCINE CAMPAIGNS

- COVID-19: pediatric, 5-17 booster, and bivalent
- Routine: influenza and student immunization and catch-up program
- Outbreak response: mpox & meningococcal C
- Promoted routine vaccines

MORE CLINICS, INCREASED CAPACITY, BROADER OUTREACH, EXTRAORDINARY RESULTS

Ontario's 34 public health units led Ontario's vaccination campaigns with a focus on increased access, data-driven action, integrated services, and amplified messages.

FALL 2022 VACCINATION BY THE NUMBERS



* co-administration of multiple vaccines

COMMUNICATION AND PUBLIC EDUCATION ABOUT VACCINE CAMPAIGNS



3,300+
Social media posts



4,500,000+
Social media engagement and impressions



700+
Media releases, responses, and interviews



Population Health Assessment



Health Equity



Effective Public Health Practice



Emergency Management



Chronic Disease Prevention and Well-Being



Food Safety



Healthy Environments

PUBLIC HEALTH MATTERS

PUBLIC HEALTH FALL VACCINE SUCCESS

WINTER 2023



ACCESS INCREASED

- Local public health unit leaders partnered with municipalities to run mobile vaccination buses. The buses aimed to decrease barriers to vaccination, and services were offered at locations where people attend regularly (such as malls, grocery stores, local events, and parks), in remote locations, to at-risk communities, and in other underserved areas.
- Local public health unit leaders worked closely with Indigenous communities. For example, a local public health unit created and shared biweekly communication packages with local First Nations, urban Indigenous community groups and Métis partners to foster open communication, prompt sharing of public health guidance, and updates on vaccines.



DATA-DRIVEN ACTIVITIES

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Public Health
Santé publique
SUDBURY & DISTRICTS

January 9, 2023

VIA EMAIL

The Honourable Jean-Yves Duclos, P.C., M.P.
Minister of Health
Health Canada
Address Locator 1801B
Ottawa, Ontario K1A 0K9

Dear Minister Duclos:

Re: Strengthening Public Health Systems in Canada

On behalf of Public Health Sudbury & Districts (Public Health), I am writing to convey our support for the Canadian Public Health Association's (CPHA) campaign to strengthen public health systems in Canada.

The COVID-19 pandemic put a strain on our public health system and exposed long-standing gaps in health, exacerbating chronic health inequities. The pandemic exposed the realities of the current public health system across the country, and it made clear that our country's safety, health, and economic prosperity are dependent on a robust public health system that is able to respond to pandemics and other public health emergencies while continuing to deliver on the remaining five core functions of public health including health protection, health promotion, health surveillance, emergency preparedness, disease and injury prevention, and population health assessment.

Members of federal government play an important role in shaping policies that impact all aspects of our lives, including our health. Public Health looks to elected officials as leaders to improve opportunities for health now and in the future. This year, CPHA is asking federal Parliamentarians and officials to take the lead and advance federal actions in establishing the systemic foundations needed to ensure our public health systems are cohesive, comprehensive, and accountable.

Sudbury

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

Elm Place

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

Sudbury East / Sudbury-Est

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

Espanola

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

Île Manitoulin Island

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

Chapleau

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

toll-free / sans frais

1.866.522.9200

phsd.ca



The Honourable Jean-Yves Duclos, P.C., M.P.
Minister of Health
January 9, 2023
Page 2

Please review CPHA's *Strengthening Public Health Systems in Canada* [policy brief](#) and [executive summary](#) and consider lending your support and voice to this call for federal leadership to work in collaboration with provincial, territorial, and Indigenous leaders as other interested parties to strengthen the structural elements that shape how public health is defined, governed, and delivered nationwide.

Public Health supports CPHA's call for federal leadership to:

- Underpin systems with a common understanding of core public health functions;
- Define a shared set of population health goals to shape services and accountabilities;
- Update a detailed, modernized set of public health workforce competencies;
- Develop accessible online professional training for the public health workforce; and
- Reshape governance practices to translate public health efforts and expertise for a greater impact.

We recognize the strong role of the federal government in advocating for and shaping population health and the systems established to support core public health functions. I welcome the opportunity to hear your thoughts on this campaign and opportunities to strengthen public health systems.

Respectfully,



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

cc: Viviane Lapointe, Member of Parliament, Sudbury
Carol Hughes, Member of Parliament, Algoma-Manitoulin-Kapuskasing
Marc G. Serré, Member of Parliament, Nickel Belt

November 24, 2022

Hon. Merrilee Fullerton
Ministry of Children, Community and Social Services
MinisterMCCSS@ontario.ca

Dear Minister Fullerton:

Re: Healthy Babies Healthy Children (HBHC) and Infant Toddler Development Program (ITDP) Funding

The HBHC and ITDP programs are vital public health programs supporting the most high-risk families in our community. Peterborough Public Health (PPH) remains committed to providing this service to the residents of Curve Lake and Hiawatha First Nations and the County and City of Peterborough, however, are requesting a review of base funding for both programs by the Ministry of Children, Community and Social Services (MCCSS). The review of base funding is being requested so that these programs are able to continue to meet the growing complex needs of our community.

At its meeting on November 9, 2022 the Board of Health passed the following motion:

“The Board of Health for Peterborough Public Health will write to the Minister of Children, Community and Social Services that:

- *the Healthy Babies, Healthy Children and Infant and Toddler Development Programs remain 100% funded by the Ministry; and,*
- *that they assess base funding and grant sufficient annual increases to board of health budgets to keep pace with financial costs associated with the demands from client families, partner agencies, and the community;”*

Provincial base funding for the HBHC and ITDP programs has not seen increases since 2015 and 2002 respectively. To allow for inflationary increases, PPH has been forced to institute a reduction in staffing and further reductions are possible. PPH is concerned that the current base funding is insufficient to fully implement the delivery of both of these critical programs with increases such as collective agreement commitments to steps on salary grids, travel costs, and operational and administrative costs.

Positive early childhood experiences are fundamental to the developing brain. It is well documented that the experiences of children early in life have an impact on adult health outcomes. HBHC and ITDP are programs that promote positive child development and help mitigate the risk of adverse childhood experiences and resulting health impacts.

Due to chronic underfunding of the HBHC and ITDP programs, fewer families are being served. Staff have less capacity for promotion of the program, education and support to community partner agencies (hospital, primary care, etc.). This results in fewer referrals and missed opportunities for assessment and intervention for families at risk. Without an increase in funding the HBHC and ITDP programs cannot provide the

therapeutic interventions that enhance child development nor target the key indicators that promote healthy growth and development.

On behalf of the Board of Health for PPH, I am respectfully requesting your commitment to carefully review base-funding needs for the Healthy Babies, Healthy Children and Infant Toddler Development programs.

Sincerely,

Original signed by

Councillor Kathryn Wilson
Acting Chair, Board of Health

/ag

cc: Local MPPs
Association of Local Public Health Agencies
Ontario Boards of Health

Board of Health for Public Health Sudbury & Districts Summary of Board Meeting Evaluations – 2022

After every regularly scheduled meeting, Board of Health members for Public Health Sudbury & Districts, are expected to complete a post-meeting evaluation survey. There were six Board of Health meetings in 2022. Overall, the evaluation survey response rate for all meetings was 74.0%. Response rates for each Board of Health meeting are indicated in the table below.

Table 1: Board of Health Response Rate by Month, 2022

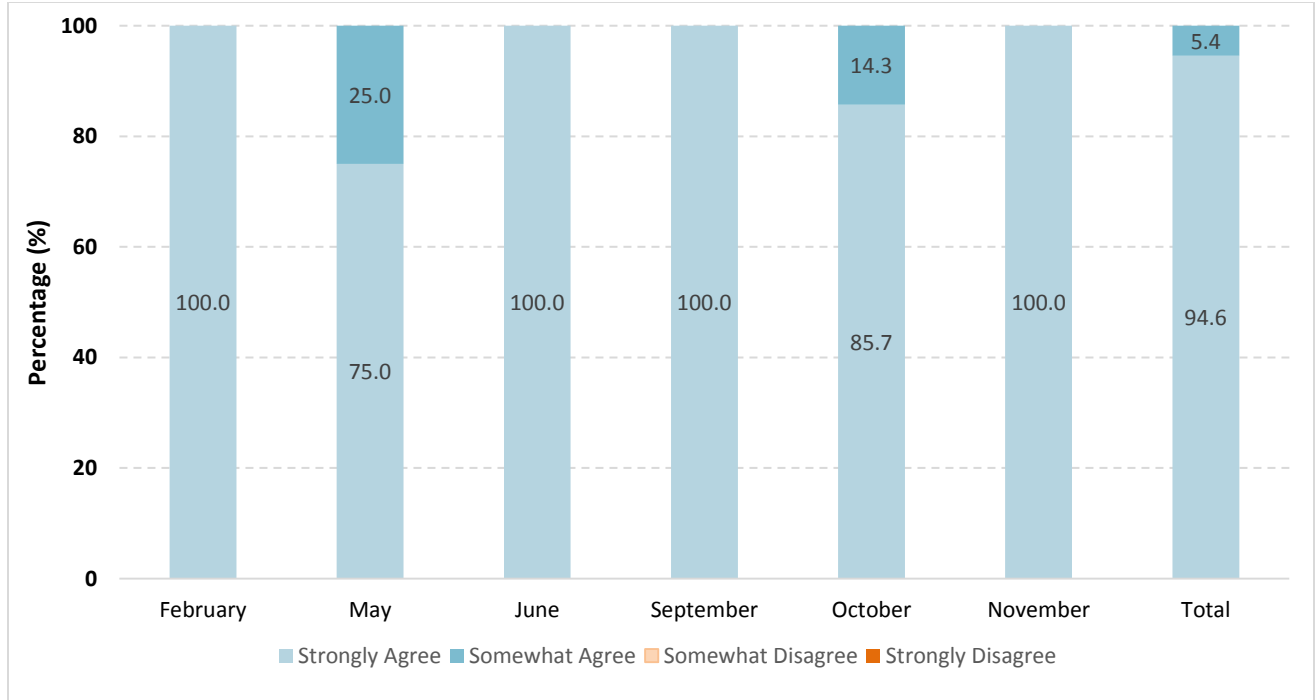
Month	Completed Evaluations	Total Attendance	Response Rate%
February	8	10	80.0
May	4	8	50.0
June	6	8	75.0
September	6	8	75.0
October	7	8	87.5
November	6	8	75.0

In these post-meeting evaluation surveys, Board of Health members are asked to reflect on various aspects of the meeting and to state their level of agreement or disagreement with the following statements:

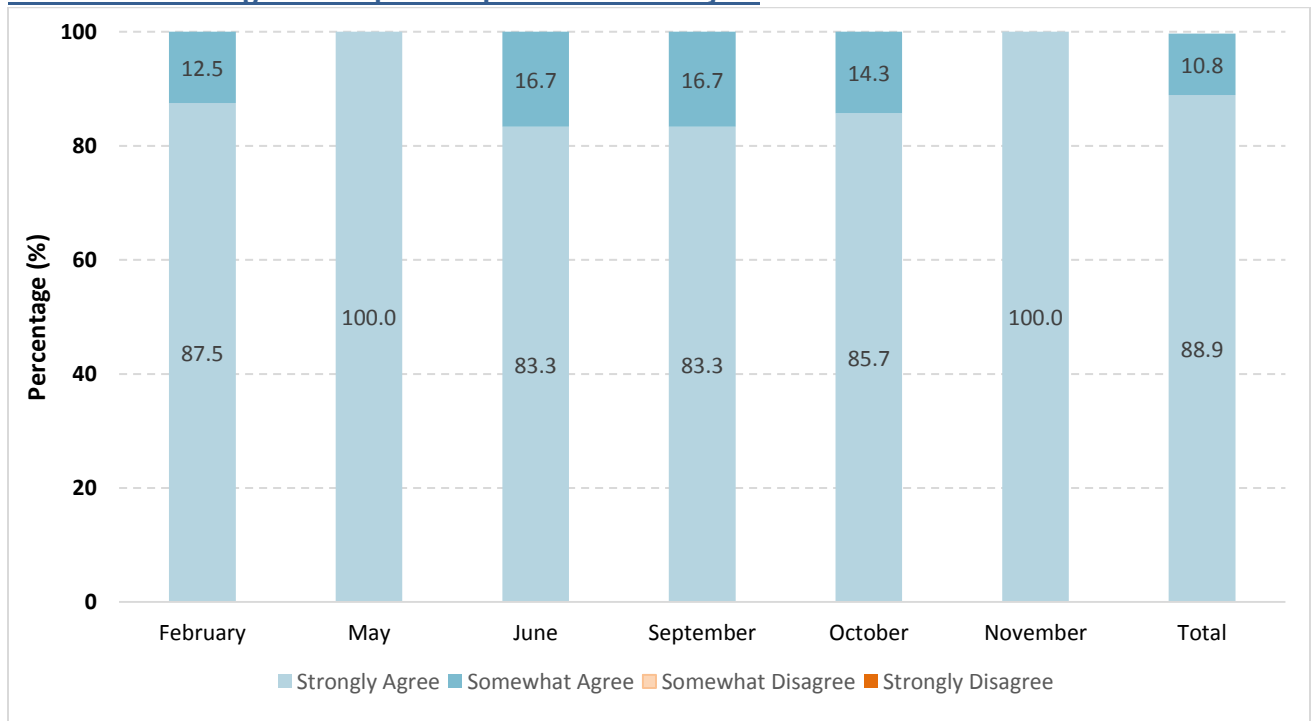
1. The Board agenda package contained appropriate information to support the Board in carrying out its governance leadership role.
2. The delegation/presentation was an opportunity for me to improve my knowledge and understanding of an important public health subject.
3. The MOH/CEO report was informative, timely and relevant to my governance role.
4. Overall, Board members participated in a responsible way and made decisions that further the Public Health Sudbury & Districts' vision and mission.
5. There is alignment with items that were included in the Board agenda package and the Public Health Sudbury & Districts' 2018-2022 Strategic Plan.
6. Board members' conduct was professional, cordial and respectful.

For the most part, Board of members mainly agreed with all statements, with some exceptions. These exceptions are highlighted in orange in the figures below.

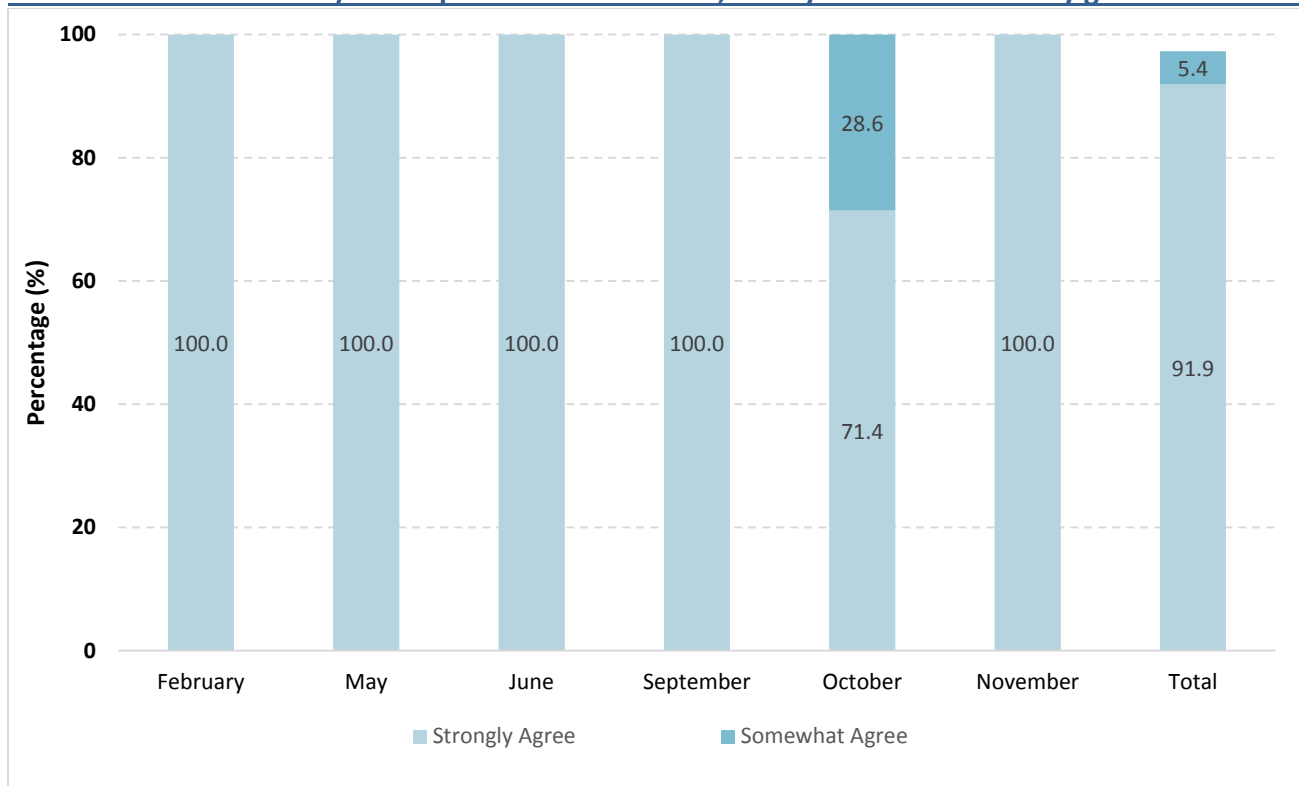
Statement #1: The Board agenda package contained appropriate information to support the Board in carrying out its governance leadership role



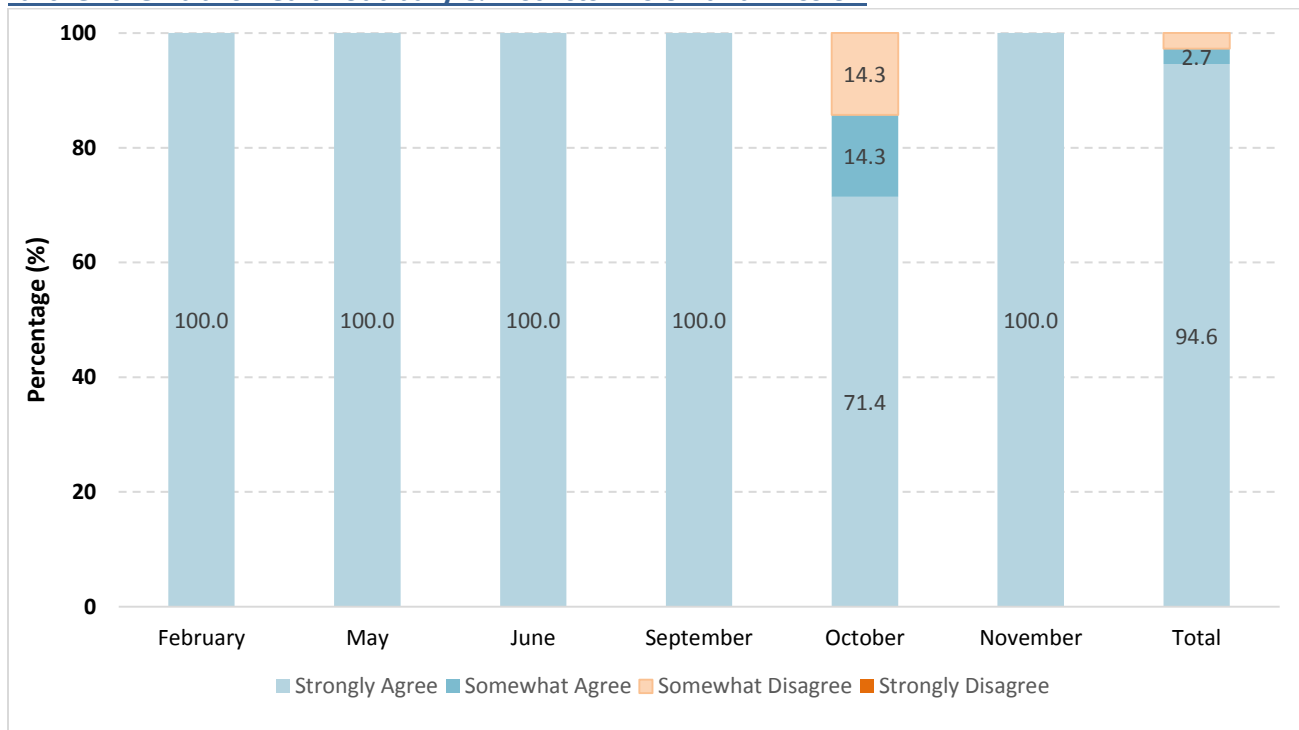
Statement #2: The delegation/presentation was an opportunity for me to improve my knowledge and understanding of an important public health subject



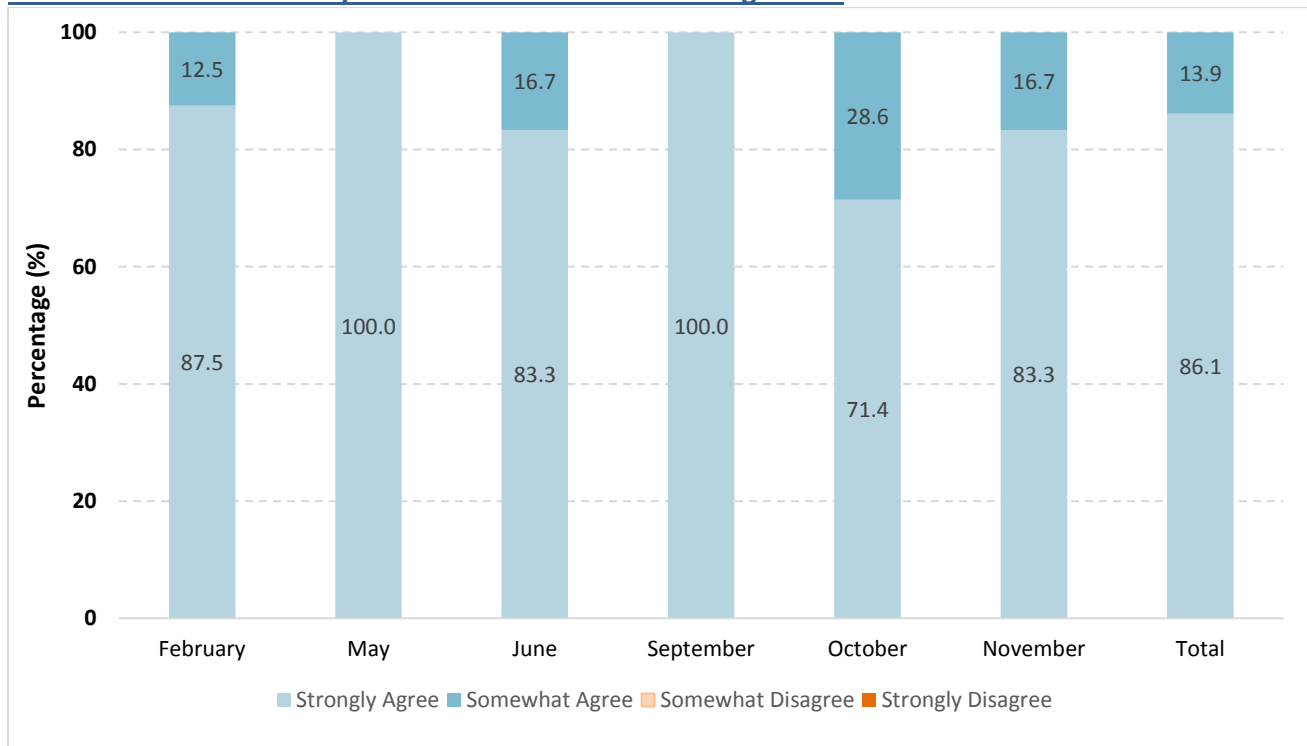
Statement #3: The MOH/CEO report was informative, timely and relevant to my governance role



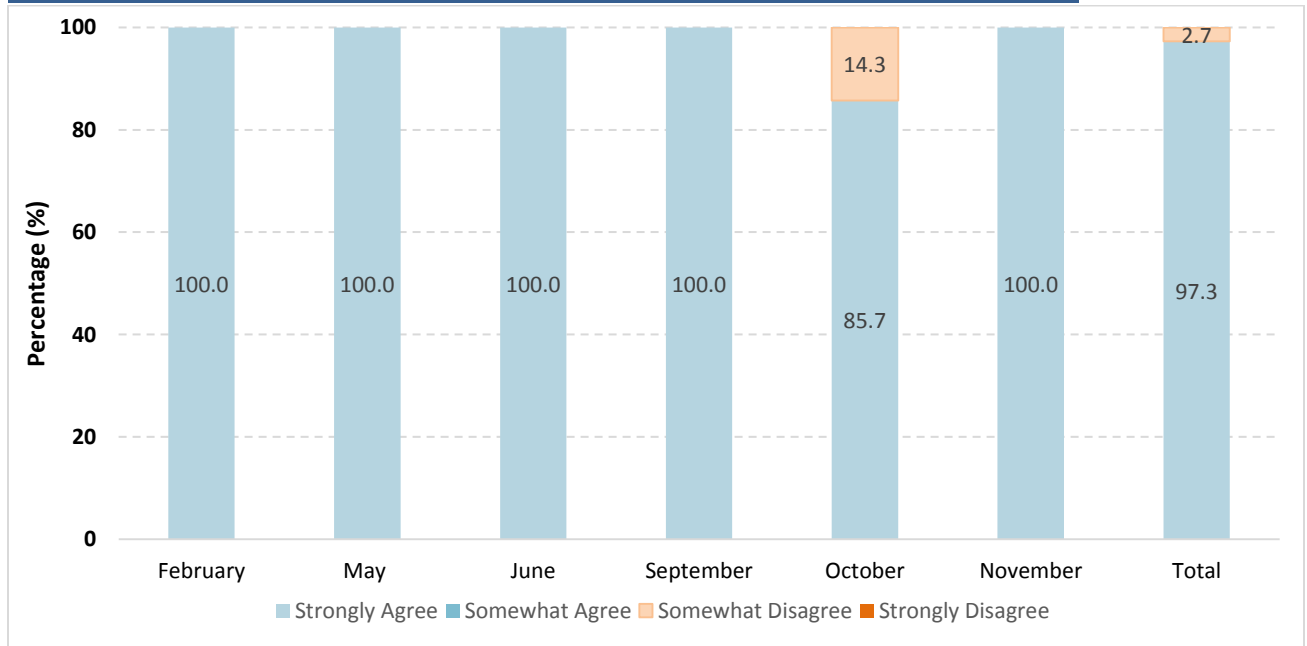
Statement #4: Overall, Board members participated in a responsible way and made decisions that further the Public Health Sudbury & Districts' Vision and Mission



Statement #5: There is alignment with items that were included in the Board agenda package and the Public Health Sudbury & Districts' 2018-2022 Strategic Plan



Statement #6: Board members' conduct was professional, cordial and respectful



Combined cumulative responses for all eight monthly Board of Health meetings are found in the table below.

Table 2: Overall (cumulative) Response to Statements

Statement	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	Total Responses
1. The Board agenda package contained appropriate information to support the Board in carrying out its governance leadership role.	35 (94.6%)	2 (5.4%)	0 (0.0%)	0 (0.0%)	37
2. The delegation/presentation was an opportunity for me to improve my knowledge and understanding of an important public health subject.	32 (88.9%)	4 (11.1%)	0 (0.0%)	0 (0.0%)	36
3. The MOH/CEO report was informative, timely and relevant to my governance role.	34 (94.4%)	2 (5.6%)	0 (0.0%)	0 (0.0%)	36
4. Overall, Board members participated in a responsible way and made decisions that further the Public Health Sudbury & Districts' vision and mission.	35 (94.6%)	1 (2.7%)	1 (2.7%)	0 (0.0%)	37
5. There is alignment with items that were included in the Board agenda package and the Public Health Sudbury & Districts' 2018-2022 Strategic Plan.	31 (86.1%)	5 (13.9%)	0 (0.0%)	0 (0.0%)	36
6. Board members' conduct was professional, cordial and respectful.	36 (97.3%)	0 (0.0%)	1 (2.7%)	0 (0.0%)	37

Comments and suggestions

In each meeting evaluation survey, Board of Health members were given the opportunity to provide feedback on the things they liked/disliked about the meeting, and to provide suggestions on how to improve future meetings.

A few respondents took the opportunity to praise and show appreciation. Items identified included the professionalism of the Board, the respect between board members during discussions and dialogues, the meeting format and the brevity, the information and data presented, including the extent of work done, and the closed sessions which were well conducted and controlled.

A few respondents provided suggestions for better preparation and meeting effectiveness. Comments include wanting the opportunity to receive information in advance for review (e.g. 2021 Annual report; information presented during a closed session). Comments were also made about respecting the confidentiality of the material and the limits of the technology used for meetings. Some suggested having in-person meetings rather than online meetings to encourage greater participation.

A few respondents felt that they couldn't comment on improvement to the process since they were fairly new to the Board.

Overall, the majority of comments received for the monthly Board of Health meeting evaluations were positive.

**ATTENDANCE
2022 BOARD OF HEALTH MEETINGS**

Date of Meeting	01/20/22 cancelled	02/17/22 (virtual)	04/21/22 cancelled	05/19/22 (virtual)	06/16/22 (virtual)	09/15/22 (virtual)	10/20/22 (virtual)	11/10/22 (hybrid)	Total	%
Gignac, Claire		√		√	√	√	√	√	6/6	100%
Huska, Jeffery		√		regrets	√	regrets	√	regrets	3/6	50%
Kirwan, Robert		√		√	regrets	√	√	regrets	4/6	67%
Lapierre, René		√		√	√	√	√	√	6/6	100%
Leduc, Bill		regrets		absent	absent	regrets	absent	absent	0/6	0%
Massicotte, Glenda <i>(resigned April 1/22)</i>		√							1/1	100 %
Myre, Paul		√		√	√	√	regrets	√	5/6	83%
Noland, Ken		√		√	√	√	√	√	6/6	100%
Paquin, Jacqueline <i>(Term ends Feb 21/22)</i>		regrets							0/1	0%
Signoretti, Mark		regrets		absent	√	regrets	absent	√	2/6	33%
Tessier, Natalie		√		√	regrets	√	√	√	5/6	83%
Thain, Carolyn		√		√	√	√	√	√	6/6	100%
Wenborne, Dean		√		√	√	√	√	√	6/6	100%

Board of Health Manual Policy G-I-30 - By-law 04-88

Board members who are elected or appointed representatives of their municipalities shall be bound by the rules of attendance that apply to the councils of their respective municipalities. Failure to attend without prior notice at three consecutive Board meetings, or failure to attend a minimum of 50% of Board meetings in any one calendar year will result in notification of the appointing municipal council by the Board chair and may result in a request by the Board for the member to resign and/or a replacement be named.

Board members appointed by the Lieutenant Governor-in Council are answerable to the Board of Health for their attendance. Failure to provide sufficient notice of non-attendance at three consecutive meetings or failure to attend a minimum of 50% of Board meetings without just cause may result in a request by the Board for the member to resign.



December 2022 InfoBreak

This update is a tool to keep alpha's members apprised of the latest news in public health including provincial announcements, legislation, alpha activities, correspondence, and events. Visit us at alphaweb.org.

Leader to Leader – A Message from ALPHA's President – December 2022



Looking in the rear-view mirror for 2022, it has been reassuring to see local public health rise up and resume many of its core functions and moving forward, despite the ongoing challenges of responding to COVID-19. Through public health leadership, public health will continue to remain nimble and strong at the alPHA Board and staff level.

Reflection is one of the most underused, yet most powerful tools for future success for organizations and it is important to celebrate the milestones along the way. Highlights in 2022 for alPHA include:

- **alPHA's [Annual Report](#)** to membership in June 2022
- [alPHA Resolutions](#) including Public Health Restructuring/Modernization & COVID-19: [A22-2 PH Restructuring.pdf \(ymaws.com\)](#)
- In November 2022 after an extensive review and updating to coincide with the orientation of newly elected Board of Health members, alPHA launched the [BOH Orientation Manual](#) and [BOH Governance Toolkit](#) which is complimented by the ever-growing [BOH Shared Resources Page](#)
- **alPHA's Public Health Resilience in Ontario Clearing the Backlog, Resuming Routine Programs, and Maintaining an Effective Covid-19 Response [report](#) and [executive summary](#)**
- [2022 Pre-Budget Consultations](#)
- [alPHA 2022 Elections Primer](#) and its [infographic](#) and [video](#) have been revised.
- **alPHA's [submissions on PH Modernization](#)**, including the Statement of Principles
- **Information Break, alPHA's monthly newsletter is a key communication tool** that highlights public policy submissions, key events, and activities.
- Twitter [@PHAgencies](#) was very actively profiling association activities.

A component of **alPHA's success in 2022 has been based on the reciprocal relationships** alPHA has built and nurtured over the years. It is an extensive list **that to name a few, includes Ontario's key decision-makers, Ontario's Ministry of Health, Ontario's Chief Medical Officer of Health, Public Health Ontario, Ontario Health, Association of Municipalities of Ontario, Ontario Medical Association, and Affiliate public health associations.** As well, alPHA celebrates the importance of the existing network of relationships with our 34-member local public health units.

alPHA noted in correspondence to the Hon. Sylvia Jones, Minister of Health, that this is a pivotal time for health protection and health promotion in Ontario and that our work done in collaboration with local public health partners and within the broader health system results in a healthier population that contributes to a stronger economy while preserving costly and scarce health care resources. **alPHA stressed that after all, Ontario's economy stays open when our public are healthy**

and protected and that there is no better return on investment than in public health.

The view looking ahead in 2023 is even clearer. alPHa, guided by its [Strategic Plan](#), will continue to lead with one, unified voice representing the public health system across its **member constituents in its commitment to influence Ontario's decision-makers** to ensure a robust *local* public health system with ample resources to **protect the entire population's health. These efforts in 2023 will include responding to the government's** recently announced Pre-Budget Consultations. Through this and other actions, alPHa will continue to provide valued resources and services to its members.

The success of alPHa is built not only on the support of you, its members, it requires a dedicated and unified governance board, complimented by the tremendous work and services provided by alPHa staff. The alPHa Board continues to give the association a uniquely qualified and unified leadership voice for **Ontario's local public health system. alPHa is fortunate** to have Board members who volunteer and are passionate about public health - thank you to each and **every one. Also, thank you for the excellent leadership and performance by alPHa's** Executive Director Loretta Ryan and her staff Gordon Fleming and Melanie Dziengo, along with a dedicated team of consultants.

Whether you are a Board of Health member, a Medical Officer of Health, a Chief Executive Officer, in a senior leadership role, or on the front lines - how reassuring it has been to Ontarians to know they can count on all of you, regardless of the challenges of 2022. On behalf of alPHa, please allow me to extend my personal and genuine appreciation to each and every one of you for your valuable contributions to local public health and your continued support for alPHa.

There is much optimism for 2023 and what is in store for alPHa and its membership. Enthusiasm and anticipation are building around new opportunities **at alPHa's Winter Symposium February 24, 2023, and for the AGM/Conference** June 11-13, 2023. Stay tuned for more details in the new year.

On behalf of the alPHa team - best wishes for a happy, bright and healthy future road ahead!

Trudy

Trudy
President

Sachowski,

'A leader is one who knows the way, goes the way and shows the way.'

Holiday message from alPHa staff



All the best for a safe holiday season filled with warmth, happiness, and good health!

alPHa's office will close at the end of day on Friday, December 23rd and reopen on Tuesday, January 3rd.

2023 Pre-Budget Consultations



The provincial government is [consulting on the 2023 Budget](#). alPHa will also be submitting a response. If you have any thoughts or comments, please send these to alPHa's Executive Director, Loretta Ryan, at loretta@alphaweb.org by January 20, 2023.

2022 BOH Governance Toolkit released



BOH GOVERNANCE TOOLKIT

For Ontario Boards of Health

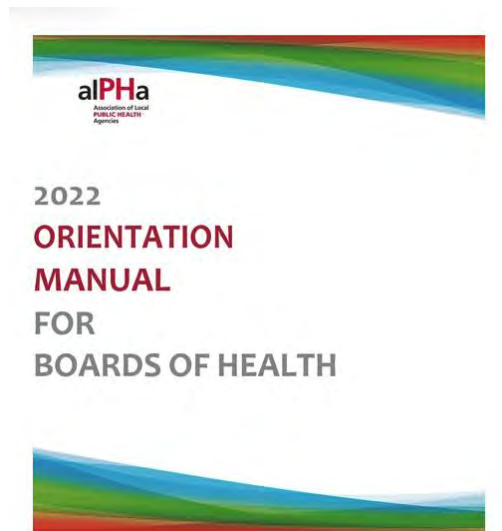


Updated: November 28, 2022

The 2022 BOH Governance Toolkit has been updated and helps new and existing Board of Health members to understand their roles and responsibilities as public health officials. It also keeps them updated on the latest public health initiatives. It also complements the [BOH Orientation Manual](#), which was released last month.

You can view the BOH Governance Toolkit [here](#).

2022 BOH Orientation Manual



The 2022 alPHA Orientation Manual for Boards of Health has been updated to provide new and existing Board of Health members with summary information on public health in Ontario and on the roles and responsibilities of a board of health.

You can view the BOH Orientation Manual [here](#).

The Ontario Public Health Directory has been updated



The Ontario Public Health Directory has been updated. Thank you to everyone who sent in updates. You can get the latest version via [this link](#). Please note that you will have to log in to see the directory. Keep this link on file as the directory is frequently updated. Additionally, any changes can be made by sending a PDF version to communications@alphaweb.org.

EAs/AAs - Do you have a question for alPHa? Do you have something to post?



If so, please send your question to info@alphaweb.org. If you have a job to post, please send it to communications@alphaweb.org. Please note, effective January 2023, these are the only e-mail addresses that should be used for these purposes.

EAs/AAs - Guidelines for Minimum Retentions



ALPHA is currently in the process of updating various document and we are currently reviewing the Guidelines for Minimum Retentions. We ask that you share any samples that you have in your PHUs for record retention. Additionally, if you have any updates, requests, or comments, please send them to communications@alphaweb.org by the end of the day on December 20th.

Boards of Health: Shared Resources



A resource [page](#) is available on alPHa's website for Board of Health members to facilitate the sharing of and access to orientation materials, best practices, by-laws, resolutions, and other resources. If you have a best practice, by-law or any other resource that you would like to make available, please send a file or a link with a brief description to gordon@alphaweb.org and for posting in the appropriate library.

Resources available on the alPHa website include:

- [Orientation Manual for Boards of Health](#) (Revised November 2022)
- [Review of Board of Health Liability, 2018](#) (PowerPoint presentation, Feb. 21, 2019)
- [Legal Matters: Updates for Boards of Health](#) (Video, June 8, 2021)
- [Obligations of a Board of Health under the Municipal Act, 2001](#) (Revised 2021)
- [Governance Toolkit](#) (Revised 2022)
- [Risk Management for Health Units](#)
- [Healthy Rural Communities Toolkit](#)
- [The Ontario Public Health Standards](#)
- [Public Appointee Role and Governance Overview](#) (for Provincial Appointees to BOH)
- [Ontario Boards of Health By Region](#)
- [List of Health Units sorted by Municipality](#)
- [List of Municipalities sorted by Health Unit](#)
- [Map: Boards of Health Types](#)
- [NCCHPP Report: Profile of Ontario's Public Health System \(2021\)](#)
- [The Municipal Role of Public Health \(2022 U of T Report\)](#)

alPHa Affiliates Update

Ontario Association of Public Health Nursing Leaders

The Ontario Association of Public Health Nursing Leaders (OPHNL), in partnership with the Ministry of Health, Ministry of Education, and Ontario Public Health Epidemiologist Network conducted an evaluation of the School Focused Nurse Initiative (SFNI). This evaluation documents lessons learned during the implementation of this program during the COVID-19 pandemic response. Based on the SFNI evaluation, OPHNL has released recommendations which were received by the alPHa Board of Directors on November 10, 2022. To access the full report and recommendations [click here](#).

Association of Supervisors of Public Health Inspectors of Ontario

The Association of Supervisors of Public Health Inspectors of Ontario (ASPHIO) hosted the 2022 Fall Conference & AGM in Toronto from November 24-25. The membership engaged in discussion on the impact of the pandemic on the public health workforce, specifically public health inspectors in representation of an over-extended workforce that has direct impacts on ability for public health units to conduct work under the Ontario Public Health Standards. As an outcome of the discussion, ASPHIO will form a working group to assess the current state of the public health inspector workforce and its impact on the delivery of programs and services.

Association of Municipalities of Ontario (AMO) New Head of Council and New Councillor Training



AMO is offering training for New Heads of Councillors and New Councillors. The training will feature subject matter experts, helping participants “managing diverse aspects and expectations on issues [they] will find before [their] term.” You can register for the New Head of Councillor Training [here](#) and register for New Councillor training [here](#).

Thank you to everyone who submitted Abstracts!



For 2023, TOPHC is hosting a two-day convention that will include one day of virtual presentations and interactive activities and a second day of in-person workshops and networking.

Important dates

- January 30: Registration opens
- March 27: Virtual convention

#TOPHC2023 is created by and for public health professionals and will deliver workshops, presentations, and keynotes focused on the unique experiences, challenges and opportunities in public health today. TOPHC events offer a chance for public health professionals to learn from each other, get inspired, provoke thought and move forward to make a difference in their careers and communities. TOPHC is hosted by ALPHa.

Burnout among people who work in public health settings in Canada



Dr. David Poon, a Public Health and Preventative Medicine Resident, and Dr. Jessica Hopkins, Chief Health Protection and Emergency Preparedness Officer with Public Health Ontario, invite you to participate in an online survey that explores burnout among people who work in public health settings in Canada. Their team of researchers is exploring burnout among the public health workforce in Canada. You are invited to participate by completing a 10-minute survey about your experience during the pandemic as a public health worker. Please [complete the survey](#) before 31 December 2022. You can also complete the survey in French [here](#).

Public Health Ontario



Variants of Concern

- [Risk Assessment for Omicron Sub-lineage XBB and XBB.1 \(as of November 2, 2022\)](#)
- [Risk Assessment for Omicron Sub-Lineage BA.2.75.2 \(as of October 17, 2022\)](#)
- [Risk Assessment for Omicron Sub-Lineage BF.7 \(as of October 11, 2022\)](#)
- [Risk Assessment for Omicron Sub-lineage BQ.1 and its Sub-lineages \(BQ.1*\) \(as of November 30, 2022\)](#)
- [SARS-CoV-2 Genomic Surveillance in Ontario, December 2, 2022](#)

Check out PHO's [Variants of Concern](#) web page for the most up-to-date resources.

Additional Resources – New

- [Antiviral Medications for Seasonal Influenza: Public Health Considerations](#)
- [Vaccines for the 2022-23 Influenza Season](#)
- [Mpox \(formerly monkeypox\) Resources](#)
- [COVID-19 and Other Respiratory Illnesses in Pediatric Populations](#)
- [COVID-19 in Ontario Weekly Epidemiological Summary](#)
- [COVID-19 Wastewater Surveillance in Ontario](#)
- [Respiratory Virus Overview in Ontario from November 27, 2022 to December 3, 2022 \(Week 48\)](#)

New Members Appointed to Ontario Public Health Emergencies Science Advisory Committee

New members with diverse expertise in public health threats and emergencies, including areas of epidemiology and surveillance, public health, health equity and social justice, emergency planning and occupational health have been appointed to the [Ontario Public Health Emergencies Science Advisory Committee \(OPHESAC\)](#). Read the full announcement on PHO's [News page](#).

Dalla Lana School of Public Health

Dalla Lana
School of Public Health

Upcoming DLSPH Events

- 12th World Gastroenterology & Hepatology Conference (Dec. 21-22)

Centennial College Workplace Wellness and Health Promotion Program



alPHa is pleased to announced the association has successfully secured a student from Centennial College's post-graduate Workplace Wellness and Health Promotion Program! Franger Jimenez will begin his placement with alPHa early in 2023. Stay tuned for more information.

RRFSS Update



The COVID-19 pandemic continues to have a profound impact on the health of Canadians. Throughout the pandemic, local public health units redirected many resources to emergency pandemic response. However, there is now an urgent need for public health units to focus on the unintended consequences of the pandemic and address current health priorities for their local populations. Measuring health outcomes and risk factors at the local level is critical to evidence-informed public health programming.

The innovative design of the RRFSS allows Health Units to fill a gap in public health surveillance and to measure health indicators on urgent public health topics (including substance use, mental health, and COVID-19 impacts) that are not available from any other data sources. There has never been a greater need for health units to collect RRFSS data! Please contact, Lynne Russell, RRFSS Coordinator for more information: lynnerrussell@rrfss.ca

COVID-19 Update

The digital team at the Ministry of Health has launched a new landing page and new streamlined content pages for COVID-19 content.

The new landing page, which replaces covid-19.ontario.ca, can now be found at:
<https://www.ontario.ca/page/covid-19-coronavirus> (English)
<https://www.ontario.ca/fr/page/covid-19-le-coronavirus> (French)

As well, the ministry has overhauled the previous versions of the public health measures pages, six vaccine pages, and testing and treatment pages, which can now be found at:
<https://www.ontario.ca/page/public-health-measures-and-advice>
<https://www.ontario.ca/page/covid-19-vaccines>
<https://www.ontario.ca/page/covid-19-testing-and-treatment>

As part of the response to COVID-19, aPHa continues to represent the public health system and work with key stakeholders. **NOTE:** In alignment with the wind-down of provincial emergency response measures and the shift to managing COVID-19 through routine operations, the ministry's daily COVID-19 Situation Report will no longer be distributed after June 10 2022. COVID-19 data will continue to be reported on [the Ministry of Health website](#) and through the [Public Health Ontario's COVID-19 data tool](#)."

[Visit the Ministry of Health's page on guidance for the health sector](#)
[View the Ministry's website on the status of COVID-19 cases](#)
[Go to Public Health Ontario's COVID-19 website](#)
[Visit the Public Health Agency of Canada's COVID-19 website](#)
[aPHa's recent COVID-19 related submissions can be found here](#)

Hold the date for the Winter Symposium and Annual Conference & AGM

2023 WINTER SYMPOSIUM

Association of Local Public Health Agencies

February 24, 2023

alPHa's Winter Symposium and Section Meetings will continue the important conversations on the critical role, value, and benefit of Ontario's local public health system.

Participate in online plenary sessions with public health leaders in the morning, followed by BOH and COMOH Section meetings in the afternoon.

New! Attendees are invited at no additional cost to participate in a mental health readiness workshop on the afternoon of February 23rd.

Stay tuned for additional information! Registration will start in the new year. The cost is \$299 plus HST.

Please note that you must be an alPHa member to participate in the Pre-Symposium Workshop, Symposium or Section meetings.

Hosted by alPHa with generous support from:

Dalla Lana
School of Public Health

EOHU Eastern Ontario Health Unit **BSEO** Bureau de santé de l'est de l'Ontario

alPHa's 2023 Winter Symposium is on February 24th and the Pre-Symposium Workshop will be held on February 23rd.

The 2023 Annual Conference and AGM is on June 11th-13th.

Please stay tuned for further information about these events!

alPHa Correspondence



Through policy analysis, collaboration, and advocacy, alPHa's members and staff act to promote public health policies that form a strong foundation for the improvement of health promotion and protection, disease prevention, and surveillance services in all of Ontario's communities. Below are submissions that have been sent in since the last newsletter. A complete online library is available [here](#).

[alPHa Letter - Executive Lead, Public Health](#)

November 30, 2022 from the President of the Association of Local Public Health Agencies (alPHa) congratulating Elizabeth Walker on her appointment as Executive Lead, Public Health at the Ministry of Health.

[alPHa Letter - Support for APHEO re DoPHS IT](#)

November 24, 2022 from the President of the Association of Local Public Health Agencies (alPHa) calling for support of a request from the Association of Public Health Epidemiologists in Ontario (APHEO) for representation on the Case Contact Management Steering Committee.

[alPHa Letter 2 - Resolution A22-2 - Cooling Towers](#)

October 14, 2022 letter from the President of the Association of Local Public Health Agencies (alPHa), which reintroduces our call on the ministry to create province-wide mandatory cooling tower registration system to facilitate the investigation and management of legionella outbreaks such as the one that is now being investigated in the town of Orillia.

[alPHa Letter - DSNO, Resolution A22-4 - Opioids](#)

October 14 letter from alPHa that communicates our endorsement in principle of the Drug Strategy Network of Ontario (DSNO) Solutions to End the Drug

Poisoning Crisis in Ontario: Choosing a New Direction as it aligns with aPHa's related and previously communicated resolution (A22-4).

[aPHa Letter - Collection of Sociodemographic Data](#)

October 14, 2022 letter to the Minister of Health urging the incorporation of sociodemographic data (SDD) in all database systems, including the Case Contact Management expansion (which is replacing iPHIS) for reporting of diseases of public health significance (DoPHS).

[aPHa Letter - Chief of Nursing/ADM](#)

September 6, 2022 letter from the Association of Local Public Health Agencies congratulating the new Chief of Nursing & Professional Practice & Assistant Deputy Minister of Health.

[MMAH Response - Resolution A22-3 - Cooling Towers](#)

August 24, 2022 letter from the Minister of Municipal Affairs and Housing to the President of the Association of Local Public Health Agencies.

[aPHa Letter - President & CEO, PHO](#)

July 18, 2022 letter from the aPHa ED welcoming Dr. Michael Sherar as the new President and CEO of Public Health Ontario.

[aPHa Letter - Resolution A22-5 - Harm Reduction](#)

July 18, 2022 letter to the Minister of Health that introduces aPHa Resolution A22-5, Indigenous Harm Reduction - A Wellness Journey.

[aPHa Letter - Resolution A22-4 - Opioids](#)

July 18, 2022 aPHa letter to the Minister of Health that introduces Resolution A22-4, Priorities for Provincial Action on the Drug/Opioid Poisoning Crisis in Ontario.

[aPHa Letter - Resolution A22-3 - Cooling Towers](#)

July 18, 2022 aPHa letter to the Minister of Municipal Affairs and Housing that introduces Resolution A22-3, which calls for a provincial cooling tower registry for the public health management of legionella outbreaks.

[aPHa Letter - Resolution A22-1 - Racism & Health](#)

July 18, 2022 letter to the Minister of Health that introduces Resolution A22-1, Race-Based Inequities in Health.

[aPHa Letter - The Future of Public Health](#)

July 18, 2022 letter to the Minister of Health that provides several documents (Including Resolution A22-2, Public Health Restructuring/Modernization &

COVID-19) that give an overview of aPHa's positions and principles that we hope will be carefully considered as Ontario's public health system is reviewed and strengthened in the wake of the emergency phase of the COVID-19 response. Note: This is a follow up to the [welcome letter](#) sent to the new Minister on June 27, 2022.

[aPHa Letter - 2022 Resolutions](#)

July 18, 2022 letter from the President of the Association of Local Public Health Agencies that introduces five resolutions that were passed by our members at the 2022 Annual General Meeting.

News Releases

The most up to date news releases from the Government of Ontario can be accessed [here](#).

January 18, 2023



January 2023 InfoBreak

This update is a tool to keep ALPHA's members apprised of the latest news in public health including provincial announcements, legislation, ALPHA activities, correspondence, and events.

Visit us at alphaweb.org.

2023 Winter Symposium and Section Meetings



ALPHA is pleased to announce that registration is now open for the online ALPHA Winter Symposium and Section meetings that are taking place on Friday, February 24, 2023.

We have an exciting line-up for this event including speakers from alPHA, Public Health Ontario, Ontario Health, and the Ontario Provincial Police discussing issues of key importance to public health leaders. alPHA's President, Trudy Sachowski, is the Symposium Chair and members of alPHA's Board of Directors are moderating the sessions.

Registration information, the draft Symposium program, the draft agenda for the BOH Section meeting, and the event flyer can be accessed by going to the [alPHA website](#) and clicking on the Symposium Banner or by going to the [event page](#). This webpage is also where any updates will be posted. The closing date to register is Monday, February 20th at 5 pm. Please note that you must be an alPHA member to participate in the Symposium or Section meetings. All registrants will receive login information prior to the event.

If you are a BOH Section or Affiliate member and registered for the Symposium, you may also attend the [Pre-Symposium Workshop called Road 2 Mental Readiness \(R2MR\)](#) on February 23, 2023! The workshop was developed in collaboration with the Canadian Armed Forces for public health leaders and is based on a cycle that entails preparation, performance, and recovery. Please note, if you are a BOH or Affiliate attendee, you do not need to separately register for this workshop. (COMOH members, this is the R2MR workshop you participated in on November 18, 2022. If you are a COMOH member, missed the original session, and want to participate, you can contact Melanie Dziengo at communications@alphaweb.org.)

alPHA would like to thank the University of Toronto's Dalla Lana School of Public Health and the Eastern Ontario Health Unit for their generous support.

Hold the Date for the 2023 Conference and AGM! The online Winter Symposium and Section meetings are not the only membership events in the works. The 2023 Conference and AGM is scheduled to take place from June 11th-13th and will be in person. Please stay tuned for further information!

Leader to Leader - A Message from alPHA's President - January 2023



The foundation of alPHA and its success is built upon the support of its members and the existing network of relationships with its 34-member local public health agencies. An excellent example of this is alPHA's recent survey of Ontario's local public health units. The purpose was to identify the funding needs for local public health, as well as to collect the operating and base budgets, and one-time funding allocations for the province's public health agencies.

With a response rate of 100 per cent, the results continue to inform alPHA's discussions regarding Ontario's public health funding allocations and needs. More specifically it informs alPHA's response to the government's 2023 Budget Consultations and alPHA's latest [Public Health Matters Infographic](#) that celebrates local public health's vaccine successes.

While there were variations in the estimates provided by the province's local public health agencies across Ontario, which differ in geographic size and population densities served, the survey results decisively concluded the current base funding envelope for local public health units is not sufficient to meet the expected needs within Ontario's public health standards and related legislation. Investment in local public health is essential, as healthy individuals and healthy communities create and maintain a strong, vibrant, and economically prosperous Ontario.

alPHA members Dr. Charles Gardner, Simcoe-Muskoka District Health Unit; Cynthia St. John, Southwestern Public Health; Dr. Hamidah Meghani, Halton Region Health Department; Wess Garrod, Kingston, Frontenac, Lennox & Addington Public Health; Trudy Sachowski, Northwestern Health Unit and Loretta Ryan, alPHA's Executive Director, were the team who spearheaded the project for the alPHA Board. The work was supported by several health units who worked with alPHA's Executive Director and her staff, on various components from developing the survey to collating the feedback. Thank you to everyone for their contributions and the numerous roles our members played across all 34 local public health agencies.

There is much optimism for 2023 and what is in store for further engagement opportunities for alPHA members. Anticipation is building around alPHA's Winter Symposium and Section meetings that are being held virtually on Friday, February 24th. All members are encouraged to participate in this important on-line learning event that furthers the conversation on public health's resilience and its demonstrated role for the health of all Ontarians. A workshop called, Road to Mental Readiness, will be delivered to the Boards of Health Section and Affiliates on Thursday, February 23rd as part of a pre-symposium workshop, included with registration.

In June, the 2023 alPHA AGM, Conference and Section meetings will be another key opportunity for member engagement. Highlights include a review of alPHA's current Strategic Plan that takes us to the end of 2023. At the event, as an association, we will begin to define the strategy, direction, and allocation of resources to attain strategic goals moving beyond 2023. As well, there will be updates on alPHA's by-law review to ensure legal compliance with the Ontario Not for Profit Corporation Act (ONCA) prior to the deadline of October 2024.

alPHA highly values its members across Ontario's 34 local public health agencies. The association endeavours to engage you proactively and meaningfully through regular updates via email and opportunities in Information Break, on Twitter, at member-driven symposiums and events and with time-sensitive updates and opportunities for consultations such as the survey on Ontario's 2023 Budget Consultations.

In 2023, alPHA's dedicated governance Board of Directors and Executive Committee, supported by alPHA's Executive Director and staff, *will continue to provide strategic leadership with one, unified voice representing the public health system across its member constituents.* alPHA provides on-going and valued resources and services to you, its members, leading in the ever-changing public health sector. alPHA is committed to influencing Ontario's decision-makers to ensure a robust local public health system with ample resources to protect the entire population's health.

Trudy

Trudy Sachowski,
President

~ Leadership is not a position or a title, it is an action and an example ~

Public Health Matters Infographic

PUBLIC HEALTH MATTERS

PUBLIC HEALTH FALL VACCINE SUCCESS



WINTER 2023

Local public health units increased vaccine coverage and provided vital protection against disease for residents across Ontario. The leadership provided by Ontario's local public health agencies on an unprecedented number of vaccine campaigns aimed at increasing vaccine uptake. This fall, dedicated staff in Ontario's 34 local public health units intensified vaccine activities to combat the fall respiratory virus surge and other emerging public health issues.

LOCAL PUBLIC HEALTH PREPARED FOR, COORDINATED, AND DELIVERED 7 VACCINE CAMPAIGNS

- COVID-19: pediatric, 5-17 booster, and bivalent
- Routine: influenza and student immunization and catch-up program
- Outbreak response: mpox & meningococcal C
- Promoted routine vaccines

MORE CLINICS, INCREASED CAPACITY, BROADER OUTREACH, EXTRAORDINARY RESULTS

Ontario's 34 public health units led Ontario's vaccination campaigns with a focus on increased access, data-driven action, integrated services, and amplified messages.

FALL 2022 VACCINATION BY THE NUMBERS

1,100+ Fixed site clinics*	2,000+ Mobile clinics*	700+ Influenza clinics
1,000+ Student immunization and catch-up clinics	400+ Mpox clinics	3,000+ Homebound vaccinations

COMMUNICATION AND PUBLIC EDUCATION ABOUT VACCINE CAMPAIGNS

3,300+ Social media posts	4,500,000+ Social media engagement and impressions	700+ Media releases, responses, and interviews
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* Co-ordination of source: website

UNE QUESTION DE SANTÉ PUBLIQUE

SANTÉ PUBLIQUE : LA VACCINATION D'AUTOMNE EST UN SUCCÈS



HIVER 2023

ACCÈS ACCRUI

- Les dirigeants des unités de santé publique locales collaborent avec les municipalités à l'exploitation d'autobus de vaccination mobile. Les autobus visent à éliminer les obstacles à la vaccination et offrir des services dans les endroits qui les gens fréquentent régulièrement comme les centres d'épicerie, les épiceries, les événements locaux et les parcs, dans les endroits éloignés, dans les collectivités à risque et dans d'autres régions mal desservies.
- Les dirigeants des unités de santé publique locales ont travaillé en étroite collaboration avec les communautés autochtones. Par exemple, une unité de santé publique a créé et partagé des trousses de communication bilingues avec les Premières Nations de la région, les groupes communautaires autochtones urbains et les partenaires clés pour favoriser une communication ouverte, la dissémination rapide des directives de santé publique et des mises à jour sur les vaccins.

ACTIVITÉS FONDÉES SUR DES DONNÉES

- Le personnel des 34 unités de santé publique de l'Ontario a utilisé des données pour optimiser la couverture vaccinale. L'unité de santé publique qui s'est servie des indicateurs d'équité pour identifier les voyages prioritaires où livrer ses services d'approche et son soutien en est un exemple. Cette information recueillie selon les secteurs géographiques a été publiée via un tableau de bord de la COVID-19 et utilisée à l'intérieur pour planifier le système de santé. Des stratégies de vaccination, des cliniques mobiles, des sites fixes et des partenariats d'organismes telles les Équipes Santé Ontario et les cliniques communautaires ont été utilisés afin d'accroître la vaccination.

SERVICES INTÉGRÉS ET SENSIBILISATION COMMUNAUTAIRE

- La santé publique locale a intégré ses services afin d'en maximiser l'impact. Par exemple, une unité de santé publique locale a établi 18 centres dans sa communauté, offrant des services comme le dépistage dentaire, la santé mentale, des supports à la toxicomanie et l'usage de substances, et les immunisations anti-COVID-19, antigrippales et routinières.
- La santé publique locale a créé des partenariats avec les agences communautaires pour sensibiliser davantage sur les vaccins et à travailler dans le but de faire vacciner les résidents contre la COVID-19. Une unité de santé publique locale a exploité des équipes de mobilisation pour la vaccination comprenant plus de 150 organismes de la santé, communautaires et confessionnels et plus de 700 ambassadeurs reflétant la diversité de la communauté.

MESSAGES AMPLIFIÉS

- La santé publique locale a utilisé des stratégies médiatiques traditionnelles (communiqués de presse, événements médiatiques et médias sociaux) en plus de tactiques ciblées particulières. Un exemple de ce travail est illustré par une unité de santé publique locale qui a collaboré avec des partenaires du milieu hospitalier à la création d'un clip publicitaire qui mettait en évidence ses actions nécessaires pour réduire la pression causée par les maladies respiratoires sur le système hospitalier. Le clip est présenté avant chaque long métrage au cinéma local, aux parties d'hockey à domicile ainsi que sur les ondes de la télévision locale.

aIPHa is pleased to share our new [Public Health Matters Infographic](#) that highlights the important public health programs and services that promote well-being, prevent disease, and protect population health throughout the Province of Ontario. The French version of the Infographic can be found [here](#).

This builds upon the earlier [Public Health Matters infographic \(A Public Health Primer\)](#), and focuses on the success of recent local public health campaigns to increase coverage against a range of vaccine preventable diseases, including COVID-19, mPox, influenza, and those included in routine childhood immunizations.

We anticipate these infographics will be useful resources in your various engagements with decision-makers and community partners, including local councillors and MPPs. Please continue to demonstrate the value of local public health and celebrate the accomplishments by using and sharing these resources widely.

aIPHa would like to thank the many volunteers who contributed to the infographic and to send a special shout out and thanks to the staff at Toronto Public Health. A big thank you also goes out to Eastern Ontario Health Unit for translating the Infographic.

2023 Budget Consultations



The Government of Ontario is seeking public input on the 2023 Budget via an online survey, an invitation for written submissions, and a series of public hearings.

Public Survey: The government's online survey launched on January 11th. Respondents are invited to choose their top two or three priorities from a list of options under each of nine topic areas. Please note that under the fourth item (*When you think about your community, what services or resources could use more government support?*), "Public health resources for businesses, schools and other community groups" is one of the options. There are no open-ended questions. [Click here to complete the survey.](#)

Written Submissions: alpha will be providing a written submission and invites input from its members. To contribute, please send an e-mail to loretta@alphaweb.org by January 20, 2023. We also encourage our members to provide submissions of their own to ensure local perspectives are considered.

Public Hearings: Please note these hearings are already underway and we have provided a link to the news release below, which includes opportunities around the province.

Please note the consultation closes on **February 10th**, notwithstanding the public hearings that occur after this date.

[Please click here for the 2023 Budget Consultation page.](#)

[Please click here for the Standing Committee on Economic Affairs News Release.](#)

2023 EA/AA Conference



Prior to this year's Winter Symposium, on February 22nd, the EA/AA Conference will take place. This is an opportunity to virtually gather EAs/AAs to provide additional tools and knowledge to help them support alPHA members across the province. The registration page can be found [here](#). Tickets are \$149.00+HST.

Boards of Health: Shared Resources



A resource [page](#) is available on alPHA's website for Board of Health members to facilitate the sharing of and access to orientation materials, best practices, by-laws, resolutions, and other resources. If you have a best practice, by-law or any other resource that you would like to make available, please send a file or a link with a brief description to gordon@alphaweb.org and for posting in the appropriate library.

Resources available on the alPHA website include:

- [Orientation Manual for Boards of Health \(Revised 2022\)](#)
- [Review of Board of Health Liability, 2018 \(PowerPoint presentation, Feb. 21, 2019\)](#)
- [Legal Matters: Updates for Boards of Health \(Video, June 8, 2021\)](#)
- [Obligations of a Board of Health under the Municipal Act, 2001 \(Revised 2021\)](#)
- [Governance Toolkit \(Revised 2022\)](#)
- [Risk Management for Health Units](#)

- [Healthy Rural Communities Toolkit](#)
 - [The Ontario Public Health Standards](#)
 - [Public Appointee Role and Governance Overview](#) (for Provincial Appointees to BOH)
 - [Ontario Boards of Health By Region](#)
 - [List of Health Units sorted by Municipality](#)
 - [List of Municipalities sorted by Health Unit](#)
 - [Map: Boards of Health Types](#)
 - [NCCHPP Report: Profile of Ontario's Public Health System \(2021\)](#)
 - [The Municipal Role of Public Health \(2022 U of T Report\)](#)
-

Affiliates Update

Association of Public Health Business Administrators

Picking up where the fall conference left off, the Association of Ontario Public Health Business Administrators' Executive is reviewing its current strategic priorities for the coming 12-18 months. This will be important work given the provincial intention of strengthening the public health sector now that the first 2+ years of the pandemic are behind us. The entire field is also working fast and furiously through one of its busiest times – year end, quarterly reporting, budget development, and ASP readiness.

Association of Municipalities of Ontario (AMO) New Head of Council and New Councillor Training



AMO is offering training for New Heads of Councillors and New Councillors. The training will feature subject matter experts, helping participants “managing diverse aspects and expectations on issues you will find before your term.” You can register for the New Head of Councillor Training [here](#) and register for New Councillor training [here](#).

ROMA 2023: Breaking New Ground



The [2023 ROMA Annual General Meeting and Conference](#) is taking place January 22 to 24. The event focuses on critical rural municipal issues. alPHa wishes our members who are attending all the best as they engage, learn, network about their communities and discuss the important role of local public health in Ontario.

Thank you to everyone who submitted Abstracts!



For 2023, TOPHC is hosting a two-day convention that will include one day of virtual presentations and interactive activities and a second day of in-person workshops and networking.

Important dates

- January 30: Registration opens
- March 27: Virtual convention

#TOPHC2023 is created by and for public health professionals and will deliver workshops, presentations, and keynotes focused on the unique experiences, challenges and opportunities in public health today. TOPHC events offer a chance for public health professionals to learn from each other, get inspired, provoke thought and move forward to make a difference in their careers and communities. TOPHC is co-hosted by PHO, alPHa, and OPHA. Further information can be found [here](#).

Public Health Ontario

COVID-19 Epidemiological Surveillance Report

- [SARS-CoV-2 Genomic Surveillance in Ontario, December 23, 2022](#)
- [COVID-19 Wastewater Surveillance in Ontario](#)
- [Respiratory Virus Overview in Ontario from December 25, 2022 to December 31, 2022 \(Week 52\)](#)
- [COVID-19 in Ontario Weekly Epidemiological Summary](#)

Vaccination and Vaccine-Preventable Diseases

- [Recommendations: Management of Age-Related COVID-19 Vaccine Administration Errors](#)
- [Socio-Demographic Data Collection For COVID-19 Vaccination](#)
- [Public Health Management Considerations for Pertussis](#)

Additional Resources – New

- [Invasive Group A Streptococcal \(iGAS\) Disease in Children 0 to 17 Years of Age in Ontario: October 1, 2016 to December 19, 2022](#)
- [Orientation for Infection Prevention and Control Leads in Long-Term Care](#)

PHO Events

- **January 19:** [PHO Rounds: A Comprehensive Look at Youth Vaping in Ontario/Canada](#)
- **January 24:** [PHO Rounds: Tuberculosis De-isolation](#)
- **January 30:** [PHO Webinar: Implementing Smoking Rooms in Supervised Consumption Sites: Key lessons](#)

Interested in the upcoming events? Check out the [Events](#) page to stay up-to-date with all PHO events.

New Members Appointed to Ontario Public Health Emergencies Science Advisory Committee

New members with diverse expertise in public health threats and emergencies, including areas of epidemiology and surveillance, public health, health equity and social justice, emergency planning and occupational health have been appointed

to the [Ontario Public Health Emergencies Science Advisory Committee \(OPHESAC\)](#). Read the full announcement on PHO's [News page](#).

Request to Participate in the Ontario Public Health Information Database Study



All public health units are invited to participate in the CIHR funded, Ontario Public Health Information Database (OPHID) Study. The OPHID Study objective is to examine the impacts of funding changes in Ontario's public health system on population health and health equity. For more details, you can read the briefing note that was provided to the alpha Board about the OPHID Study at this [link](#).

In collaboration with the alpha Board, the OPHID Advisory Council has been formed to guide the collection, use and reporting of public health system indicators, and their impact on public health in the OPHID study. The OPHID database now includes information from 26 of Ontario's public health units related to their funding, workforce and program delivery.

To participate, your public health unit will be asked to share information on your public health unit's funding and budgets and complete topic area surveys to examine disruptions to public health programs during the COVID-19 pandemic. Stay tuned for more information.

Public Health Workforce Study: Mental Health and Intention to Leave During COVID-19

The Canadian Institutes of Health Research and McMaster University are conducting a research study to understand the nature and extent of mental health impacts and intention to leave among the public health workforce in Canada during COVID-19. They are seeking public health professionals and workers who have worked in a public health unit or regional health authority in Canada prior to March 2020 and during the COVID-19 pandemic in full or part-

time positions. Participation will include [completion of a one-time anonymous online survey](#).

alPHa welcomes Centennial College student, Franger Jimenez!



Franger Jimenez is a [Workplace Wellness and Health Promotion](#) student at Centennial College. There, he is learning about how to improve the wellbeing of people, with a holistic approach, in and out of the workplace. Franger is also the new placement student at alPHa for the next four months. Previously, Franger trained as a physician, and he worked on health promotion in Colombia as a medical leader for cardiovascular and metabolic diseases. He also treated chronic patients and created health campaigns to promote healthy lifestyles. alPHa staff and volunteers look forward to working with Franger as he develops health and wellness products for our members.

Upcoming DLSPH Events and Webinars

Dalla Lana

School of Public Health

- [HealthcareLCA Launch: The new home of healthcare environmental impact assessments](#) (Jan. 18)
 - [Industry interactions in the context of the interprofessional clinic](#) (Jan. 19)
 - [Building a Leading Digital Healthcare Platform with Data and AI](#) (Jan. 19)
 - [Treating Patients with C.A.R.E.](#) (Jan. 20)
 - [Maternal vaccination against COVID-19: insights from Canadian data](#) (Jan. 23)
 - [Tackling Bias in Health AI Systems from a Human Rights Lens](#) (Jan. 25)
 - [2023 Global Health Conference](#) (Jan. 26)
-

RRFSS Update



RRFSS 2023 has a variety of survey options and costs! Data collection is available for 2023 in a variety of modes: telephone (dual-frame landline and cell phone samples) and online (panel and convenience samples). Costs vary by data collection method, number of completed interviews and survey length. For example, 720 completed telephone interviews (50 per cent landline/50 per cent cell) with ten minutes of interview questions would cost approximately \$35,000. A panel sample with 600 completed interviews and a ten-minute survey would cost approximately \$20,000.

By participating in RRFSS, costs are reduced by sharing administrative costs associated with CATI setup, data collection and data file preparation by ISR. RRFSS also allows for custom surveys based on specific budgets.

In addition, benefits of RRFSS Partnership with ISR include:

- ISR has over 50 years of excellence in conducting applied and academic social research.
- ISR is a non-profit academic research centre that operates the RRFSS (compared to many profit based private research companies).
- ISR has full time dedicated RRFSS project staff with continuous years' experience and close to 100 trained onsite interviewers.
- All ISR interviewers are local Ontario residents and there is no out-sourcing.
- All calls are by live ISR interviewers and there are no 'robo-calls' or automated messages.

To collect 2023 RRFSS data and create a survey package and customizable budget contact: Lynne Russell, RRFSS Coordinator:

lynnerrussell@rfss.ca

COVID-19 Update

The Ministry of Health COVID-19 resource pages:

<https://www.ontario.ca/page/covid-19-coronavirus> (English)

[Ministry of Health - guidance for the health sector](#)

[Public Health Ontario's COVID-19 landing page](#)
[Public Health Agency of Canada's COVID-19 landing page](#)
[alPHA's recent COVID-19 related submissions can be found here.](#)

As part of the ongoing response to COVID-19, alPHA continues to represent the public health system and work with key stakeholders.

alPHA Correspondence



Through policy analysis, collaboration, and advocacy, alPHA's members and staff act to promote public health policies that form a strong foundation for the improvement of health promotion and protection, disease prevention, and surveillance services in all of Ontario's communities. Below are submissions that have been sent in since the last newsletter. A complete online library is available [here](#).

[alPHA Letter - Public Health Matters \(Partners\)](#)

January 13, 2023 letter from the President of the Association of Local Public Health Agencies (alPHA) to alPHA's partners presenting a copy of the infographic. The infographic highlights important public health programs and services that promote well-being, prevent disease, and protect population health throughout the Province of Ontario.

[alPHA Letter - Public Health Matters \(Minister\)](#)

January 13, 2023 letter from the President of the Association of Local Public Health Agencies (alPHA) to the Minister of Health presenting a copy of the infographic. The infographic highlights important public health programs and services that promote well-being, prevent disease, and protect population health throughout the Province of Ontario.

News Releases

The most up to date news releases from the Government of Ontario can be accessed [here](#).

FAULT LINES

Misinformation threatens the individual and collective well-being of people in Canada and around the world, and now proliferates at previously unseen rates. Its consequences can range from the benign to the deadly. **Fault Lines** details the socioeconomic impacts of science and health misinformation in Canada, and the practices most critical to disrupting it.



misinformation

mis-in-fər-mā-shən · noun

false or misleading information, shared deliberately or inadvertently



IMPACTS OF MISINFORMATION

SOCIETAL:

- Political polarization
- Diminished public trust
- Inaction on climate change

COMMUNITY:

- Lower compliance with public health advice
- Outbreaks of vaccine-preventable diseases
- Increased healthcare-system use and costs

INDIVIDUAL:

- Illness and death from harmful products and preventable diseases
- Wasted money on disproven products and services

COSTS OF COVID-19 MISINFORMATION

Between March and November 2021, **misinformation contributed to vaccine hesitancy for an estimated 2.35 million people in Canada.** If those people who believed COVID-19 to be a hoax or exaggerated had not delayed or refused vaccination, then, by the end of November 2021, there could have been:



198,000

fewer COVID-19 cases

13,000

fewer hospitalizations



3,500

fewer ICU patients

2,800

fewer deaths



\$299 million

saved in hospital costs

Estimates are conservative; cost-savings estimate does not account for costs associated with physician fees, outpatient treatment, or long-COVID cases, nor does it consider broader societal costs, such as lost wages. The panel's methodology is available at cca-reports.ca.

CHARACTERISTICS OF MISINFORMATION

Simple, emotional,
and repetitive

Designed to mimic
credible sources

Visual and shareable

MISINFORMATION AND SOCIETAL DAMAGE

Science and health misinformation can arise from and contribute to:



In times of crisis, our vulnerability to misinformation is heightened. So are the consequences.

DISRUPTING THE FLOW OF MISINFORMATION

There will always be science and health misinformation. Legal and systemic responses—from regulating the information environment to expanding digital literacy to rebuilding institutional trust—carry significant ethical implications and logistical challenges. **However, individuals can take steps to help disrupt the flow of misinformation.**



Labeling inaccurate information

Seeking out trusted messengers

Inoculating others

Framing corrections via the appropriate medium

Debunking falsehoods with evidence



Ministry of Health

Office of Chief Medical Officer
of Health, Public Health

Box 12,
Toronto, ON M7A 1N3

Fax: 416 325-8412

Ministère de la Santé

Bureau du médecin hygiéniste
en chef, santé publique

Boîte à lettres 12
Toronto, ON M7A 1N3

Télec. :416 325-8412

November 30, 2022

MEMORANDUM

TO: Michael Sherar, President and CEO, Public Health Ontario
Matt Anderson, CEO, Ontario Health
Medical Officers of Health, Public Health Units

FROM: Dr. Kieran Moore
Chief Medical Officer of Health and ADM, Public Health
Ministry of Health

Alison Blair
Associate Deputy Minister, Pandemic Response and Recovery
Ministry of Health

RE: Executive Lead, Public Health &
Pandemic Response and Recovery Wind-down

The following changes in the Ministry of Health are being shared with you, to support the ongoing strong relationship between our organizations:

Executive Lead, Public Health

Liz Walker is the successful candidate in a recent competition for the position of Executive Lead, Public Health, effective Monday December 5, 2022.

As Executive Lead, Public Health, Liz will report to the Chief Medical Officer of Health and will provide leadership to branch directors in the Office of the Chief Medical Officer of Health, Public Health Division in the development of public health policies and programs, as well as provide strategic advice to support the management of the public health system in Ontario. Liz will continue to be a key contact with many of you, now with a broader view of public health initiatives within the division.

Pandemic Response and Recovery Wind-down

After more than two years, the Pandemic Response and Recovery structure in the Ministry of Health will wind down and its functions will transition to existing divisions within the ministry, and leadership for remaining pandemic issues will transition to the Chief Medical Officer of Health.

Effective December 5, 2022

1. The COVID audit, COVID strategy and planning and case and contact management functions will transition to the Office of the Chief Medical Officer of Health, Public Health Division;
2. The health equity policy and high priority community functions will transition to the Indigenous, French Language & Priority Populations Branch in the Strategic Policy, Planning and French Language Services Division; and
3. The COVID Testing Strategic Coordination functions will transition to the Labs and Diagnostics Branch in the Health Programs and Delivery Division.

Effective January 3, 2023

To support the ministry during the winter respiratory virus season the Vaccine Strategy, Implementation and Performance Division will report into Dr. Moore, Chief Medical Officer of Health. Also, the Health System Emergency Management branch will report to Liz Walker, the Executive Lead, Public Health in OCMOHPH.

We are grateful for the ongoing collaboration we have with your organizations and we know that this will continue, as the Ministry winds down the formal Pandemic Response and Recovery structure and addresses COVID-19 as part of its regular business operations.

Sincerely,

(original signed by)

Dr. Kieran Moore
Chief Medical Officer of Health &
ADM, Public Health
Ministry of Health

(original signed by)

Alison Blair
Associate Deputy Minister
Pandemic Response & Recovery
Ministry of Health

Cc:

Tim Lewis, Assistant Deputy Minister, Vaccine Strategy, Implementation and Performance, Ministry of Health

Rhonda McMichael, Assistant Deputy Minister, Population Health Initiatives, Ministry of Health

Elizabeth Walker, Director, Accountability and Liaison Branch, Ministry of Health

Fredrika Scarth, Director, Pandemic Response and Recovery, Ministry of Health

Justine Hartley, Director, Health System Emergency Management/MEOC, Ministry of Health

APPROVAL OF CONSENT AGENDA

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

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

From: Dr. Penny Sutcliffe, Medical Officer of Health and Chief Executive Officer

Date: February 9, 2023

Re: Public Health Sudbury & Districts 2022 COVID-19 Response by the Numbers and Recovery
Progress Report

For Information

For Discussion

For a Decision

Issue:

Boards of health are responsible for the assessment, planning, delivery, management, and evaluation of a range of public health programs and services that address multiple health needs and respond to the contexts in which these needs occur (Ontario Public Health Standards, 2021). Boards of health are also responsible for demonstrating accountability to the Ministry of Health and community members. This is achieved by monitoring and reporting on a variety of indicators spanning the scope of public health programs and services.

Since March 2020, much of Public Health Sudbury & Districts' (Public Health) focus has been on responding to the COVID-19 pandemic. In 2022, Public Health also began to focus on recovery efforts, as outlined in the Board approved recovery plan (February 2022): [Public Health Sudbury & Districts and the COVID-19 pandemic: From risk to recovery and resilience](#).

The attached *2022 COVID-19 Response by the Numbers and Recovery Progress Report* provides a numerical overview of COVID-19 response activities and a summary of progress in the area of recovery priorities. Describing for the Board of Health the volume of work associated with these areas of focus in 2022 contributes to accountability and transparency to the Board, the public, our communities, stakeholders, and the Ministry of Health. Such reporting is further aligned with the [leading practices for responding to misinformation](#), as recently reported on the Canadian Council of Canadian Academies, ensuring Public Health remains a credible and trusted source of information, especially during times of crisis.

2018–2022 Strategic Priorities:

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

O: October 19, 2001
R: January 2017

Recommended Action:

That the Board of Health for Public Health Sudbury & Districts receive the *2022 COVID-19 Response by the Numbers and Recovery Progress Report* and support its broad dissemination to the public and to local and provincial partners.

Background:

Public Health Sudbury & Districts has been actively planning, coordinating and responding to COVID-19 since the beginning of 2020. As a result of this focused response, all programs and services were adapted and many were reduced or paused. In 2022, while the pandemic continued to demand Public Health leadership and resources, the agency repatriated resources to address intensified and emerging health needs that require public health intervention. As such, the agency, an active partner in the local recovery endeavour, developed the [*Public Health Sudbury & Districts and the COVID-19 pandemic: From risk to recovery and resilience plan*](#) showcasing how we create and contribute to strong and resilient communities. In February 2022, the Board of Health for Public Health Sudbury & Districts approved the Recovery Plan that charts our path from risk to recovery and resilience.

COVID-19 response

Public Health response activities have been wide-ranging including case, contact, and outbreak management, the COVID-19 vaccination program, COVID-19 prevention and behaviour change, school and COVID-19 programming, ongoing quality, monitoring, and evaluation of public health services, regular reporting, and communication to members of the public. This was all supported by the essential work of data analysis and epidemiological reviews, stakeholder engagement, human resources, and information technology supports.

The COVID-19 response indicators reported on in this report provide a data-driven story of the agency's continued journey from January to December 2022 and as such will be one of the main components of the report. The report presents data on a number of indicators that were selected based on their ability to showcase the scope of Public Health's leadership in the local COVID-19 response. This data represents our efforts in the following categories: 1) Overall COVID-19 program supports; 2) Case, contact, and outbreak management; 3) COVID-19 Vaccine Program; and 4) Health and human resource capacity and financial impact.

The COVID-19 response indicators help monitor work done in the management of the emergency situation and demonstrate the contribution of Public Health to the health of the population.

Recovery progress report

The attached report also provides a progress update on our recovery priorities, prioritized for 2022, along with the ongoing COVID-19 response. These recovery priorities were identified to address the backlog of public health programs and services following the impact and disruptions of the pandemic.

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O: October 19, 2001
R: January 2017

The progress updates presented in this report are a follow-up to the report presented in September 2022 and highlight the recovery efforts from September to December 2022. The report highlights progress of efforts linked to the four community recovery priorities– *getting children back on track, levelling up opportunities for health, fostering mental health gains, and supporting safe spaces*. The progress report also includes an update on people and processes as a critical internal recovery priority to support staff.

Dissemination and next steps

Following distribution to the Board of Health for Public Health Sudbury & Districts, the 2022 COVID-19 Response by the Numbers and Recovery Progress Report will be shared with staff, members of the public, and local and provincial partners and stakeholders to highlight Public Health’s COVID-19 response and recovery efforts for 2022.

As noted in the report, [Fault Lines](#), by the Council of Canadian Academies’ Expert Panel on the Socioeconomic Impacts of Science and Health Misinformation, trust in our institutions is critical, especially in times of crisis, as a buffer against the the societal damage of science and health misinformation. Ongoing, transparent and accessible reporting is an important way for Public Health to build and maintain the trust of our communities.

As we progress through our recovery efforts, Public Health Sudbury & Districts looks forward to re-establishing routine monitoring and reporting, ensuring our community, partners and stakeholders are apprised of our ongoing public health efforts to promote and protect health and prevent disease.

Financial Implications:

None

Ontario Public Health Standard:

All

Strategic Priority:

Organizational Commitment

Contact:

Dr. Penny Sutcliffe, Medical Officer of Health

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

Note: the **COVID-19 By the Numbers and Recovery Progress Report** (pages 111 to 141) have been removed from this PDF due to its size and is linked below to the PHSD Website instead.

https://www.phsd.ca/wp-content/uploads/2023/02/2022_COVID19_BytheNumbers_RecoveryReport_FINAL_EN.pdf

COVID-19 RESPONSE – REPORTING AND ACCOUNTABILITY MONITORING

MOTION:

WHEREAS Public Health Sudbury & Districts builds and maintains trust, and demonstrates accountability to all stakeholders through its ongoing monitoring and reporting of its COVID-19 response and recovery priorities; and

WHEREAS Public Health Sudbury & Districts continues to balance the COVID-19 response activities with the need to respond to intensified and emerging public health needs;

THEREFORE BE IT RESOLVED that the Board of Health for Public Health Sudbury & Districts receive the report entitled Public Health Sudbury & Districts COVID-19 Response by the Numbers and Recovery Progress Report and support its broad dissemination to the public and to local and provincial partners.

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

From: Dr. Penny Sutcliffe, Medical Officer of Health and Chief Executive Officer

Date: February 9, 2023

Re: 2022 District Area Snapshots of Public Health reports

For Information

For Discussion

For a Decision

Issue:

The *2022 District Area Snapshots of Public Health* are an update to the 2015 reports and are a key resource that will be used to reinvigorate existing municipal partnerships and establish new ones with the 18 rural municipalities outside of the City of Greater Sudbury and the two unorganized townships in the district areas.

Public Health is pleased to be able to develop these resources as a priority activity as we resume programs and services following our intense pandemic response. Supporting health is a joint effort, in collaboration with many and local municipalities have a keen interest and play a pivotal role in the health and well-being of the residents and communities they serve.

Recommended Action:

THAT the Board of Health for Public Health Sudbury & Districts receive the *2022 District Area Snapshots of Public Health* for the Chapleau, Manitoulin Island, LaCloche Foothills, and Sudbury East areas; and

FURTHER THAT the Board support the broad public and stakeholder dissemination of these reports, including the role of members of the Board in promoting the reports with their respective district area municipalities and community partners.

Background:

It has been over three years since Public Health Sudbury & Districts (Public Health) began to prepare its response to the COVID-19 pandemic. Working in collaboration with community partners, municipalities, health care providers, volunteer groups, local businesses, and private citizens from across our service area, Public Health established and delivered a robust response to the COVID-19 pandemic.

This response, while essential, required the redirection of approximately 75% of all Public Health resources. The nature of most Public Health partnerships and collaborations were focused on reducing the risk of transmission of the SARS-CoV-2 virus and severe COVID-19 disease for well over two

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R: January 2017

years, leaving very little time for the other diverse public health actions to protect and promote health and well-being. As a result, many public health programs and services were reduced or paused.

As part of Public Health's Recovery Plan, staff have resumed many programs and services, prioritizing those that have emerged as more pressing through the pandemic. The *2022 District Area Snapshots of Public Health* highlight some of these programs and services that aim to prevent disease and protect and promote health and well-being for all residents.

The snapshot reports conclude with a call to action to all residents and community partners: to collaborate to identify opportunities for mutual benefit and work together to advance these shared priorities.

Dissemination Plan and Next Steps

The *2022 District Area Snapshots of Public Health* will be widely disseminated to members of the general public, and community and municipal partners across the Public Health service area, and with provincial partners. The *2022 District Area Snapshots of Public Health* will also be disseminated using Public Health's social media accounts reaching an even wider audience.

As part of our commitment to strengthening the Public Health/municipal partner relationship, and to foster collaborations on issues of public health importance, Board of Health members are requested to promote the reports and Public Health staff will reach out to municipal partners and district area associations in the coming months.

Financial Implications:

None

Ontario Public Health Standard:

All

Strategic Priority:

1. Meaningful Relationships
2. Organizational Commitment

Contact:

Dr. Penny Sutcliffe, Medical Officer of Health

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

Note: The District Office Snapshot Reports (pages 145 - 199) have been removed from this PDF due to its size and is linked below to the PHSD Website instead.

- [Chapleau area \(EN\)](#)
- [LaCloche FootHills area \(EN\)](#)
- [Manitoulin Island area \(EN\)](#)
- [Sudbury East area \(EN\)](#)

SUPPORT AND DISSEMINATION OF THE 2022 DISTRICT AREA SNAPSHOTS OF PUBLIC HEALTH FOR THE CHAPLEAU, MANITOULIN ISLAND, LACLOCHE FOOTHILLS, AND SUDBURY EAST AREAS

MOTION:

WHEREAS public health programs and services are a joint effort, in collaboration with the public, community agencies, and municipalities, and local municipalities have a keen interest and play a pivotal role in the health and well-being of the residents and communities they serve; and

WHEREAS Public Health Sudbury & Districts (Public Health) has a long history of collaborating with municipalities and community partners to prevent disease and protect and promote health and well-being for the residents and communities we collectively serve; and

WHEREAS Public Health has identified re-engaging with municipalities as a priority in its pandemic Recovery Plan, and as a first step has produced the 2022 District Area Snapshots of Public Health for the Chapleau, Manitoulin Island, LaCloche Foothills, and Sudbury East areas highlighting recovery activities undertaken in 2022; and

WHEREAS Public Health intends to use these snapshot reports to re-invigorate collaborations with municipal partners and associations in areas of shared public health issues to promote health for all;

THEREFORE BE IT RESOLVED THAT the Board of Health for Public Health Sudbury & Districts receive the 2022 District Area Snapshots of Public Health for the Chapleau, Manitoulin Island, LaCloche Foothills, and Sudbury East areas; and

FURTHER THAT the Board support the broad public and stakeholder dissemination of these reports, including the role of members of the Board in promoting the reports with their respective district area municipalities and community partners.

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

From: Dr. Penny Sutcliffe, Medical Officer of Health/CEO

Date: February 9, 2023

Re: Community Engagement to Address Food Insecurity

For Information

For Discussion

For a Decision

Issue:

Annual monitoring of food affordability is required of boards of health and is a fact-based tool to determine the local cost of eating a nutritious diet and to assess income adequacy for nutritious eating. The 2022 Public Health Sudbury & Districts' monitoring food affordability results ([Appendix A](#)) indicate that many households struggle with eating healthfully and paying for other everyday expenses. Food insecurity is a public health problem that has been exacerbated by rising costs of living, including grocery **costs**. Our agency works with partners to raise awareness of the issue and strategically collaborate to change our systems to address the root causes of food insecurity, including poverty and negative impacts on the structural determinants of health.

Recommended Actions:

That the Board of Health for Public Health Sudbury & Districts, in recognition of the root causes of food insecurity, call on the provincial government to incorporate local food affordability findings in determining adequacy of social assistance levels; and

That the Board of Health reaffirm its support for the Association of Local Public Health Agencies (alPHA) resolutions [A18-02](#) (Minimum Wage that is a Living Wage) and [A15-04](#) (Basic Income Guarantee); and

That the Board of Health intensify its work with relevant area agencies and community groups, and municipalities to shift the focus of food insecurity initiatives from food charity to income-based solutions, including but not limited to the sharing of data and evidence-based income solutions; and

Further that the Board of Health for Public Health Sudbury & Districts Board share this motion with area partners, Ontario boards of health, alPHA, and the relevant provincial government ministers.

Background:

Since 1998, Ontario boards of health have been mandated to monitor food affordability using the National Nutritious Food Basket (NNFB). While the current [Ontario Public Health Standards](#) do not include a protocol, there is still a requirement to monitor food affordability at a local level as per the

2018–2022 Strategic Priorities:

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O: October 19, 2001
R: January 2017

[Population Health Assessment and Surveillance Protocol](#) with further guidance provided in the [Monitoring Food Affordability Reference Document](#).

Monitoring food affordability data has many important uses including:

- Assessing the affordability of eating a nutritious diet
- Informing health and social policy
- Advocating for greater income supports (e.g., living wage, basic income, adequate social assistance rates)
- Engaging in public education about the relationship between income and food insecurity.

In 2019, Health Canada released a revised National Nutritious Food Basket (NNFB) [list](#). This is the list of food items that is used across the country for monitoring food affordability. In 2020, Public Health Ontario (PHO) and the Ontario Dietitians in Public Health (ODPH) established a collaborative workgroup to update the Ontario Nutritious Food Basket (ONFB) to reflect the new NNFB however the COVID-19 pandemic delayed this work.

Due to the recent increase in online grocery shopping along with updating the ONFB list, this collaborative workgroup also worked with partners to assess the feasibility, reliability, and validity of using online costing in monitoring food affordability. The results demonstrate online costing is a feasible, valid, and reliable way of monitoring food affordability. The updated ONFB list, online and instore costing were used to monitoring food affordability in 2022 as a result the data cannot be compared with previous years.

The 2022 results indicate that some households must make the choice between healthy eating and paying for other core living expenses ([Appendix A](#)). When the monthly costs of food and rent are compared to family or individual incomes, households receiving social assistance have [little or no money left](#). In Sudbury and districts, a family of four receiving Ontario Works has \$286 a month left over for all other household expenses (e.g., transportation, clothing, communications), while an individual receiving Ontario Works will be short \$269 each month. Social assistance rates are inadequate to support healthy eating and the purchase of other essentials necessary for healthy living. Households are at risk of experiencing ongoing food insecurity.

Food Insecurity in Sudbury & Districts and Ontario

The combined survey results from 2018, 2019, and 2020 indicated that 16.3% of households in Sudbury and districts were food insecure¹. The prevalence rate of food insecurity has been similar to that reported in northeastern Ontario and Ontario overall². In 2021, 2.34 million Ontarians (16.1% of households) experienced household food insecurity.³ The situation is expected to have worsened with the high rate of food inflation. In Ontario, the price of food purchased from stores in September 2022 was 11.5% higher than in September 2021.⁴

Implications of Food Insecurity

Household food insecurity is a serious health issue, affecting underserved people the most. Food insecurity is the “inadequate or insecure access to food due to financial constraints.”⁵

Individuals who are food insecure are at higher risk of diet-related diseases like diabetes and are at higher risk for a wide range of chronic conditions such as depression and anxiety disorders, arthritis, and chronic pain. This is because dietary recommendations and necessary medications are costly and out of reach. This then can lead to more and longer hospital visits. In Ontario, the healthcare costs of

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R: January 2017

individuals who are the most food insecure can be more than double that of individuals who are food secure. This is a consequence to everyone because of the burden on the health care system.⁶

Social Assistance Rates are Inadequate

As the 2022 monitoring food affordability data indicate, individuals receiving social assistance are at high risk for food insecurity. In 2021, 67.2% of Ontario households reliant on social assistance were food insecure.⁷ Social assistance rates are inadequate to meet recipients' basic needs. Ontario Disability Support Program (ODSP) rates increased by 5% in 2022 and are now indexed to inflation. While this is a positive step, rates remain inadequate to protect ODSP recipients from food insecurity.

It is important to note that having a job is not necessarily protective against food insecurity. In 2021, 48.2% of food insecure households in Ontario reported wages, salaries, or self-employment as their household's main source of income.⁸ The high prevalence of food insecurity among those in the workforce is a consequence of precarious and low-paying jobs.⁹

Structural Determinants of Health – Impact of Colonization

In Canada, food insecurity is racialized and disproportionately impacts visible minorities.¹⁰ When looking at racial-cultural identity and Indigenous status, off-reserve Indigenous Peoples face the highest rates of food insecurity. In 2021, 30.7% (almost 1 in 3) Indigenous led households were food insecure. It must be noted that this does not include Indigenous Peoples living on-reserve, or in the Territories.¹¹

Indigenous health inequities are complex and deeply rooted in historical and ongoing acts of colonization. Indigenous food sovereignty is a culturally centered approach to improving food security.¹² To support food sovereignty and reduce food insecurity, meaningful relationships must be developed and ongoing engagement with Indigenous peoples, organizations, and communities must occur. This needs to be followed by action on locally identified food systems initiatives.¹³

Addressing Food Insecurity

Provincial and Federal Policies

Policy decisions play an important role in determining the food insecurity rates because many of these decisions directly impact households' financial circumstances. Policies that improve incomes are needed to address food insecurity. For example, between 2007-2013, low-income seniors receiving public pensions (a form of guaranteed income) had half the rate of food insecurity, compared with low-income Canadians under the age of 65, who did not have this income floor.¹⁴ Income solutions address the root of the problem of food insecurity, they help to preserve dignity, give choices to buy foods that meet needs, and promote the right to food.

Income solutions include:

- A living wage
- Social assistance, benefit rates, and minimum wage rates that match the cost of living, and are indexed to inflation
- A basic income guarantee or guaranteed liveable income
- Lowering income tax rates for lowest-income households

Municipal Policies

Since 2013 Public Health Sudbury & Districts has provided support to the Greater Sudbury Food Policy Council (GSFPC). Through research, advocacy, and the dissemination of knowledge on food issues the GSFPC aims to support the development of an equitable, vibrant, and sustainable food system for the

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City of Greater Sudbury. The COVID-19 pandemic impacted food insecurity and led to supply chain disruptions, illustrating the vulnerability of the regional food system. To prepare for future shocks, the GSFPC has identified the need for the City of Greater Sudbury to develop a baseline understanding of food system assets and determine barriers and opportunities to strengthen the local food system.

[Community Emergency Food Response Plans](#) (CEFRP) can be a valuable way of learning about assets, barriers, and opportunities within a food system as it relates to emergency food access. Thunder Bay has demonstrated that the development of a CEFRP can be integrated within Municipal Emergency Response Plans and support Community Safety and Well-Being Plans.¹⁵ The creation of a CERFP can help to improve awareness and skills as it relates to dignified food access.¹⁶

PHSD recognizes food charity is not a solution to the problem of household food insecurity. Food banks may provide important temporary food relief but, unfortunately, do not address the persistent problem of inadequate income.⁷ Only about one-quarter of households experiencing food insecurity go to food banks.¹⁷

Municipalities can actively work to address the root cause of food insecurity through a variety of ways including:

- Supporting free income-tax filing programs for low-income households. Many people with low incomes are missing out on important income-boosting opportunities because they have not filed their taxes. Tax refunds can be the single largest cash infusion low-income households receive each year.
- Becoming a [Certified Living Wage Employer](#) and can encourage local businesses and organizations to become Certified Living Wage Employers. This improves the availability of local employment opportunities that offer better incomes.
- Working strategically with partners and advocating for systemic changes such as income solutions.¹⁸

Financial Implications:

No additional implications.

Ontario Public Health Standard:

Chronic Disease Prevention and Well-Being

Health Equity

Population Health Assessment and Surveillance Protocol - Monitoring Food Affordability

Strategic Priority:

Equitable opportunities

Meaningful relationship

Organizational commitment

Contact:

Stacey Gilbeau, Director, Health Promotion Division

2018–2022 Strategic Priorities:

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

O: October 19, 2001
R: January 2017

Glossary

Food insecurity exists when factors outside an individual's control negatively impact their access to enough foods that promote wellbeing. Economic, social, environmental, and geographical factors influence this access. Food insecurity is most acutely felt by those who experience the negative impacts of *structural inequities*, such as discrimination and on-going colonial practices.¹⁹

Food security means that everyone has equitable access to food that is affordable, culturally preferable, nutritious and safe; everyone has the agency to participate in, and influence food systems; and that food systems are resilient, ecologically sustainable, socially just, and honour Indigenous food sovereignty.²⁰

Structural determinants of health are processes that create inequities in money, power, and resources. They include political, cultural, economic, and social structures; natural environments, land, and climate change; and history and legacy, ongoing colonialism, and systemic racism. Structural determinants, also known as structural drivers, shape the conditions of daily life (social determinants of health) including education, work, aging, income, social protections, housing, environment, and health systems.²¹

¹ Public Health Ontario. (2023). Response to Scientific/Technical Request. Household Food Insecurity Estimates from the Canadian Income Survey: Ontario 2018-2020. Release February 1, 2023.

² Ibid

³ Tarasuk V, Li T, & Fafard St-Germain AA. (2022) Household food insecurity in Canada, 2021. Toronto: Research to identify policy options to reduce food insecurity (PROOF). Retrieved from: <https://proof.utoronto.ca/wp-content/uploads/2022/08/Household-Food-Insecurity-in-Canada-2021-PROOF.pdf>

⁴ Statistics Canada. Consumer Price Index, September 2022. Retrieved 06 February 2023 from <https://www150.statcan.gc.ca/n1/daily-quotidien/221019/dq221019a-eng.htm>.

Statistics Canada. Table 18-10-0004-03 Consumer Price Index, monthly 2022, percentage change, not seasonally adjusted, Canada, provinces, Whitehorse and Yellowknife.

⁵ Tarasuk V, Li T, & Fafard St-Germain AA. (2022) Household food insecurity in Canada, 2021. Toronto: Research to identify policy options to reduce food insecurity (PROOF). Retrieved from: <https://proof.utoronto.ca/wp-content/uploads/2022/08/Household-Food-Insecurity-in-Canada-2021-PROOF.pdf>

⁶ PROOF (2022). Retrieved from: [What are the implications of food insecurity for health and health care? - PROOF \(utoronto.ca\)](https://proof.utoronto.ca/what-are-the-implications-of-food-insecurity-for-health-and-health-care?)

⁷ Tarasuk V, Li T, & Fafard St-Germain AA. (2022) Household food insecurity in Canada, 2021. Toronto: Research to identify policy options to reduce food insecurity (PROOF). Retrieved from: <https://proof.utoronto.ca/wp-content/uploads/2022/08/Household-Food-Insecurity-in-Canada-2021-PROOF.pdf>

⁸ Ibid

⁹ Tarasuk V. (2017) Implications of a basic income guarantee for household food insecurity. Northern Policy Institute – Research Paper No. 24. Retrieved from: <https://www.northernpolicy.ca/bigandfoodinsecurity>

¹⁰ Tarasuk V, Li T, & Fafard St-Germain AA. (2022) Household food insecurity in Canada, 2021. Toronto: Research to identify policy options to reduce food insecurity (PROOF). Retrieved from: <https://proof.utoronto.ca/wp-content/uploads/2022/08/Household-Food-Insecurity-in-Canada-2021-PROOF.pdf> /

¹¹ Ibid

¹² Jernigan, V., Maudrie, R., Nikolaus, C., Benally, T., Johnson, S., Teague T., Mayes M., Jacob, T., Taniguchi, T. (2021) Food Sovereignty Indicators for Indigenous Community Capacity Building and Health. *Frontiers in Sustainable Food Systems*. 25 August. Retrieved from: <https://www.frontiersin.org/articles/10.3389/fsufs.2021.704750/full>

¹³ Levkoe CZ, Ray L, McLaughlin J. The Indigenous food circle: Reconciliation and resurgence through food in Northwestern Ontario. *Journal Agriculture, Food Systems, and Community Development*: 2019; 9(B): 101-114. Retrieved from: <https://www.foodsystemsjournal.org/index.php/fsj/article/view/749>.

¹⁴ Ontario Dietitians in Public Health. (2020). Position Statement and Recommendations on Responses to Food Insecurity. Retrieved from: <https://www.odph.ca/odph-position-statement-on-responses-to-food-insecurity-1>

2018–2022 Strategic Priorities:

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¹⁵ Strutt, C. and Thunder Bay & Area Food Strategy. (2022). *Learning from Emergency Food Response During COVID-19 in Thunder Bay, Ontario*. Thunder Bay & Area Food Strategy. Thunder Bay, ON, Canada. Retrieved from: https://tbfoodstrategy.com/wp-content/uploads/2022/05/2022_Learning_from_Emergency_Food_Response_During_COVID-19.pdf

¹⁶ Roots to Harvest. 2021. *Dignified Food Access: A framework for Action and A Handbook for Organizations*. Thunder Bay, ON. Canada.

¹⁷ Food Insecurity Policy Research (PROOF). What can be done to reduce food insecurity in Canada? [webpage online]. Retrieved 20Sept2022 from: <https://proof.utoronto.ca/food-insecurity/what-can-be-done-to-reduce-food-insecurity-in-canada/#:~:text=Our%20examination%20of%20social%20policies,the%20risk%20of%20food%20insecurity>.

¹⁸ Ontario Dietitians in Public Health. (2020). *Position Statement and Recommendations on Responses to Food Insecurity*. Retrieved from: <https://www.odph.ca/odph-position-statement-on-responses-to-food-insecurity-1>

¹⁹ BC Centre for Disease Control. (2022). *Defining food security and food insecurity*: Vancouver, B.C.: BC Centre for Disease Control, Population Public Health.

²⁰ Ibid

²¹ National Collaborating Centre for Determinants of Health. (2022). *Glossary of essential health equity terms*. Antigonish, NS: National Collaborating Centre for Determinants of Health, St. Francis Xavier University.

2018–2022 Strategic Priorities:

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Food affordability in Sudbury & Districts

Each year Public Health Sudbury & Districts reports on food affordability.

The 2022 results indicate that some households must make the choice between healthy eating and paying for other core living expenses.



Household	\$ Monthly income	\$ Rent (% of income)	\$ Cost of a nutritious diet (% of income)	\$ What's left?
Family of four, Ontario Works	\$2,780	\$1,398 (50%)	\$1,096 (39%)	\$286
Family of four, full-time minimum wage earner	\$3,993	\$1,398 (35%)	\$1,096 (27%)	\$1,499
Family of four, median income (after taxes)	\$9,323	\$1,398 (15%)	\$1,096 (12%)	\$6,829
Single parent household with 2 children, Ontario Works	\$2,548	\$1,286 (50%)	\$804 (32%)	\$458
One person household, Ontario Works	\$876	\$749 (86%)	\$396 (45%)	-\$269
One person household, Ontario Disability Support Program	\$1,322	\$1,030 (78%)	\$396 (30%)	-\$104
One person household, Old Age Security/ Guaranteed Income Supplement	\$1,898	\$1,030 (54%)	\$282 (15%)	\$586
Married couple, Ontario Disability Support Program	\$2,343	\$1,030 (44%)	\$657 (28%)	\$656

What can be done?

The root cause of food insecurity is poverty. Charitable food programs such as food banks are our primary response to food insecurity. However, charitable food programs do not address poverty. We need a sustainable income solution to this income problem.

We can do this by:

Learning more about:

- food insecurity
- system inequalities

Supporting:

- a basic income guarantee
- an adequate increase in social assistance rates
- a minimum wage rate that aligns with costs of living
- access to community tax clinics to ensure everyone receives all the benefits they deserve

For more information, call Public Health Sudbury & Districts at 705.522.9200, ext. 257 (toll-free 1.866.522.9200) or visit phsd.ca/food-affordability.

Abordabilité des aliments dans Sudbury et districts

Chaque année, Santé publique Sudbury et districts présente un rapport sur l'abordabilité des aliments.

Comme les données de 2022 ont été recueillies selon un processus mis à jour, elles ne peuvent être comparées à celles des années antérieures. Selon elles, certains ménages doivent choisir entre manger sainement et payer les autres dépenses essentielles pour vivre.



Ménage	Revenu mensuel \$	Loyer \$ (% du revenu)	Coût d'une alimentation nutritive \$ (% du revenu)	Ce qui reste? \$
Famille de quatre, bénéficiaire d'Ontario au travail	2 780 \$	1 398 \$ (50 %)	1 096 \$ (39 %)	286 \$
Famille de quatre, travail à temps plein au salaire minimum	3 993 \$	1 398 \$ (35 %)	1 096 \$ (27 %)	1 499 \$
Famille de quatre, revenu médian (après impôt)	9 323 \$	1 398 \$ (15 %)	1 096 \$ (12 %)	6 829 \$
Famille monoparentale avec deux enfants, bénéficiaire d'Ontario au travail	2 548 \$	1 286 \$ (50 %)	804 \$ (32 %)	458 \$
Personne seule, bénéficiaire d'Ontario au travail	876 \$	749 \$ (86 %)	396 \$ (45 %)	-269 \$
Personne seule, bénéficiaire du Programme ontarien de soutien aux personnes handicapées	1 322 \$	1 030 \$ (78 %)	396 \$ (30 %)	-104 \$
Personne seule, bénéficiaire du Programme de la sécurité de la vieillesse ou du Supplément de revenu garanti	1 898 \$	1 030 \$ (54 %)	282 \$ (15 %)	586 \$
Couple marié, bénéficiaire du Programme ontarien de soutien aux personnes handicapées	2 343 \$	1 030 \$ (44 %)	657 \$ (28 %)	656 \$

Solutions possibles

C'est la pauvreté qui est à l'origine de l'insécurité alimentaire. Les programmes alimentaires de bienfaisance comme les banques alimentaires constituent notre principal moyen d'intervention dans ce domaine. Cependant, ils ne permettent pas de s'attacher à la pauvreté. Il nous faut une solution durable en matière de revenu pour régler le problème.

Moyens pour y arriver :

En apprendre davantage sur les sujets suivants :

- insécurité alimentaire
- inégalités systémiques

Favoriser :

- un revenu de base garanti
- une augmentation suffisante des taux d'aide sociale
- un taux de salaire minimum correspondant au coût de la vie
- l'accès à des comptoirs communautaires d'information fiscale pour que tout le monde reçoive toutes les prestations auxquelles il a droit

Pour en savoir plus, appelez Santé publique Sudbury et districts au 705.522.9200, poste 257 (1.866.522.9200, sans frais) ou visitez phsd.ca/fr/abordabilite-des-aliments.

COMMUNITY ENGAGEMENT TO ADDRESS FOOD INSECURITY

MOTION:

THAT BE IT RESOLVED THAT the Board of Health for Public Health Sudbury & Districts, in recognition of the root causes of food insecurity, call on the provincial government to incorporate local food affordability findings in determining adequacy of social assistance levels; and

THAT the Board of Health reaffirm its support for the Association of Local Public Health Agencies (ALPHA) resolutions [A18-02](#) (Minimum Wage that is a Living Wage) and [A15-04](#) (Basic Income Guarantee); and

THAT the Board of Health intensify its work with relevant area agencies and community groups, and municipalities to shift the focus of food insecurity initiatives from food charity to income-based solutions, including but not limited to the sharing of data and evidence-based income solutions; and

FURTHER THAT the Board of Health for Public Health Sudbury & Districts Board share this motion with area partners, Ontario boards of health, and the relevant provincial government ministers.

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

From: Dr. Penny Sutcliffe, Medical Officer of Health/Chief Executive Officer

Date: February 9, 2023

Re: Risk Management Plan 2023-2025

For Information

For Discussion

For a Decision

Issue:

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

In October 2016, the Board of Health proactively approved an organization-wide risk management framework, policy, procedure, and a risk management plan. The risk management plan prescribes quarterly reporting for Senior Management Executive Committee review and annual roll-up of all data for the review of the Board of Health.

In 2019, the Board approved a 2020-2022 risk management plan with the direction to conduct a comprehensive review every 3 years to inform the development of the next three-year plan. Appendix A is the proposed engagement timelines for the development of the 2023-2025 risk management plan.

Recommended Action:

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

1. **Receive** the 2022 Annual Organizational Risk Management Report
2. **Approve** the proposed engagement timelines for the development of the agency's 2023-2025 Risk Management Plan.

Background:

Risk Management is an organizational requirement under the [Good Governance and Management Practices Domain in the Ontario Public Health Standards](#). The Board of Health is required to provide governance direction and oversight of risk management, delegating to senior staff the responsibility to monitor and respond to emerging issues and potential threats to the organization. Risk management is expected to include, among other issues, financial risks, human resource risks, security risks, technology risks, equity risks, and operational risks.

2018–2022 Strategic Priorities:

1. Equitable Opportunities
2. Meaningful Relationships
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4. Organizational Commitment

O: October 19, 2001
R: January 2017

As per policy and procedure, we engage in ongoing risk assessments at all levels of the organization using our Risk Management Framework. This framework uses a five-step approach to systematically identify, assess, and monitor risks ensuring that controls are in place to mitigate the likelihood and impact of the risk.

An engagement strategy (see Appendix A) outlines the recommended next steps for engagement with the Senior Management Executive Committee and Board of Health, development of the 2023-2025 risk management plan, approval of the plan, and the launch.

In 2016, the Board of Health proactively approved an agency Risk Management Policy and Procedure, and received the first Risk Management Report, which included an assessment of its risks and a risk heat map that visually presented the results of the risk assessment. Public Health Sudbury & Districts was one of the first Public Health units in Ontario that fostered a culture in which risk management permeates all levels of the organization, led by engagement with, and oversight by the Board of Health. We continue to be a provincial leader in risk and often are asked to consult and share our risk management processes with other Public Health organizations across the province.

Financial Implications:

Within 2023 budget.

Strategic Priority:

#4 – Organizational Commitment

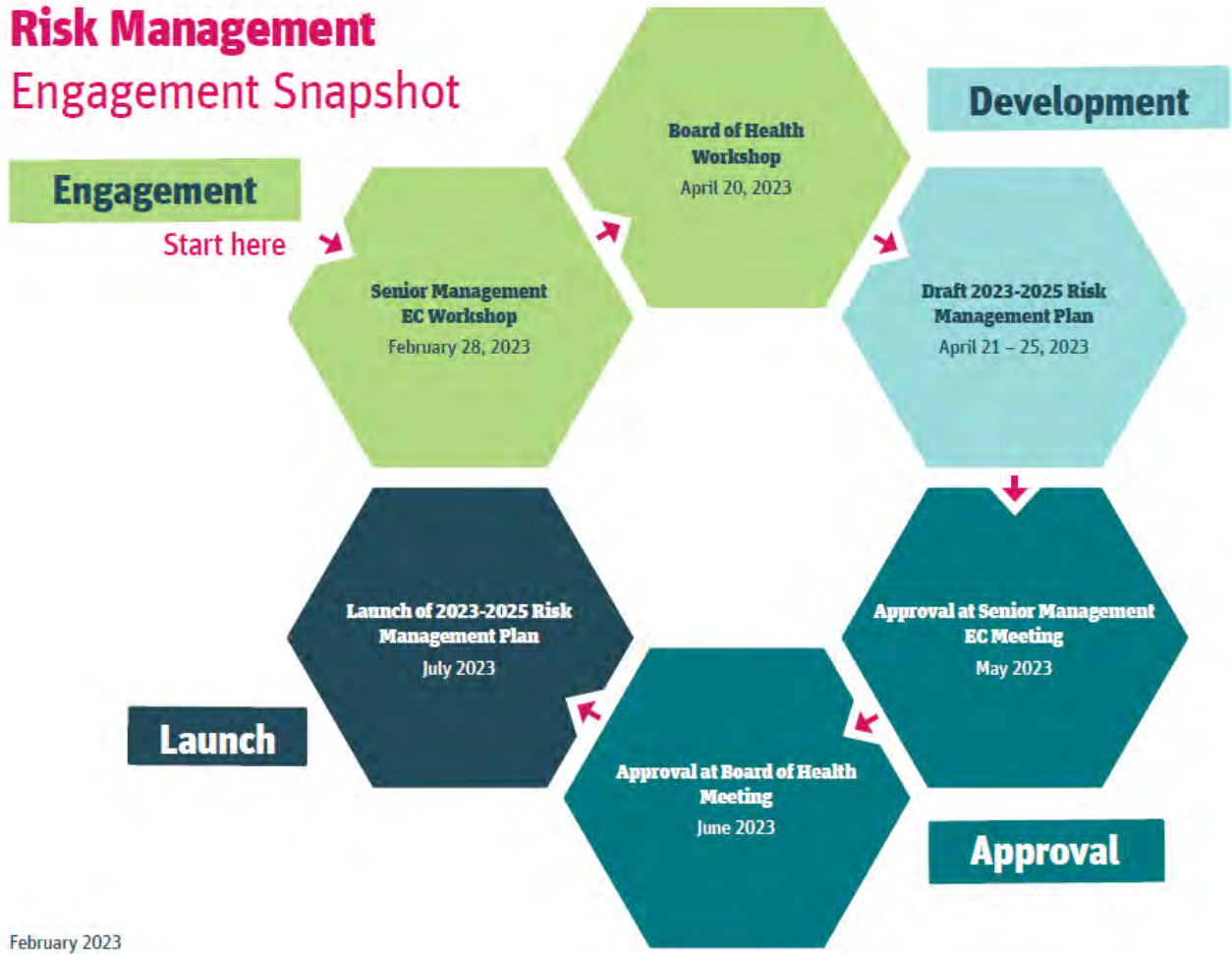
Contact:

France Quirion, Director, Corporate Services Division

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

Appendix A: Risk Management Engagement Timelines

Risk Management Engagement Snapshot



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

O: October 19, 2001
R: January 2017

Organizational Risk Management Plan: 2020—2022

Organizational Risk Assessment

Overall Objective: To identify future events that may impact the achievement of the agency’s vision and mission

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

Risk Categories		Rating Scale
1. Financial Risks		
1.1*	The organization may be at risk of uncertainty with government policy as it relates to public health thus expecting increased budget pressures over the next several years.	L5 I5
1.2	The organization may be at risk of financial forecasting not providing sufficient information for decision making resulting in suboptimal financial management within year.	L3 I3
1.3	The organization may be at risk as internal controls do not ever fully eliminate all potential risks of fraud.	L1 I3
1.4*	The organization may be at risk of financial costs related to transitioning to the new entity.	L5 I4
2. Governance / Organizational Risks		
2.1	The organization may be at risk as Board of Health members, individually or collectively, may not have the required competencies for effective Board Governance.	L3 I3
2.2	The organization may be at risk of not systematically ensuring that the governance implications of changes in statutes, policies, and directions have been considered.	L2 I3
2.3	The organization may be at risk as the appetite for risk culture may not be clearly defined and articulated for staff or Board of Health members.	L1 I1
2.4*	The organization may be at risk of not leveraging the knowledge and experience of current Board of Health members as the agency transitions to a new entity under one board structure.	L1 I1

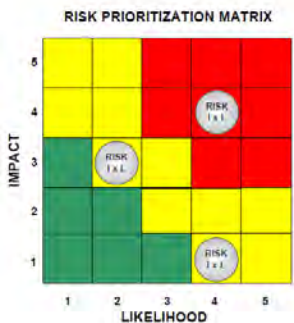
Risk Categories		Rating Scale
3. Human Resources		
3.1	The organization may be at risk as a result of an insufficient investment in succession and business continuity planning.	L3 I3
3.2*	The organization may be at risk as staff may not have all of the necessary competencies, skills, and abilities to meet evolving needs, for example, health equity, racial equity, indigenous engagement, public mental health.	L2 I4
3.3	The organization may be at risk as some staff work offsite in uncontrolled environments.	L2 I4
3.4*	The organization may be at risk of not maintaining our current staff complement, their expertise, and recruiting new staff related to uncertain provincial policy.	L4 I4
3.5*	The organization may be at risk of erosion of our current culture, staff disengagement, and low morale, related to uncertain provincial policy through the transition years to the new entity.	L5 I5
4. Knowledge / Information		
4.1	The organization may be at risk due to incomplete/inadequate information to make decisions or plan programs and services.	L3 I3
4.2*	The organization may be at risk of decreased support related to essential public health knowledge and information because of decreased capacity within the public health sector overall.	L5 I3
5. Technology		
5.1	The organization may be at risk of a network outage.	L3 I5
5.2	The organization may be at risk of not having a comprehensive and future oriented information technology plan and planning processes.	L4 I3
5.3*	The organization may be at risk of information technology system attacks including and/or resulting in significant data breaches.	L5 I5
6. Legal / Compliance		
6.1	The organization may be at risk of not achieving full compliance with the many and varied obligations imposed by statutes and regulations impacting on governance and management of Public Health Sudbury & Districts.	L2 I2

Risk Categories		Rating Scale
7. Service Delivery / Operational		
7.1	The organization may be at risk of our programs and services being under-recognized for their impact on improving the health of the population and their contribution to individual clients' health.	L4 I4
7.2*	The organization may be at risk of less effectively leading current programs and services as a result of leadership focus on public health transition.	L3 I3
8. Environment		
8.1	The organization may be at risk of natural and anthropogenic (for example, climate change) disasters or hazards.	L5 I4
9. Political		
9.1	The organization may be at risk of significant disruptions and high opportunity costs related to provincial policy changes with the provincial government.	L5 I5
9.2*	The work of public health may be at risk related to political climate.	L4 I4
10. Stakeholder / Public Perception		
10.1	The organization may be at risk of poorly defined relationships with indigenous communities, related to ambiguous jurisdiction.	L4 I4
10.2	The organization may be at risk of uncertainty around managing the expectations and obligations of the public, ministries, stakeholders, municipalities and/or the media to prevent disruption of service or criticism of Public Health Sudbury & Districts and a negative public image.	L3 I3
10.3*	The organization may be at risk of eroding relationships and profile with partners, communities, and municipalities, including Indigenous peoples and communities, as a result of public health transformation.	L4 I5
11. Strategic / Policy		
11.1*	The organization may be at risk of having inappropriate future oriented strategies because of the uncertainty of provincial policy direction.	L5 I5

Risk Categories		Rating Scale
12. Security Risks		
12.1	The organization may be at risk of threats to network security.	L3 I4
12.2	The organization, staff, and visitors may be at risk if security systems are offline.	L2 I2
13. Privacy Risks		
13.1	The organization may be at risk as internal controls may not be sufficient to fully eliminate all potential risks of privacy breaches.	L4 I2
14. Equity Risks		
14.1	The organization may be at risk of not effectively leveling up the health status with priority populations.	L5 I5
14.2*	The organization may be at risk of eroding or ineffectively building partnerships and relationships with indigenous communities.	L3 I3

 Transitional Risks

* New Risks



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

Annual Organizational Risk Assessment Progress Report

January 1 – December 31, 2022

#	CATEGORY	TOP RISKS (RED)	Status*		Progress Report/Comments
			Q1 – Q3	Q4	
1.1	Financial	The organization may be at risk of uncertainty with government policy as it relates to public health thus expecting increased budget pressures over the next several years.	3 - Concerns	3 - Concerns	With the current economic environment and obligation to union collective agreements, the agency's fixed costs and staff salaries with benefits continue to rise. With very little increase to our annual budgets these factors continue to add pressure to the agency.
1.4	Financial	The organization may be at risk of financial costs related to transitioning to the new entity.	1 – No Concerns	1 – No Concerns	Due to the C19 response, the provincial government initiative to reform the PH system was paused. Next steps have not been communicated with boards of health.
3.4	Human Resources	The organization may be at risk of not maintaining our current staff complement, their expertise, and recruiting new staff related to uncertain provincial policy.	2 – Attention Required	2 – Attention Required	We continue to address the impacts of the pandemic on our workforce, including retaining and recruiting for many temporary staff contracts. Recruitment and retention have been identified as a high risk and continues to be mitigated by investing in recovery priorities. The prolonged and intense focus on the COVID-19 response efforts required the redeployment of approximately 75% of Public Health staff (2021 and early 2022). As a result, Public Health accrued a growing backlog of non-COVID-19-related public health programs and services and unmet community needs. Backlog accumulated as public health resources were divested to pandemic response efforts and mitigating risk factors have been in put place for mid-2022 and beyond to prioritize the recovery work to support the backlog

					which ultimately requires the agency to secure required staff complements and expertise to do the work. The internally focused People and Process recovery priority has addressed some program vacancies. Some programs continue to have the ability to attract qualified candidates and others have not, for example, Public Health Inspectors and Public Health Nurses, has been identified as concerning. The plans to operationalize the succession planning exercise have been on hold due to our COVID-19 response.
3.5	Human Resources	The organization may be at risk of erosion of our current culture, staff disengagement, and low morale, related to uncertain provincial policy through the transition years to the new entity.	2 – Attention Required	2 – Attention Required	Additional resources have been allocated to the Psychological Health and Wellness committee to address this risk. This work has been a priority and the committee continues to identify strategies to support staff with coping, culture, engagement, and change. An external facilitator was hired and offered managers a workshop titled <i>Building a Healthy Culture</i> . The same facilitator provided staff and managers a suite of workshops and reflective circles to support staff as the agency transitions from risk to recovery to resilience, post intense COVID-19 response. The committee also offered all staff the opportunity to participate in a twelve-week <i>Mindfulness on the Rocks: Fearless at Work</i> program.
4.2	Knowledge / Information	The organization may be at risk of decreased support related to essential public health knowledge and information because of decreased capacity within the public health sector overall.	1 - No concerns	1 - No concerns	<p>The agency has prioritized and dedicated resources to developing and implementing a COVID-19 Recovery Plan, while still ensuring a public health response to the COVID-19 pandemic. The recovery plan identifies priority areas and associated interventions to reduce the public health backlog and meet unmet community needs that resulted from reduced and suspended services required to respond to the pandemic.</p> <p>In September 2022, the Board of Health approved motion #26-22, which outlined the importance of taking a proportionate risk-based approach to balancing recovery priorities and ongoing COVID-19 response activities. This helps ensure actions in other critical public health programs and services outlined in our Recovery Plan are not negatively impacted by potential redeployments to meet future COVID-19 response activities, which would result in non-COVID-19 health risks being further</p>

					<p>exacerbated.</p> <p>The agency maintains its commitment to being transparent and accountable to the communities and partners in our service area as well as other public health system partners provincially. Knowledge exchange opportunities, using a variety of communication strategies, were undertaken in 2022 to share progress toward recovery and resilience. Engagement with community partners and staff involved in the COVID-19 response were also undertaken to inform future responses to public health emergencies.</p>
5.1	Technology	The organization may be at risk of a network outage.	2 – Attention Required	2 – Attention Required	Current mitigation strategies are in place to address this risk. For example, in 2021 a large air conditioner was connected to the generator to support cooling of the server room and a monthly schedule is in place to test the power to the generator. There have been no reported network outages in 2022.
5.2	Technology	The organization may be at risk of not having a comprehensive and future oriented information technology plan and planning processes.	1 – No Concerns	1 – No Concerns	Plans to implement a committee to inform information technology planning across the agency are currently on hold pending more information following the pandemic response.
5.3	Technology	The organization may be at risk of information technology system attacks including and/or resulting in significant data breaches.	1 – No Concerns	1 – No Concerns	<p>Mitigation strategies to address this risk, including phishing campaigns, have been actioned monthly.</p> <p>A Security Awareness Training policy will be operationalized in early 2023. Once this policy is rolled out compliance with staff training will be monitored and reported.</p>

7.1	Service Delivery / Operational	The organization may be at risk of our programs and services being under-recognized for their impact on improving the health of the population and their contribution to individual clients' health.	1 – No Concerns	1 – No Concerns	Throughout the pandemic response and as we began recovery activities in 2022, the agency has proactively provided and continues to provide timely, accurate, and relevant information in various ways to the community, partners/stakeholders, and the Board of Health regarding public health programs and services, utilizing various digital and print communications, traditional and social media, as well as direct client contacts. In addition to reporting on progress related to the agency's four community-focused public health recovery priorities (getting children back on track, levelling up opportunities for health, fostering mental health gains, and supporting safe spaces), the agency maintains regular reporting about its local pandemic response and surveillance. Engaging with communities and providing meaningful updates on progress remains critical, as has been, for example, the focus of much effort related to establishing a supervised consumption site in Greater Sudbury. Fostering an ongoing sense of trust in all public health programs and services through accountability and transparency is a priority.
8.1	Environment	The organization may be at risk of natural and anthropogenic (for example, climate change) disasters or hazards.	2- Attention Required	2- Attention Required	<p>Our agency continues to respond to the COVID-19 pandemic, while taking a proportionate risk-based approach, and resuming recovery programming.</p> <p>Resumption of Climate Change programming and related emergency preparedness activities are priorities in order to ensure that our organization is prepared to effectively minimize, mitigate, respond, and recover from climate change impacts and to all public health emergencies.</p> <p>To support this important work, the organization released the <i>Climate Change in Sudbury and Districts: Assessing Health Risks and Planning Adaptations Together</i> resource at the end of 2022. This resource provides modeling for local impacts of climate change, which will inform internal emergency preparedness efforts. This resource introduced municipalities, First Nations communities, and other interested parties to the health effects of climate change and provides necessary information to support</p>

					<p>development of Climate Change and Health Vulnerability and Adaptation Assessments.</p> <p>Planning is underway for an internal emergency preparedness table-top exercise early in 2023, related to a severe weather event.</p>
9.1	Political	The organization may be at risk of significant disruptions and high opportunity costs related to provincial policy changes with the provincial government.	2- Attention Required	2- Attention Required	Provincial consultations were put on hold with the onset of the COVID-19 pandemic. Throughout the pandemic response the provincial context has alluded to the continued need to modernize the public health system. Leadership continues to remain aware of contextual issues that may impact the work of public health in the long-term.
9.2	Political	The work of public health may be at risk related to political climate.	2- Attention Required	2- Attention Required	The climate remains uncertain with priorities shifting back to core Public Health Programs while continuing to focus on the COVID-19 response provincially. Leadership continues to remain aware of contextual issues that may impact the work of public health in the long-term.
10.1	Stakeholder / Public Perception	The organization may be at risk of poorly defined relationships with indigenous communities, related to ambiguous jurisdiction.	1 – No Concerns	2- Attention Required	Continued efforts to engage with Indigenous organizations remain a high priority. Implementation of the Indigenous Engagement Strategy during the recovery includes continued evolution of the most appropriate mechanisms for engaging and relating to area First Nations, AHACs, Indigenous Health Centres, the local Friendship Centre and urban Indigenous organizations based on the needs and desires of Indigenous partners. Public Health initiates discussions as needed with Indigenous Services Canada (ISC) to ensure clarity of roles and services and supports are timely and responsive to meet the needs of First Nations and in particular those relating to ongoing pandemic response. Agency Indigenous Engagement staff and the overall Health Equity team continue to encourage a 'no wrong door' or self-determination approach with Indigenous partners to support with inquiries, service navigation, or the identification of collaborations or solutions to better meet the needs of partners

					and strengthen local relationships. Ongoing relationship building is required to ensure ongoing ability to best serve Indigenous communities.
10.3	Stakeholder / Public Perception	The organization may be at risk of eroding relationships and profile with partners, communities, and municipalities, including Indigenous peoples and communities, as a result of public health transformation.	1 – No Concerns	2 – Attention Required	Continued support on COVID-19 response and vaccine planning provided the opportunity to maintain and strengthen partnerships with First Nations, Indigenous health centres, and other Indigenous-led agencies. As public health has transitioned to recovery work alongside ongoing COVID-19 efforts, ongoing fostering of relationships with partners, communities, and municipalities remains important but has been limited due to public health capacity. Ongoing efforts are focused on strengthening relationships with partners, including municipal partners and community/social service providers, and leveraging those relationships to work on collaborative planning on shared recovery priorities.
11.1	Strategic / Policy	The organization may be at risk of having inappropriate future oriented strategies because of the uncertainty of provincial policy direction.	2- Attention Required	2- Attention Required	Since the onset of COVID-19 and the focus on the pandemic response, there continues to be uncertainty in provincial policy direction. The agency continues to adapt our programs and services and focus on recovery priorities, outlined in the agency Recovery Plan, to address the backlog of public health services, while ensuring ongoing COVID-19 response. There continues to be engagement at provincial tables which keeps the agency as aware as possible of provincial policy and direction. The agency is also planning ahead to future orientation strategies, including the development and launch of a new iteration of our Strategic Plan.
12.1	Security	The organization may be at risk of threats to network security.	2 – Attention Required	2 – Attention Required	An information security plan (including policies and procedures) continues to be worked on with a target to be finalized by year end. The organization continues to monitor the external environment. Mitigation strategies are in place and are continually monitored and reviewed. The continued work related to the security audit report will resume in 2023. One of the outcomes of the audit report was to ensure that staff are unable to install software locally on their own equipment. This work is underway and has been implemented for approximately 30% of staff.

14.1	Equity	The organization may be at risk of not effectively leveling up the health status with priority populations.	2- Attention required	2- Attention required	The agency continues to support health equity activities including engagement with Indigenous populations and other racialized groups, including with Black communities. Efforts to address racism and discrimination, and the need to support the needs of newcomers has been identified through engagement with partners and community groups. The need to address stigma and discrimination faced by individuals experiencing poor mental health and mental illness, and persons who use drugs, has been identified by partners. Levelling up opportunities for health has been identified as one of the agency recovery priorities. The agency has updated its Health and Safety policies related to Workplace Violence, Harassment, and Discrimination with an equity and diversity lens. As part of the Truth and Reconciliation Call to Action, the agency has provided cultural competency training to staff. A research project in partnership with community partners on public health needs of 2SLGBTQ+ populations has helped inform public health practice to advance health equity. This has included staff development priorities including training for all staff on the 2SLGBTQ+ population. Engagement with and support to priority populations during COVID-19 has continued to identify appropriate and supportive COVID-19 vaccination efforts. This has included ongoing engagement with partners who support precariously housed individuals and First Nations or urban Indigenous individuals.

* Status: 1 = No Concerns; 2 = Attention Required; 3 = Concerns

PUBLIC HEALTH SUDBURY & DISTRICTS RISK MANAGEMENT PLAN – APPROVAL OF ENGAGEMENT TIMELINES

MOTION:

THAT the Board of Health for Public Health Sudbury & Districts approve the Risk Management Engagement Timelines which outline the next steps for engagement, development, approval, and launch of the 2023-2025 risk management plan.

To: Board of Health Chair, Public Health Sudbury & Districts
From: Dr. Penny Sutcliffe, Medical Officer of Health, Chief Executive Officer
Date: February 9, 2023
Re: Strategic Planning

For Information

For Discussion

For a Decision

Issue:

Per the Ontario Public Health Standards (2021), Boards of Health shall have a Strategic Plan that sets out the local vision, priorities, and strategic directions for the agency. In September 2022, the Board of Health for Public Health Sudbury & Districts (Public Health) approved through motion 22-04, the extension of the current [2018-2022 Strategic Plan](#) into 2023 (but not beyond December 31, 2023). Planning for the development of the next iteration of Public Health's Strategic Plan will need to begin as soon as possible to ensure time for appropriate engagement to develop a plan that reflects the current needs and perspectives of our community, key stakeholders, and the organization. The Board of Health, supported by Public Health staff, plays a key role in the development of the Strategic Plan, which includes engagement of Board of Health members.

Recommended Action:

Whereas the [Executive Committee of the Board of Health](#) functions as an advisory committee of the Board to develop, review, and oversee Board policies and procedures; and

Whereas the Board of Health may assign specific responsibilities to the Board of Health Executive Committee by majority vote of the Board;

Therefore be it resolved that the Board of Health assign responsibility to the Board Executive Committee for the oversight of the Strategic Plan development process for the planning cycle beginning in 2023.

Background:

The [Ontario Public Health Standards](#) (OPHS) mandate Boards of Health to have a Strategic Plan that that establishes strategic priorities over 3 to 5 years, includes input from staff, clients, and community partners, and is reviewed at least every other year.

2018–2022 Strategic Priorities:

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

O: October 19, 2001
R: January 2018

Since March 2020, Public Health has been leading the response to the COVID-19 pandemic across all sectors in the communities we serve. As a result of this focused response, the current iteration of Public Health’s Strategic Plan (2018-2022) has been extended until Fall 2023 (motion 22-04).

The [Board of Health Governance Toolkit for Ontario Boards of Health](#)* distinguishes the roles and responsibilities of the Board of Health and MOH/CEO during the strategic planning process (see table below). The Board of Health is responsible for ensuring a strategic planning process is carried out, and that the planning process and resulting Plan are reviewed and approved. The MOH/CEO is responsible for carrying out the strategic planning work, including ensuring appropriate engagement and data collection, and, subsequently, for implementation of the Plan.

This table shows the different roles played by the BOH and MOH/CEO in the strategic planning process:

The Strategic Planning Process	
Board of Health Role & Responsibilities	MOH/CEO Role & Responsibilities
<ul style="list-style-type: none"> Ensures strategic planning process is conducted. 	<ul style="list-style-type: none"> Conducts strategic planning process
<ul style="list-style-type: none"> Approves strategic planning process 	<ul style="list-style-type: none"> Conducts research, develops policies, writes strategic plan.
<ul style="list-style-type: none"> Reviews and approves strategic plan. 	<ul style="list-style-type: none"> Implements strategic plan
<ul style="list-style-type: none"> Monitor plan’s implementation, annually review plan & recommend adjustments. 	<ul style="list-style-type: none"> Executes board of health’s recommended actions following review of plan.

*From BOH Governance Toolkit for Ontario Boards of Health (November 28, 2022) Association of Local Public Health Agencies (ALPHA) retrieved from: https://cdn.ymaws.com/www.alphaweb.org/resource/collection/E75B6EEF-60B9-482F-83D6-69AEDE790192/BOH_GOVERNANCE_TOOLKIT_2022.pdf

The Board of Health for Public Health Sudbury & Districts has been engaged in the development of previous Strategic Plans through various mechanisms. For example, in 2017, various strategies were used to gather feedback on the 2018-2022 Strategic Plan. This included feedback from staff, community, partners, and Board of Health members. The results of the activities in the engagement strategy informed the development of the 2018-2022 Strategic Plan.

The engagement of Board of Health members in the development of this next iteration of the Strategic Plan is critical to the future organizational direction and success and aligns with the governance role of the Board of Health. The Board of Health Executive Committee [Terms of Reference](#), C-II-10, outlines the purpose, function, and reporting relationship to the Board of Health. In its oversight role, the Board of Health Executive Committee can provide direction for the process, engagement, and development of the next Strategic Plan.

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

O: October 19, 2001
R: January 2018

Financial Implications:

Within the current Strategic Plan budget.

Strategic Priority:

All

Contact:

Renee St Onge, Director, Knowledge and Strategic Services

2018–2022 Strategic Priorities:

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

O: October 19, 2001
R: January 2018

STRATEGIC PLAN

MOTION:

WHEREAS [Executive Committee of the Board of Health](#) functions as an advisory committee of the Board to develop, review, and oversee Board policies and procedures; and

WHEREAS the Board of Health may assign specific responsibilities to the Board of Health Executive Committee by majority vote of the Board;

THEREFORE, be it resolved that the Board of Health assign responsibility to the Board Executive Committee for the oversight of the Strategic Plan development process for the planning cycle beginning in 2023.

Briefing Note

To: Chair, Board of Health
From: Dr. Penny Sutcliffe, MOH, CEO, Public Health Sudbury & Districts
Date: February 9, 2023
Re: Support for Consumption and Treatment Services approval and funding

For Information

For Discussion

For a Decision

Issue:

The supervised consumptions services (SCS) site in Sudbury is operated by Réseau Access Network (RAN). The SCS received federal exemption in May 2022 and opened for operation in September 2022. Pending provincial funding approval, the City of Greater Sudbury is providing operational funding for the SCS. Such approval was sought in August 2021 and we have been advised that the application is still under review.

Recommended Action:

That the Board of Health reaffirm motion [14-21](#), sounding the alarm on the local and regional opioid crisis – a crisis that has continued to intensify since 2021; and

That the Board of Health urge the provincial government to immediately approve funding for the Sudbury supervised consumption services site, operating as a Consumption and Treatment Services site under the Ontario model.

Background:

Per its mandate, Public Health Sudbury & Districts was instrumental in determining the need and feasibility for a supervised consumption site in Sudbury. Public Health supported the applications for federal exemption (required to operate the site) and for provincial funding (as Consumption and Treatment Services – CTS). Public Health also supported RAN as they began operations and continues to support in an advisory capacity, providing oversight with the collection of data that supports process and outcome indicators.

An application for provincial approval of a CTS site was submitted in August 2021. Pending provincial approval, the City of Greater Sudbury is providing funding for RAN to operate the SCS (Public Health receives funding from the City which flows to RAN).

2018–2022 Strategic Priorities:

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

O: October 19, 2001
R: January 2017

In the first four months of operation of the SCS site, RAN reports that there have been 296 visits, 348 consumptions, 6 non-fatal overdose events, 2 overdoses requiring naloxone, and 1 other medical emergency. There have been 36 referrals to services within the SCS and 19 referrals to services providers offsite. There have also been no calls to emergency medical services or to the Greater Sudbury Police Service to date.

The Board of Health, per motion [14-21](#), sounded the alarm on the local and regional opioid crisis; a crisis that has continued to intensify since 2021. In 2019 and 2020, Sudbury and districts led the province in opioid-related death rates. In 2022, Public Health Sudbury & Districts had the second highest rate for suspected drug-related deaths in the province among all 34 health units. Last year, 131 individuals died of a suspected drug poisoning, representing a mortality rate of 63.8 deaths per 100,000 (Ontario rate: 22.4 per 100,000).

Per the *Ontario Public Health Standards*, boards of health are required to collaborate with local partners to develop programs and services to prevent substance use, reduce the harms of problematic substance use, and support the health care system in addressing substance use. Locally, Public Health works extensively through multi-sector community drug strategies that include persons with lived and living experience.

Financial Implications:

There are no financial implications for Public Health Sudbury & Districts.

RAN's annual budget to operate the supervised consumption site is just under \$1.1 million.

Ontario Public Health Standard:

Substance Use and Injury Prevention

Contact:

Stacey Gilbeau RN, BScN

Director, Health Promotion Division

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705.522.9200 x413

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

SUPPORT FOR CONSUMPTION AND TREATMENT SERVICES APPROVAL AND FUNDING

MOTION:

WHEREAS as recognized by motion [14-21](#), Sudbury and districts continue to experience an opioid crisis with the second highest opioid-related death rate in Ontario; and

WHEREAS the Ontario Public Health Standards require boards of health to collaborate with health and social service partners to develop programs and services to reduce the burdens associated with substance use; and

WHEREAS evidence shows that supervised consumption sites, as a harm reduction strategy, reduce overdose deaths, increase access to treatment and other health and social services, reduce transmission of infectious diseases, including HIV and Hepatitis C, reduce public injection of drugs, and reduce publicly discarded hazardous syringes; and

WHEREAS the provincial application for approval and funding for Sudbury's Consumption and Treatment Services was submitted in August 2021 and the application remains under review; and

WHEREAS Réseau Access Network received the required federal exemption and has been operating Sudbury's supervised consumption services site since September 2022 with temporary operating funds provided by the City of Greater Sudbury; and

WHEREAS there is uncertainty about the future of supervised consumption services in Sudbury given the temporary nature of current municipal funding and the outstanding provincial application;

THEREFORE BE IT RESOLVED THAT the Board of Health reaffirm motion [14-21](#), sounding the alarm on the local and regional opioid crisis – a crisis that has continued to intensify since 2021; and

THAT the Board of Health urge the provincial government to immediately approve funding for the Sudbury supervised consumption services site, operating as a Consumption and Treatment Services site under the Ontario model; and

FURTHER THAT this resolution be shared with relevant federal and provincial government ministers, area members of parliament and provincial parliament, local municipal leadership, the Chief Medical Officer of Health, and boards of health.

IN CAMERA

MOTION:

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

RISE AND REPORT

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

ADDENDUM

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

Please complete the February Board of Health meeting evaluation as well as the Code of Conduct and Conflict of Interest declaration forms in BoardEffect following the Board meeting.

ADJOURNMENT

MOTION: THAT we do now adjourn. Time: _____